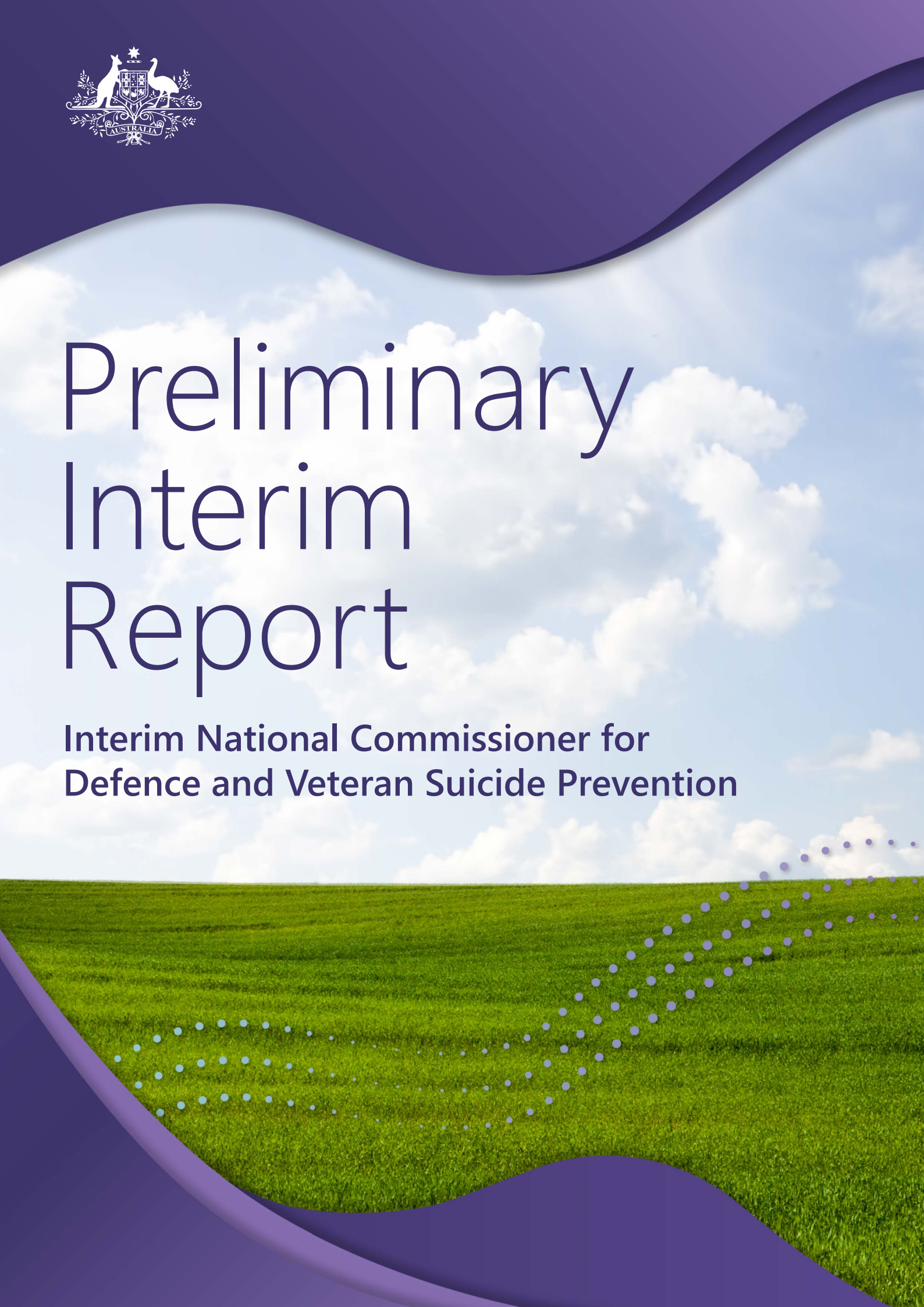

Preliminary Interim Report

Interim National Commissioner for Defence and Veteran Suicide Prevention

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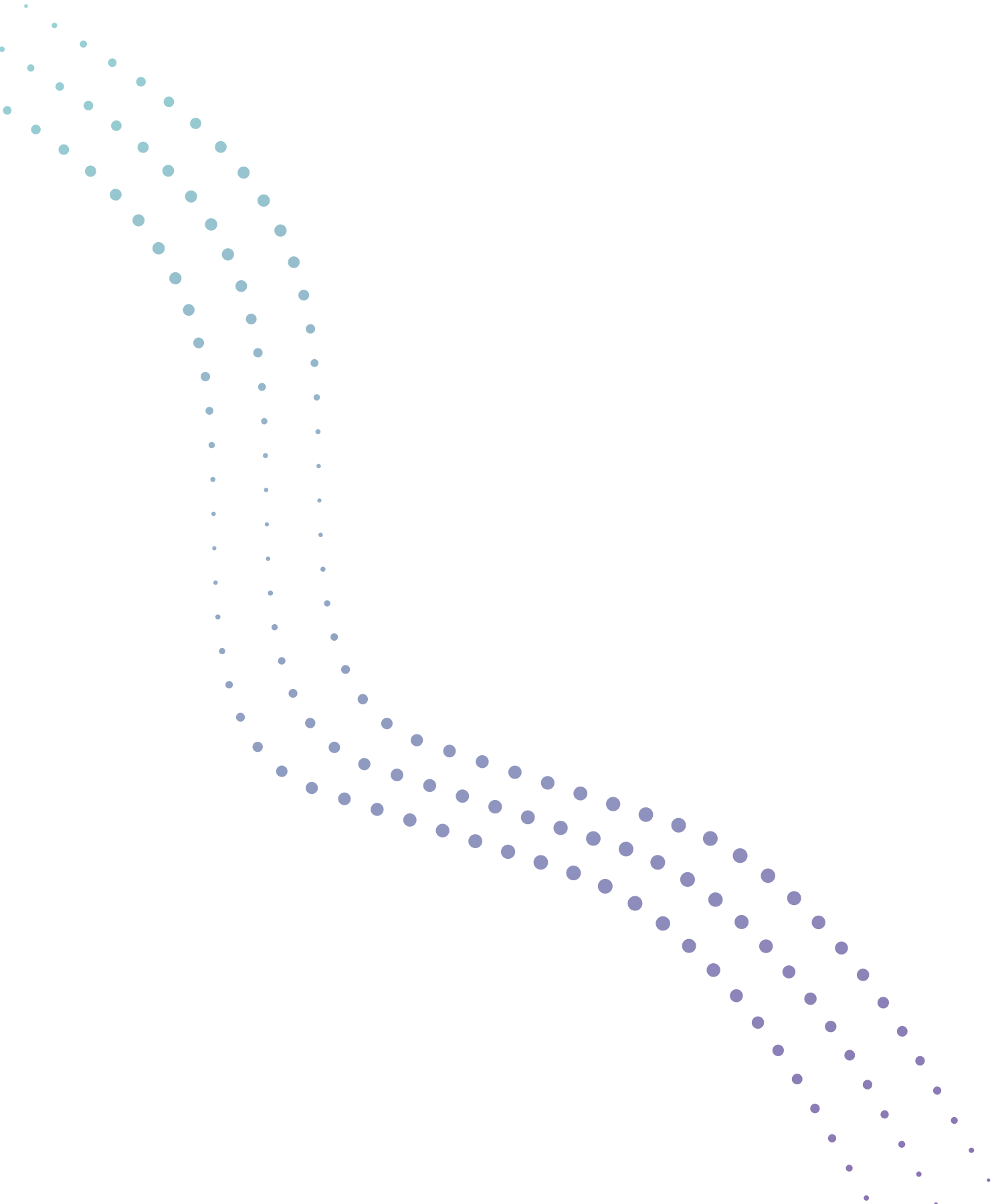


Preface

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,

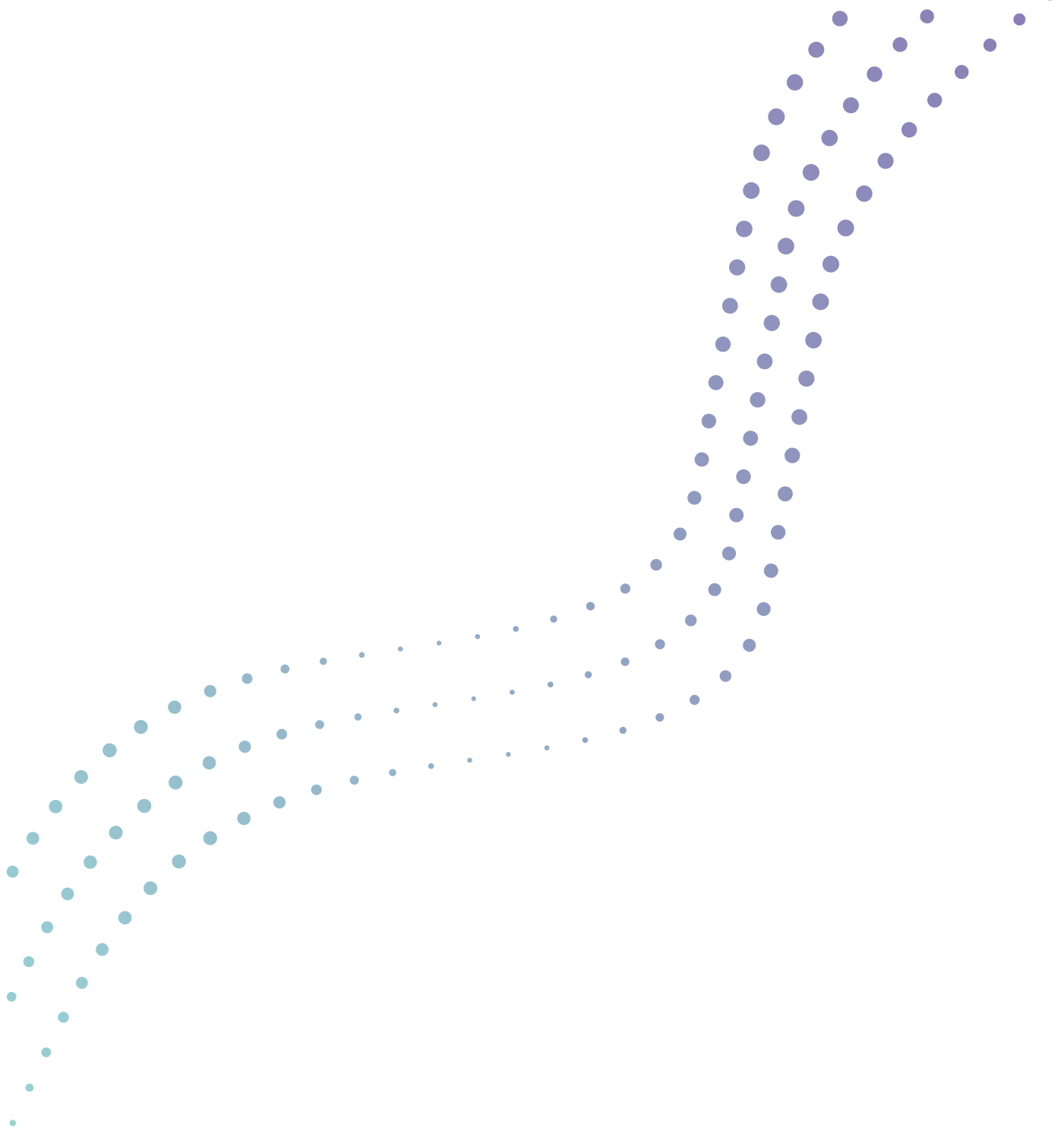
> *We need to ensure we are not 'too afraid' to talk about suicide as a community, while respecting and understanding the risks in certain situations.*[1]

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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Foreword

Too many veterans take their own lives. And one veteran taking their own life is one too many. … [W]e need concerted action … to ensure that we're doing everything we possibly can to prevent this.

Prime Minister of Australia, the Hon Scott Morrison MP, 5 February 2020.[1]

Figure 1. Dr Bernadette Boss CSC

I echo the words of the Prime Minister when he announced the establishment of an independent National Commissioner for Defence and Veteran Suicide Prevention.

Our service men and women sign up to the Australian Defence Force (ADF) to serve and protect their country and its citizens, often requiring significant sacrifice by them and their families. That sacrifice should not extend to ADF members taking their own lives, either during or after their service, but the statistics show we have let them down.

Work undertaken by the Australian Institute of Health and Welfare (AIHW) under my oversight tells us that service in the ADF acts as a protective factor against suicide. However, once a person leaves the ADF, their risk of suicide significantly increases. We also know that despite the apparent protective factors of service, there are also those who tragically die by suicide while still serving in the ADF. The AIHW has found that age adjusted rates of suicide for the ADF and veteran cohort compared to the general Australian population between 2001 and 2018 were:

- 50% lower for serving ADF men
- 49% lower for men in the ADF reserves
- 53% lower for serving women and women in the ADF reserves
- 22% higher for ex-serving ADF men
- 127% higher for ex-serving ADF women.[2]

Statistical analysis clearly indicates that veterans, in particular, take their own lives at greater rates than the general population. However, there remains a lack of satisfactory answers about why this is happening and how we can stop it.

1 Prime Minister of Australia, 'Press conference: Announcement of National Commissioner for Defence and Veteran Suicides', 5 February 2020, https://www.pm.gov.au/media/press-conference-announcement-national-commissioner-defence-and-veteran-suicides, accessed on: 16 March 2021.

2 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*, Report prepared for the interim National Commissioner for Defence and Veteran Suicide Prevention (Forthcoming).

Through my inquiries as the interim National Commissioner, I have begun to understand the complexities of why suicides are occurring both during and after service and the opportunities to reduce the devastating impact of these deaths to individuals, families and the community.

Over many years the Defence and veteran communities, including their families, have raised significant concerns about ADF and veteran deaths by suicide. The perseverance and tenacity of these communities led to the creation of my role as the interim National Commissioner, and the subsequent establishment of a Royal Commission into Defence and Veteran Suicide (the Royal Commission). They should be proud that their strength has precipitated action.

I am extremely grateful for the courage shown by the many people who have been impacted by the loss of a loved one, or had their own experience of suicidality, who have shared their stories and insights with me. It is only through listening to these voices that we can truly begin to understand the complexity of Defence and veteran suicide, uncover the significant extent of its impacts, and begin formulating changes that will genuinely improve the wellbeing of ADF members, veterans and their families in order to save lives.

Many other stakeholders, who are committed to supporting the wellbeing of our veterans, have also taken the time to share their knowledge and insights with me, including representatives from ex-service organisations, veteran support organisations, chaplains, academics and clinicians working in this field.

I also want to extend my thanks to the AIHW, and the Australian Commission on Safety and Quality in Health Care, which have been undertaking quantitative and qualitative analysis respectively, to support my work. Their early work and expertise has helped to inform my findings.

I am also grateful for the advice provided by Everymind on how to responsibly, accurately and sensitively report on mental illness and suicide.

I wish to particularly acknowledge and express my enormous gratitude to the Official Secretary and staff of the Office of the National Commissioner. This work would simply not have been possible without the dedicated team of highly professional and extraordinary people within my office. The staff supported work through late nights and weekends, travelled on trains, planes and automobiles, adapting travel plans due to the COVID-19 pandemic, and responded with agility and flexibility to constricted timelines. Seldom have I been privileged to work with such an amazing team of people.

Overwhelmingly, stakeholders have been positive and constructive in their engagement with me and my office. Without the benefit of compulsory powers having been provided by the passage of legislation to establish the National Commissioner through Parliament, I have been entirely reliant on the voluntary provision of information, including from Defence and the Department of Veterans' Affairs (DVA) as well as state and territory governments. I would like to acknowledge the genuine cooperation of the Chief of the Defence Force, and the secretaries of the Department of Defence and DVA, as well as the Inspector-General of the ADF (IGADF) in responding to my requests for information, and in willingly participating in round table discussions.

Unfortunately though, even with the best of intentions, without legislation, organisations have been limited in what information they have been lawfully able to provide me. I have also not been able to afford necessary protections to allow individuals to speak completely freely with me about their experiences. For this important work to be effective it is imperative that the powers envisaged by the proposed legislation be available.

I undertook my work in the context of the broader suicide prevention work undertaken by the National Suicide Prevention Adviser to the Prime Minister and CEO of the National Mental Health Commission, Ms Christine Morgan, who released her *Final Advice* on 19 April 2021.[3] This capstone work provides recommendations on the broader whole-of-government approach required to address this complex issue, and again highlights the importance of bringing lived experience to the fore. In addition, two key recommendations are of specific relevance, and are issues that I explore in greater detail within this report:

- Recommendation 5.3(b) – Leaving military service is a transition for which support interventions should be implemented and evaluated.
- Recommendation 7.3 – Veterans and their families are a priority population to be included in a *National Suicide Prevention Strategy*, for which all jurisdictions should contribute to identifying national actions to be included.

Suicide deaths are examined individually by Coroners, irrespective of ADF member or veteran status, and those that have a nexus to service may also be investigated by Defence or the IGADF. There have also been a number of previous reviews and inquiries relevant to the issue of ADF member and veteran wellbeing, mental health and suicide. Despite this, there has previously been no cohesive or systemic inquiry into the issue of Defence and veteran suicide.

I was appointed by the Australian Government on 16 November 2020 and commenced work on an interim basis. In anticipation of legislation to formally create the role of the National Commissioner for Defence and Veteran Suicide Prevention, my primary task has been to commence the Independent Review of Past Defence and Veteran Suicides in accordance with the Terms of Reference (at **Appendix A**) promulgated by the Australian Government. I was to provide an interim report by November 2021 and a final report by May 2022. Events since have overcome this timeline. This document is thus my Preliminary Interim Report addressing the Terms of Reference. The Australian Government has provided supplementary Terms of Reference (at **Appendix B**) to address the future role and work of the National Commissioner.

This report sets out the work I have conducted and my preliminary findings and initial recommendations on the basis of work conducted to date. It also highlights other key focuses for further work. I approached this work with a greenfield, blue-sky approach, and I was committed to ideas not being constrained by preconceptions. I have no doubt the Royal Commission has significant further work ahead. It is my hope that my initial work will provide a platform from which the Royal Commission's work can continue. As the Prime Minister stated, one veteran taking their own life is one too many, and we need to do everything we can to prevent this.

3 National Suicide Prevention Adviser, 'Executive summary', *Final Advice* (Canberra, Commonwealth of Australia, 2020).

Executive Summary

Introduction

1. On 5 February 2020, the Prime Minister announced that the Australian Government would establish a new National Commissioner for Defence and Veteran Suicide Prevention (National Commissioner) to inquire into, and support the prevention of, the deaths by suicide by Australian Defence Force (ADF) members and veterans.[1,2]

2. As the interim National Commissioner for Defence and Veteran Suicide Prevention (interim National Commissioner), my role is to inquire into risk and protective factors and systemic issues relevant to ADF member and veteran deaths by suicide.

3. Since commencing in my role on 16 November 2020 I have engaged with a wide range of stakeholders, requested information from various agencies, and examined research from a range of sources.

4. The voices of people with lived experience and families, as well as data and research indicate that while efforts have been made to prevent ADF member and veteran deaths by suicide, more needs to be done. The Australian Government must prioritise the prevention of suicide deaths among our ADF members and veterans, and increase measures that will promote their and their families' lifelong wellness.

5. Although my ability to inquire into deaths by suicide has been limited by a lack of legislated powers, the information provided to me voluntarily has already highlighted a number of changes that can be made, which I recommend to the Australian Government in this report.

6. This Preliminary Interim Report outlines my observations based on the research, data and my engagements. I have also identified a number of issues that appear to warrant further attention by the Australian and state and territory governments and the Royal Commission into Defence and Veteran Suicide (the Royal Commission).

7. It is important to note that a reference to 'Defence' in this report relates to both the ADF and the Department of Defence. The Department of Defence and the Australian Defence Force operate principally under a combination of the *Public Service Act 1999* (Cth) and the *Defence Act 1903* (Cth). The Defence diarchy originates from section 10 of the *Defence Act 1903* which stipulates that the Secretary of the Department of Defence and the Chief of the Defence Force (CDF) have joint administration of the Defence Force.[3] The diarchy is a governance structure unique in the Commonwealth public service, reflecting the amalgamation of what were previously discrete entities into the one Defence organisation.[4] The diarchy reflects the individual responsibilities and accountabilities of the CDF and the Secretary of the Department of Defence, and also their joint responsibilities

1 Prime Minister of Australia, 'Press conference: Announcement of National Commissioner for Defence and Veteran Suicides', 5 February 2020, https://www.pm.gov.au/media/press-conference-announcement-national-commissioner-defence-and-veteran-suicides, accessed on: 16 March 2021.

2 Prime Minister of Australia, 'Powerful new body to tackle ADF and veteran suicides', https://www.pm.gov.au/media/powerful-new-body-tackle-adf-and-veteran-suicides, accessed on: 16 March 2021.

3 Department of Defence, 'The Secretary and Chief of the Defence Force: The diarchy', https://www.defence.gov.au/cdf/Diarchy.asp, accessed on: 5 July 2021.

4 Ibid.

and accountabilities, in ensuring that the Defence organisation delivers outcomes to the Australian Government that go to meeting the goal of defending Australia and its national interests.[5]

8. In practice, the ADF and the Department of Defence work together closely and are broadly referred to as one organisation known simply as 'Defence', a term which I use throughout this report.

Methodology (Chapter 1)

9. As the interim National Commissioner, my work and the work of my office is independent from the Australian Government.

10. The voices of families and others who have lost loved ones, and of those with lived experience are paramount to understanding why ADF member and veteran suicide is happening and how we can stop it. It is essential that we listen to those with personal experience when trying to understand the factors that have led to these deaths by suicide, and the potential interventions or policy changes needed to stop them occurring in the future. I am extremely grateful for the courage of those who have been prepared to share their stories with me to allow me to better understand these complex issues.

11. My office has taken a trauma-informed, restorative and culturally appropriate approach to engaging with family members and other individuals personally affected by a death by suicide, a suspected death by suicide, or an attempted suicide.

12. Taking a trauma-informed approach is about having systems, policies and practices in place that have regard for the nature of the trauma that individual family members and those with a lived experience of suicidality have or are facing. Through understanding how that trauma can impact individuals, as well as being able to recognise the symptoms and signs of that trauma in individuals, we work carefully with people in response to their individual needs, to avoid re-traumatising them.

13. I have taken a restorative approach, to provide people affected by ADF member and veteran suicides with an opportunity to share their story with me, and have their experiences acknowledged and meaningfully heard. Many people have told me of the significant positive impact this has had for them.

14. I recognise the importance of understanding how a person's culture may inform and shape the way they wish to engage with my work. My office focuses on creating safe and respectful engagements for people with all cultural backgrounds, and tailors its approach for individual circumstances.

15. People have had different experiences that influence how and when they might be ready to share their stories with me. As such, my office works with people when they are ready to make contact, and engages in a way that suits their needs, wishes and circumstances.

16. My office gives people choice about how they wish to engage with me, including in private meetings, and by sharing stories and insights through written submissions. Where a person has chosen to engage with me or my office, they are given options for how their information is used, including whether aspects of their story are published in an identified or de-identified way. This can be seen in the quotes used in this report. People have choice and control over how they wish me to use their information.

5 Ibid.

17. Since commencing as the interim National Commissioner, I have:
    - conducted 26 private meetings with individual families, ADF members and veterans
    - conducted 29 round table discussions with 159 different stakeholder organisations, including community organisations that represent ADF members and veterans, academics, mental health and suicide prevention experts, chaplains, as well as Australian Government agencies, state and territory governments and emergency services
    - made 7 site visits to support and treatment organisations that specifically cater to Defence members and veterans
    - hosted an academic research symposium, *Prevention through Understanding*, to discuss and hear from experts on (among other topics) suicidality, risk, innovative treatments and wellness programs, which 305 people registered to attend
    - issued 211 formal requests for information (RFIs) to entities, largely but not exclusively to the Department of Veterans' Affairs (DVA) and Defence, to obtain information on policies, practices and information about specific cases, resulting in the production of over 20,000 pages of material.

18. Had legislation to formally establish and empower the role of the National Commissioner passed the Parliament, I intended to conduct a number of public hearings on specific topics and case studies to further my work.

19. Without laws to compel the production of information and protect witnesses, I have been entirely reliant upon the voluntary production of materials and information. This has presented difficulties, primarily of a privacy nature, as well as an additional impost upon RFI respondents to prepare revised or redacted versions of materials that could be lawfully supplied to me and my office. I record here the willingness of the CDF, the Inspector-General of the Australian Defence Force (IGADF) and the secretaries of the Department of Defence and DVA to share their records and information openly with me, and my gratitude to them for their cooperation in this regard.

20. I have also met with academics and experts, who shared their research findings and insights with me, many of whom presented on their work at my *Prevention through Understanding* symposium. Among them are the National Suicide Prevention Adviser, Ms Christine Morgan, the Commissioner for Veteran Family Advocacy, Ms Gwen Cherne, and the Deputy Chief Medical Officer for Mental Health, Dr Ruth Vine. My office has also had significant engagement with Phoenix Australia, as well as the Gallipoli Medical Research Foundation (GMRF), especially regarding GMRF's Military–Civilian Adjustment and Reintegration Measure tool (M–CARM) and its potential to improve outcomes for transitioning ADF members.

21. In addition to the information provided by individuals and organisations I have also had the support of, and benefit of expertise from:
    - the Australian Institute of Health and Welfare (AIHW), which is identifying deaths by suicide of ADF members and veterans that have been certified by a Coroner, and then conducting data linkage and analysis to identify trends and potential risk and protective factors for veterans who have died by suicide
    - the Australian Commission on Safety and Quality in Health Care (ACSQHC), which is conducting qualitative analysis of coronial and Defence documentation to identify service-related and other factors that are commonly identified in deaths by suicide.

22. The ACSQHC's qualitative analysis also included a literature review, completed by Phoenix Australia, which examined and assessed the current research and literature available on the risk factors, trends, and evidence-based prevention strategies and interventions related to ADF member and veteran suicides. As that document identifies, much valuable work has already been undertaken in the last 20 years to identify the risks and proposed measures to address them.[6]

23. This Preliminary Interim Report incorporates and builds upon the initial findings of these organisations, together with the work that my office and I have undertaken to further our understanding of the data and the lived experience of those left behind.

Prevalence, Risk and Protective Factors (Chapter 2)

24. There has been an increase in the rates of death by suicide in the Australian population over the last decade, and tragically veterans are over-represented.

25. According to the most recent data from the AIHW, 465 ADF members and veterans who had at least one day of service since 2001 died by suicide between 2001 and 2018. However, the actual number is likely to be much higher. The age-adjusted suicide rate for male ex-serving ADF members was 22% higher than for the Australian male population. Similarly, the age-adjusted rate of suicide for female ex-serving ADF members was 127% (or 2.27 times) higher than for the Australian female population.[7]

26. There are a number of complexities in determining the number of ADF member and veteran deaths by suicide. The figures commonly cited rely on Coroner-certified deaths by suicide, which cover those who served within a recent, specific, time period. We know that there are more that are not routinely counted as they do not fall within these parameters. The challenges in determining ADF member and veteran deaths by suicide are examined in more detail in Chapter 10 – Future Work.

27. The reasons why people die by suicide are complex and variable. It can be impossible to point to a single cause of suicide for a particular death and often a combination of biological, psychosocial and psychological factors contribute.

28. The examination of risk and protective factors, particularly as they apply to different periods in an ADF member or veteran's life, has highlighted particular areas to me that require closer examination and change. Reducing the prevalence of Defence and veteran deaths by suicide, by mitigating risk factors and capitalising on protective factors across an individual's lifespan, is a key focus of this report.

29. It is important to note that risk and protective factors are not the same for each individual, nor are they static throughout an ADF member or veteran's life. They may become more or less prominent at particular points, and some periods, such as that following a member's transition out of the ADF, carry particular risks.

30. The vast majority of suicide risk factors faced by ADF members and veterans are the same as those faced by the general population. However, some are unique to those who have served, and others may be magnified by service in the ADF.

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6 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020).

7 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*, Report prepared for the interim National Commissioner for Defence and Veteran Suicide Prevention (Forthcoming).

31. The importance of empirical research into risk and protective factors cannot be underestimated. Available data and research on the 465 ADF members and veterans who have died by suicide provide valuable insights, for example:
    - The suicide rate for serving ADF males was 50% lower than for the general Australian population, and for serving and reserve ADF females it was 53% lower than for the general Australian population.
    - 15% of males experienced 'Defence force related deployment'.
    - 21% of ADF members and veterans were unemployed.
    - 33% of ADF members and veterans (154 people) were DVA clients.
    - The suicide rate for ex-serving males with 10 or more years of service was lower than for those with less than one year of service.[8]

32. Limited individual case information was available to me due to data and legislative constraints. The data that was available was particularly focused on those who died while still serving in the ADF, and identified a history of mental health concerns or mental illness, suicidal thoughts or attempts, alcohol or drug misuse, and physical or mental health concerns, often arising out of service, as common factors preceding their deaths.

33. People have shared with me their experience of being bullied, harassed and even sexually assaulted while in the ADF and told me how that has contributed to feelings of suicidality.

34. Demographic factors that apply from before a person joins the ADF, including age, gender, sexual orientation and indigeneity, as well as a person's home life and mental health prior to joining the ADF, can influence whether they are at a higher or lower risk of suicide.

35. Service itself can be a protective factor, with employment in the ADF providing mateship, a sense of 'family', a sense of identity and belonging, and career satisfaction. However, this period comes with its own set of risks. Service may take a toll on a person's physical or mental wellbeing. Service also provides unique challenges to maintaining family relationships. It involves demanding training requirements and potentially multiple postings and deployments, and exposure to traumatic events or events that contravene a person's own moral code.

36. Transition and post service are periods of particular risk, and if a person's service is cut short – for example through involuntary discharge – this increases their risk of dying by suicide.[9,10] Data indicate that ex-serving ADF members are at a heightened risk of suicidality after transitioning out of the ADF,[11] with one in 4 reporting some form of suicidality.[12,13] Research shows that one in 3 ex-serving ADF members experience high to very high psychological distress.[14,15] The loss of previously protective factors such as camaraderie, combined with difficulty integrating into civilian life and challenges navigating DVA, can all contribute to increased risk.

8 Ibid.

9 Ibid.

10 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review:* 42.

11 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al. 'Mental health prevalence', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2018): viii.

12 Richard Bryant, Ellie Lawrence-Wood, Jenelle Baur, Alexander McFarlane, et al., 'Mental health changes over time: A longitudinal perspective', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2019): 150.

13 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review:* 42.

14 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al., 'Mental health prevalence': vii.

15 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review:* 42.

Former Inquiries, Reviews and Recommendations (Chapter 3)

37. I have built upon a substantial body of existing work that examines issues related to ADF member and veteran wellbeing, mental health and suicide. Some of the most significant inquiries into matters relevant to Defence and veteran suicide were completed between 2007 and 2021. I focus on the more than 21 previous reports completed during that period.

38. Despite these many reports, and their more than 335 recommendations, I have repeatedly heard from the community that the issues identified have not yet been adequately addressed. A number of these recommendations were due to be addressed in the 2021–22 Federal Budget released in May.

39. I provided both DVA and Defence with requests for information seeking an update on the outstanding responses to past recommendations. Although a response was received from DVA it referred only to publicly available information, which provided only limited further clarity regarding the Australian Government's position on outstanding recommendations.

40. I must stress that action cannot be delayed until the conclusion of the Royal Commission. To save lives, the Australian Government must act with urgency.

41. Key themes have recurred throughout previous inquiries, particularly relating to Defence culture, transition support, continuity of care between Defence and DVA, DVA claims processes, stigma associated with mental ill health, and mental health and wellbeing services for ADF members and veterans. There are a number of key recommendations in relation to these themes that have previously been made that I urge the Australian Government to progress.

42. With an issue as complex as suicide, implementing recommendations in a 'set and forget' fashion is inadequate. More attention needs to be given to monitoring and evaluating the effectiveness of implemented recommendations. Short and long-term monitoring and evaluation to measure the effect of changes within this high-risk group is critical. There will likely be a significant lag time from a policy change to a reduction in the suicide rate, meaning evaluation needs to be carefully developed and implemented to ensure changes are having the intended effect.

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:
  - 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 life[16]
  - 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 training[17]
  - 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 programs[18]
  - 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 behaviours[19]
  - accepting and implementing all recommendations made in the *Inquiry into Transition from the Australian Defence Force*[20]
  - 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 Helpline[21]

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

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

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

19 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.

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

21 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.

Recommendation 3.3

- 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 health[22]
- improving Defence and DVA systems and processes to identify and support members and veterans who may be at risk of suicide[23]
- DVA and Defence evaluating and monitoring the implementation of initiatives, programs and trials.[24, 25, 26]

Department of Veterans' Affairs Legislation and Practice (Chapter 4)

43. Despite significant Australian Government investment, I have consistently heard of veterans experiencing challenges accessing entitlements and, particularly, in engaging with DVA. According to social contract theory, the social contract between the Australian Government and veterans obliges the Australian Government to ensure veterans' lifetime health and wellbeing, as repayment for the abrogation of their absolute right to life during their service defending the country and the lives of its people.

44. While the current veterans' compensation and rehabilitation system is more generous than other Australian workers' compensation schemes,[27] in reality the system has become unbearably complex, difficult to engage with, and produces the perverse outcome of causing further harm to many veterans rather than supporting them and their wellness.

45. The Productivity Commission, in 2019, found the veterans' compensation and rehabilitation system not fit for purpose,[28] and although the Australian Government has stated its commitment to Veteran Centric Reform, the iterative approach proposed neglects the fact that the very foundation of the veterans' compensation and rehabilitation system is unnecessarily complex and overly burdensome.

46. The existence of multiple Acts (the *Veterans Entitlement Act 1986* (Cth), the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) and the *Military Rehabilitation and Compensation Act 2004* (Cth)) means that veterans may be eligible for compensation under more than one Act, and veterans with more than one impairment may have their different impairments covered under different Acts. DVA has informed me that 70% of veterans have overlapping eligibility under more than one Act.[29] This results in different

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

23 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.

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

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

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

27 Productivity Commission, *A Better Way to Support Veterans*: 5.

28 Ibid: 2.

29 Department of Veterans' Affairs, RFI-04-DVA-12-2020, 8 February 2021.

eligibility criteria, assessment processes, standards of proof and appeals processes, as well as potentially significant discrepancies in the level of compensation for the same injury.

47. I support changes to simplify the claims processes and to reduce the complexity of forms. Aligning with this, I support DVA's changes to simplify the claims process through the MyService online functionality, and initiatives like expanding the number of decisions subject to 'streamlining' and 'straight-through' processing.

48. However, veterans are also suspicious of some attempts to simplify processes, such as the MyService system, as it may remove advocates from the process and disadvantage applicants who have not used specific words or terminology that an advocate knows will assist in the approval of applications.

49. Many veterans feel the system is impossible to navigate without the support of an advocate. I am of the view that any system that relies on advocates in order to navigate it is too complex and must be reformed.

50. DVA has put significant focus on supporting those experiencing particular vulnerabilities or with complex needs and I have heard positive reflections on their approach to this, including implementing the Triage and Connect Program, Coordinated Client Support Service and the Wellbeing and Support Program, as well as other changes made following the tragic death of Private Jesse Bird.

51. Despite the implementation of these processes, I have heard from a number of people who are not receiving the support they need when engaging with DVA and who then find themselves in significant distress. I have also heard troubling stories of some vulnerable clients being refused service due to behavioural issues borne of their mental health issues. Staff engaging with clients or processing claims should be highly skilled in trauma-informed practice, especially those engaging with vulnerable clients. Additional support should be identified rather than critical services refused. Staff must receive sufficient and regular training in trauma-informed approaches.

52. Delays in assessing claims is a common concern, and although some services are being delivered within DVA's targets, other claims are taking an excessively long time, reportedly due to inefficient handling and a growing backlog.[30] DVA has advised me that over the past 2 and a half years the number of claims lodged has significantly exceeded the number of claims determined, resulting in more on-hand claims and longer processing times.[31] Delays in approving claims has previously had catastrophic consequences, with some claims rushed through to approval posthumously after a suicide death.

53. Delays are exacerbated by requirements for independent medical examinations to verify a person's claim, despite the provision of medical evidence by the claimant. These requirements perpetuate a sense of distrust from the outset.

54. It appears to be mostly unnecessary due to the apparent low level of fraud within the DVA system, with DVA themselves previously stating that only 1.5% of claims are disingenuous.[32]

30 Australian National Audit Office, *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs* (Canberra, Commonwealth of Australia, 2018, Report No. 52 2017–2018): 8.

31 Department of Veterans' Affairs, RFI-04-DVA-12-2020, *Attachment 2: Time Taken to Process Claims*, 8 February 2021.

32 Department of Veteran's Affairs, cited in Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*, 2017: 89.

55. DVA has implemented a number of essential safety nets and non-liability supports that are of utmost importance. These programs include non-liability mental health care, provisional access to medical treatment, free support through Open Arms – Veterans & Families Counselling, escalation of at-risk clients and the Interim Veteran Payment. These programs must continue and be actively promoted to ensure veterans know of their existence.

56. There are opportunities to improve information sharing between Defence and DVA to streamline the processing of claims. I understand from information provided to me by Defence and DVA that consideration is being given to treating Defence and DVA as a single entity for the purposes of the *Privacy Act 1988* (Cth).[33] This should be progressed to allow Defence and DVA to seamlessly share information to proactively assist in determining veterans' claims including, where relevant, before they transition.

57. The detrimental impact of the complexity of the DVA system must not be understated. Health professionals have outlined to me that the claims process can be as traumatic as the original injury.

58. The DVA system itself is focused on illness, requiring veterans to continually demonstrate their injury, illness and disability, and incentivising the permanency of a person's disability. This makes it hard for veterans to focus on their wellness for fear they will miss out on benefits and entitlements for themselves and their families. The system needs to move away from the illness model and promote veterans' lifetime wellbeing through a fundamental reimagining, drawing on recent lessons and examples such as the implementation of the National Disability Insurance Scheme.

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.

33 Greg Moriarty, Secretary of Defence, General Angus J Campbell AO DSC, Chief of the Defence Force & Liz Cosson AM CSC, Secretary of DVA, 'Letter to interim National Commissioner for Defence and Veterans Suicide Prevention', *Joint Defence DVA Summary of Current and Planned Information Sharing Arrangements*, 13 April 2021.

Recommendation 4.3

- 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

- 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

- The Australian Government should amend the *Privacy Act 1988* (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.

Unacceptable Behaviour in the ADF (Chapter 5)

59. Past reviews, and insights shared with me by individuals, indicate numerous incidences of unacceptable behaviour in the ADF, which can have damaging consequences for mental health and suicidality.

60. Various reviews, including the DLA Piper Review, the Review into the Treatment of Women in the Australian Defence Force, and the work of the Defence Abuse Response Taskforce, found the ADF to have a culture of abuse, under-reporting and mismanagement of complaints of abuse. These reviews, which were conducted between 2011 and 2016, highlighted allegations of sexual and physical abuse, hazing and bastardisation (particularly to initiate new recruits), sexual and other harassment, and bullying. They also found issues with Defence's management of complaints of abuse, including complainants facing retribution, being forced to continue to work alongside alleged perpetrators, and failings in the application of administrative and judicial processes.[34,35]

34 Defence Abuse Response Taskforce, *Report on Abuse in Defence* (Canberra, Commonwealth of Australia, 2014): 4–8.

35 DLA Piper, *Report of the Review of Allegations of Sexual and Other Abuse in Defence* (Canberra, Commonwealth of Australia, 2011): vii–x.

61. Research indicates that unacceptable behaviour perpetrated in workplaces, including military settings, can have a negative impact on mental health and can contribute to suicidal ideation.[36,37,38,39] The impacts on a person's mental health can be further compounded by the mishandling of a complaint of unacceptable behaviour, or by perceived or actual retribution for reporting experiences of abuse and unacceptable behaviour.[40,41,42]

62. While Defence appears to be taking positive steps to reduce and address unacceptable behaviour, including implementing its *Pathway to Change: Evolving Defence Culture* cultural change strategy, and establishing a Sexual Misconduct Prevention and Response Office (SeMPRO), the data and what I am hearing indicate more needs to be done. Data from surveys of ADF personnel indicated 32% of members surveyed in 2020 experienced unacceptable behaviour in the previous 12 months,[43] and increases in the number of clients accessing support from SeMPRO,[44] which indicates unacceptable behaviour is still prevalent in the ADF. Prevailing dissatisfaction with formal complaint handling for unacceptable behaviour also suggests to me that more should be done.[45]

63. Also concerning to me is that the 2021 Australian National Audit Office audit of Defence's implementation of Pathway to Change found that, 'Defence is unable to provide assurance of the effectiveness of its *Pathway to Change: Evolving Defence Culture 2017–2022* cultural reform strategy.'[46] *Pathway to Change: Evolving Defence Culture 2017–2022* builds on Defence's original *Pathway to Change: Evolving Defence Culture* strategy that was launched in 2012. Troublingly, the Australian National Audit Office noted that Defence did not evaluate the first *Pathway to Change* strategy, which meant they were unable to determine the extent to which desired behavioural and cultural reforms had been achieved.[47]

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36 Morten Nielsen & Ståle Einarsen, 'What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research', *Aggression and Violent Behaviour* 42 (2018): 75.

37 Gavin Crowell-Williamson, Martina Fruhbauerova, Christopher DeCou & Katherine Comtois, 'Perceived burdensomeness, bullying, and suicidal ideation in suicidal military personnel', *Journal of Clinical Psychology* 75, no. 12 (2019): 2147.

38 Lindsey Monteith, Nazanin Bahraini, Bridget Matarazzo, Kelly Soberay, et al., 'Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma', *Journal of Clinical Psychology* 72, no. 7 (2016): 749–50.

39 Laurel Hourani, Jason Williams, Pamela Lattimore, Jessica Morgan, et al., 'Workplace victimization risk and protective factors for suicidal behavior among active duty military personnel', *Journal of Affective Disorders* 236 (2018): 45.

40 Lindsey Monteith, Nazanin Bahraini, Bridget Matarazzo, Kelly Soberay, et al., 'Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma': 744.

41 Kay Danes OAM, 'Pleading positive reform: An analysis of suicide risk, self-harm, and reputational peril impacting serving Australian Defence Force members', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

42 Nikki Jamieson, 'Moral trauma and veteran mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

43 Defence, RFI-21-ADF-04-2021, *Overview of Workplace Behaviours Survey*, 3 June 2021: 2.

44 Department of Defence, *Sexual Misconduct Prevention and Response Office: SeMPRO Annual Report FY 2019–20* (Canberra, Commonwealth of Australia, 2020): 8.

45 Defence, RFI-21-ADF-04-2021, *Annual Workforce Climate Report 2019*, 3 June 2021: 31.

46 Australian National Audit Office, *Defence's Implementation of Cultural Reform* (Canberra, Commonwealth of Australia, 2021, Report No. 38 2020–21): 6.

47 Ibid: 31.

There is a need to properly monitor and evaluate Defence's cultural change program to see if it is achieving the intended outcomes, especially when it comes to preventing unacceptable behaviour and improving complaint-handling mechanisms.

64. The Australian Government needs to arrange for independent evaluation of Defence's approaches to detecting, responding to and preventing unacceptable behaviour, to properly understand what is working and what is not. Robust data, and ongoing monitoring and evaluation would facilitate continuous improvement and provide insights into the degree to which unacceptable behaviour and mismanagement of complaints highlighted in past reviews are still occurring. This would enable Defence to build a better evidence base to inform reforms, so further adjustments can be made to prevent unacceptable behaviour and related mental ill health in the future.

65. Independent evaluation would also give the opportunity to highlight changes that are working, and that can be replicated. Further, it would provide a baseline from which Defence can continue to measure what is working and what is not, so further adjustments can be made to prevent unacceptable behaviour and related mental health concerns in the future.

66. Similar issues were noted in the report *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life*, published by the UK Parliament's Defence Sub-Committee on Women in the Armed Forces. Concerns were identified around the UK Ministry of Defence and Services failing to protect female personnel, high rates of bullying, harassment and discrimination, a lack of faith in the complaints system, and serious problems with how sexual assault and harassment are dealt with.[48,49] There are opportunities for Defence and DVA to review and analyse this report and to consider initiatives appropriate for the Australian context.

Recommendation 5.1

- 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

- 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.

48 House of Commons Defence Committee, *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life* (London, House of Commons, 2021): 78.

49 Ibid: 4.

Recommendation 5.3

- Defence and the Department of Veterans' Affairs should review and analyse the findings of the UK Defence Sub-Committee report *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life*, 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.

Access to Health Care and Stigma Associated with Mental Ill Health (Chapter 6)

67. Throughout my work I have heard from ADF members and veterans, their families, advocacy groups and medical professionals about the challenges ADF members and veterans face when trying to access health care, and the flow-on effects this can have on their mental health and risk of suicide.

68. The way permanent ADF members access health care is different to that of the general population; however, this transitions to members accessing health care through both the civilian and DVA systems when they discharge from the permanent service. The challenges in accessing health care vary depending whether or not a person is considered by Defence to be 'rendering service' (Service Category 6 and 7) or on continuous full-time service (ServOpC and, in some instances, ServOpD and ServOpG).

69. I have heard of stigma associated with mental ill health within the ADF acting as a barrier for people accessing early mental health treatment while they are still serving, particularly, that they fear doing so may negatively impact on their career prospects, deployability and ultimately ongoing service and later employment. I am keen to see further exploration of using peer-to-peer supports to address issues relating to stigma associated with mental ill health and for further efforts in relation to de-stigmatisation of mental ill health and help seeking to occur.

70. In addition, I have heard of injured or unwell personnel being downgraded and placed within 'holding' units that I have been told are typically led by underperforming staff. The ADF should be placing a greater importance on developing options for personnel who are injured or may be medically discharged to enable career progression and identify career options both within and beyond the ADF.

71. ADF members and veterans have told me of their experiences being treated by medical practitioners with no understanding of or specialisation in treating military personnel, which has resulted in poor treatment outcomes, both within the ADF and in the civilian healthcare system. The ADF should take measures to improve practitioners' expertise relating to military and veteran issues, and military cultural competence.

72. The lack of continuity of care between DVA and Defence has also been a recurring issue raised during my engagements. This is particularly concerning given many people have told me of their struggles accessing care following their discharge. Defence should consider allowing those who have transitioned out of the ADF to continue to access ADF-provided health care on an ongoing or temporary basis to address the many issues arising from this lack of continuity during this particularly high-risk and challenging period.

73. I have also heard the disparity between the DVA fee schedule and the fee that providers would otherwise privately charge to clients or receive under the NDIS, acts as a financial disincentive for practitioners to treat veteran clients, resulting in veterans being at a disadvantage when competing for already scarce resources and being unable to find experienced and highly skilled clinicians who will treat them in the civilian healthcare system. Despite a recent review of the fee schedule this issue continues to disadvantage veterans and should be addressed.

74. The inability to access mental health services is a risk factor for suicide and addressing this should be a priority of the Australian Government. While I have heard of people benefiting from the support provided by Open Arms, more needs to be done. ADF members and veterans should have the ability and confidence to access person-centred wellbeing-focused care when they need it. The recommendations I have made in relation to healthcare access and stigma associated with mental ill health, along with the recommendations made by the National Suicide Prevention Advisor, need urgent attention and action by the Australian Government.

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:

- 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 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 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.

Transition (Chapter 7)

75. The period of transition from the military back into civilian society can have profound impacts on a person's post-military wellbeing and that of their family.

76. It is important to note that most people transition out of the military reasonably well. Successfully reintegrating into civilian life is a crucial determinant of a veteran's long-term mental and physical wellbeing and social functioning.[50]

77. However, for some, the transition period presents increased risk for the development of psychological disorders and suicidality.[51] Research shows that poor transition outcomes can contribute to a breakdown in social and family relationships, unemployment, financial strain, homelessness, and poor physical and mental health.[52]

78. It is therefore imperative that Defence is fully preparing its members for transition, and doing everything it can to ensure that people can have a post-service life of wellbeing and meaning.

50 Madeline Romaniuk, Gina Fisher, Chloe Kidd & Philip J Batterham, 'Assessing psychological adjustment and cultural reintegration after military service: Development and psychometric evaluation of the post-separation Military–Civilian Adjustment and Reintegration Measure (M–CARM)', *BMC Psychiatry*, 20, no. 531 (2020): 1.

51 Ibid: 2.

52 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review', *Journal of Military and Veterans' Health*, 26, no. 2 (2020): 60.

79. There has been a sustained focus on the transition period in previous inquiries and recommendations. There has also been a significant amount of work undertaken by Defence and DVA to reform the transition process and equip transitioning members with the tools they need to succeed after they leave the ADF. This includes the establishment of the Joint Transition Authority (JTA) within Defence in 2020, to provide oversight and management of streamlined reforms to the transition process.

80. While it is promising to see a continued focus on improving the transition period, I have heard from many veterans, including those who have transitioned recently, that these changes have not yet led to the tangible changes needed in the transition experience, as they are not adequately addressing the challenges facing those currently going through the process. It is also difficult to monitor the effectiveness of changes implemented, due to the paucity of outcome evaluations.

81. It is important for the progress of the JTA to be monitored and any changes they implement evaluated. Any current or future reforms to transition should ensure that ADF members:

- are mentally prepared for the challenges of cultural adjustment to civilian life, and have formal and informal supports in place to ease this adjustment
- begin preparing for civilian life from the day they join the military by developing skills and competencies that are applicable to, and recognised by, civilian institutions as well as the military
- are placed at the centre of their transition journey, fostering a sense of agency and an awareness of the aspects of transition and post-service civilian life
- be prepared for the ways transition will affect their families. Family members should also be involved in the transition process so that they are equipped with the knowledge of available support, and the ability to access this
- have an awareness of available DVA services and entitlements, and where relevant, have an established relationship with DVA
- have access to all necessary documentation to support current and future claims with DVA, have this documentation transferred from Defence to DVA, and for DVA to have proactively commenced and, where possible, finalised any relevant claims
- have their existing qualifications and skill sets accredited or otherwise recognised in a civilian context, have any necessary new qualifications to support their chosen civilian career path, or have pathways to achieve them
- have a clear and realistic understanding of their post-service career path or activity plan
- have a pathway to access further support from Defence if they encounter unforeseen challenges associated with, or after, their transition, and need additional support
- be required to participate in formal transition training courses to equip or enhance knowledge and skills for successful reintegration into civilian life. This includes skills to navigate the different supports and services such as health care, social supports and the ex-service organisation (ESO) community.

82. In addition to ensuring these principles are incorporated into transition planning from the very beginning of an ADF member's career, I also see merit in a compulsory and comprehensive formal training program delivered to people prior to their discharge.

83. The specifics of this mandatory pre-discharge course should be designed further by the JTA; however, the following principles should be incorporated in the development of this course:

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 support services including, where relevant, how to navigate DVA systems in order to access the services.

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 M–CARM developed by the Gallipoli Medical Research Foundation.

84. An ongoing focus on the transition period is required to ensure that Defence gets it right and that ADF members have the best possible start to their civilian lives, regardless of their reason for discharge.

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:

- 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.

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 identity and address any outstanding skills gaps before they leave service
  - supporting veterans to undertake RPL processes once they have left Defence.

Recommendation 7.5

- 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.

Recommendation 7.6

- 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.

Recommendation 7.7

- 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:

  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.

Recommendation 7.7

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 support services including, where relevant, how to navigate DVA systems in order to access the services.

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.

Community Veteran Support (Chapter 8)

85. The community-based structures and organisations that support the health and wellbeing of current serving members, veterans and their families have evolved and expanded over time, adapting to changes in Australian Government policy and service provision, and the changing demographics, needs and expectations of serving members, veterans, their families and society. It is conservatively estimated that there are now well over 3,500 community veteran support organisations lobbying for, or directly servicing, the individual and collective needs of the Defence and veteran communities in Australia.

86. These organisations have been strongly represented at the round tables I have held across the country, and have generously shared their expertise, insights and experiences with me. I have also been fortunate to meet with a variety of these organisations individually to see their work on the ground. Through private meetings and other correspondence, veterans and their families have shared the significant positive impact the support from these organisations and the people within them have had in times of vulnerability. They have also shared their insights on where improvements can be made.

87. Community veteran support organisations provide an array of services centred around advocating for system change, providing individual claims support and advocacy, and providing wellbeing and psychosocial services.[53] Many organisations provide a combination of these. In the course of my discussions with ex-service organisations and veteran support organisations (VSOs) about the services they provide, I am struck by how much of the heavy lifting community veteran support organisations do in order to support our ADF members, veterans and their families.

88. Through my discussions with service members, veterans and their families, I can see how community veteran support organisations are helping to bolster the protective factors against and address the risk factors that we know contribute to suicide among our ADF member and veteran population. They do this by harnessing cultural understanding and shared experience, facilitating critical social connections and peer support, supporting group identity and community building, filling gaps in Australian Government service provision, and providing unique and tailored forms of service delivery that address specific veteran needs.

89. Much of the expertise community veterans' organisations bring to bear in support of ex-serving personnel could also be used to better support ADF members from the start of their careers. There is great opportunity for Defence and DVA to deliberately and officially engage the veteran community support sector more meaningfully from the outset of an ADF member's military career.

90. I've heard much about efforts to address service fragmentation, and specifically about the value of creating specific spaces for veterans to come together, to provide spaces to develop social connections, facilitate peer-to-peer support, and access services across community, health and government services in a centralised location. I support these initiatives, and consider that DVA should work closely with state and territory entities and organisations involved in veteran support to explore and build on them.

53 Productivity Commission, 'Volume one', *A Better Way to Support Veterans* (Canberra, 2019, no. 93): 129.

91. Despite the clear value of the community veteran support in providing important support to veterans, bolstering the protective factors and addressing the risk factors for veteran suicide, I am conscious that we do not have a readily available or comprehensive picture of the current state of play within the sector. I echo the sentiments expressed in past work that having a clearer picture of the community veteran support landscape is essential.[54]

92. Missing within the sector is a comprehensive and current mapping of the number of organisations, who they are, the nature of their service offerings, where they operate, how they are structured, how to contact them, and the veteran demographics they service. At a more detailed level, what is also missing is a comprehensive and in-depth understanding of aspects including, but not limited to, the evidence base for current interventions, funding sources, charity status, monitoring and evaluation frameworks, referral pathways, collaborations and partnerships, and governance structures.

93. There is a clear need for the disjointed information in varying states of currency and completeness to be brought together into a database that is consolidated, comprehensive, current and publicly available. The value of this database will lie in how well it is maintained. It will require proactive action to gather and maintain this information, rather than a passive reliance on organisations coming forward to volunteer information. Comprehensive and up-to-date mapping has important flow-on effects to other areas and provides an important base on which to ground any future reform work in the community veteran support sector. For example, better mapping can support improved consultation within the sector, provide important information to support the Australian Government to better target or design funding and service delivery so it is the most efficient and effective, and facilitate more effective information provision on Australian Government initiatives and reforms to relevant organisations.

94. In addition to the importance of such a mapping and information-gathering process for Australian Government and states and territory government policy makers, I consider improving information access to be critical for ADF members and veterans and their families who are seeking to use the services. It is clear to me the knowledge gleaned through any mapping activity must be publicly available, in as close to real time as possible. Visibility is also important for community veteran support organisations and other service providers.

95. It is important to convey that increased access to information is only one aspect of addressing challenges in the community veteran support sector. Building from a common and shared understanding, there is also scope for further complementary work – including, but not limited to, streamlining funding structures, consultation and coordination mechanisms; improving governance and quality control arrangements; and ensuring that our community veteran support sector is well positioned to continue to support our veteran community into the future.

96. Service awareness, coordination and integration clearly continue to present issues for the sector, and I consider that one solution available to government is to establish a body with specific responsibility for coordinating community veteran support organisations and providing principles and standards for such groups to work to.

54 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*: 42.

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 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.

Homelessness (Chapter 9)

97. Throughout my work I have heard concerns about the extent of veteran homelessness, and its correlation with veteran suicide. Definitions of homelessness vary, and there is a lack of robust data on veteran homelessness. However, estimates of the Australian Housing and Urban Research Institute indicate that the prevalence of veteran homelessness is likely to be higher than that of the general population.[55]

98. I welcome the addition of a new question on ADF service to be included in the 2021 Census by the Australian Bureau of Statistics (ABS). The collection and analysis of this data will provide a new source of information to understand the number of Australian veterans. I welcome this change. However, I note that the ABS does not directly measure homelessness through the Census form. Instead, it applies analytical techniques to generate estimates of the homeless population.[56] For this reason, I am concerned it may remain difficult to fully understand the true extent of veteran homelessness even with the additional Census question on ADF service.

99. Although homelessness does not typically become an issue for people while they are serving, a revised approach to transition could include a stronger homelessness prevention component while a person is still within the ADF, including incorporating an assessment of housing vulnerability in the transition process. This would allow at-risk individuals to be identified and connected with relevant supports, avoiding the need for crisis accommodation later on.

100. The Australian Government invests significantly (more than $6 billion per year)[57] in addressing homelessness; however, the focus on veterans is limited. DVA has advised me that it does not have legislative or policy authority in relation to homelessness services, meaning that other than using limited homelessness referral services and risk assessment tools provided by DVA, veterans need to seek this support elsewhere.

101. Open Arms does provide some limited crisis accommodation support to veterans, however there is a budget cap of $200,000 for these services in 2020–21. Only under a week of accommodation, primarily in hotel facilities, can be provided.[58]

102. The Australian Government supports housing and homelessness service delivery by the states through the National Housing and Homelessness Agreement (NHHA). While the NHHA sets out a range of priority cohorts, including women and children affected by family and domestic violence, children and young people, Aboriginal and Torres Strait Islander peoples, people experiencing repeat homelessness, people exiting institutions and care into homelessness, and older people,[59] the priority focus does not extend to veterans.

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55 Fiona Hilferty, Ilan Katz, Frederick Zmudzki, Miranda Van Hooff, et al., *Homelessness amongst Australian Veterans: Final Report of the AHURI Inquiry* (Melbourne, Australian Housing and Urban Research Institute, 2019): 1.

56 Australian Bureau of Statistics, 'Homelessness', 2016, https://www.abs.gov.au/websitedbs/censushome.nsf/home/factsheetsh, accessed on: 6 July 2021.

57 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*, 8 February 2021: 2.

58 Ibid: 7.

59 Council on Federal Financial Relations, 'National Housing and Homelessness Agreement', 2018, https://www.federalfinancialrelations.gov.au/content/housing_homelessness_agreement.aspx, accessed on: 19 February 2021.

103. It is state and territory governments that have primary responsibility for delivering housing and homelessness services. I understand from my discussions with state and territory representatives that there are varying levels of focus on veteran homelessness across the country and I am concerned that a veteran's ability to access support in this regard is determined by where they live.

104. Given the Australian Government's limited levers in relation to supporting veterans experiencing homelessness, the Australian Government should consider amending the NHHA to include veterans as a priority cohort at the next available opportunity, and make funding available to support appropriate community projects that provide housing for veterans.

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:

- agree on targets to reduce veteran homelessness
- develop an ongoing data collection process that enables an accurate understanding of the extent of veteran homelessness.

Future Work (Chapter 10)

105. This report is only a start to the work required to help prevent suicide deaths of ADF members and veterans. In addition to the topics covered in the main chapters of this report, I have also set out additional topics that should be examined in the future. These topics include:
    - the involvement of veterans' families with service life and transition out of the ADF
    - opportunities for recognition of the service of ADF members and veterans
    - enhancing the national approach to the capture of data on veterans
    - utilising emerging practice and research to assist in the formulation and implementation of systemic reforms and initiatives that assist our ADF and veteran communities
    - better integration of services from the Australian Government and state and territory governments.

106. Engagement with families has been an essential part of my work. Families are often best placed to identify any concerns in the lives of Defence members and veterans. Families are often also the first line of support. Conversely, the breakdown of relationships and families can be a critical factor that contributes to suicide risk. More must be done to support ADF members and veteran families and to incorporate them into Defence life and transition planning.

107. In addition to more recognition of families, what it means to serve in the ADF must be recognised by the broader community. Sacrifice is inherent to serving in the ADF, and service should be recognised regardless of how and why a person discharges. Death by suicide should in no way diminish this. The broader community has an essential role in incorporating veterans into the community and putting their valuable skills and attributes to use.

108. Throughout my enquiries it has become abundantly apparent that data on ADF members and veterans is lacking. As a result, the Australian Government and state and territory governments have a limited understanding of the veteran population and the issues that affect them. This must be addressed. Without timely, reliable, representative and authoritative data there will continue to be challenges in understanding where suicide prevention action can be taken and in monitoring changes following action.

109. Defence and DVA should ensure that they are capturing all data that are relevant to service and issues arising during service that may be of use when investigating ADF member and veteran suicide deaths and the systemic issues, patterns and trends associated with these deaths. They should also ensure that there are mechanisms in place that enable easy access to this information.

110. Through my work I have begun the process of compiling a register of suspected or confirmed ADF member and veteran suicide deaths that have been notified to me. There is no other organisation that has done this work. The consolidation of information from various sources into this register is of critical importance to understanding factors contributing to deaths and therefore what can be done to help prevent further deaths. My office has begun preliminary work to identify common issues and patterns arising from the data, including with respect to risk factors, operational and posting histories. The Australian Government should ensure that work on the register continues.

111. There is also work needed to enhance the provision of timely information about ADF member and veteran suicide deaths. Current processes mean that there is often a lag between when a death occurs and when it is reflected in national statistics, often due to delays associated with coronial investigations.

112. Research into ADF members and veterans must also continue to advance. Research that seeks to understand service and its impacts from the perspectives of women, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse Australians is needed. I also welcome research into issues such as suicide contagion and clusters, moral injury, alternative therapies and emerging pharmacological treatments.

113. More must also be done by Australian governments to integrate the various services that they, and other organisations provide. Veterans access services that are provided by the Australian Government and state and territory governments as well as from community-based organisations. Currently, this has the undesirable outcome of meaning that the services available to veterans depend on the location in which they live.

114. Because it has many, disparate providers, the current service delivery environment can be overwhelming for veterans.

115. Figure 2 represents the service delivery environment that veterans encounter. Veterans must navigate service provision from DVA, Australian and state and territory government agencies, ESOs, VSOs and other service providers. There is a lack of integration between these service providers and limited mutual awareness of the different supports that are provided. This can be a disorienting and challenging setting to navigate, especially for those who may be in distress. It is not surprising that many veterans can feel overwhelmed by this. A coordinated, whole-of-government approach, akin to that proposed by Ms Morgan in her *Final Advice*, is required.

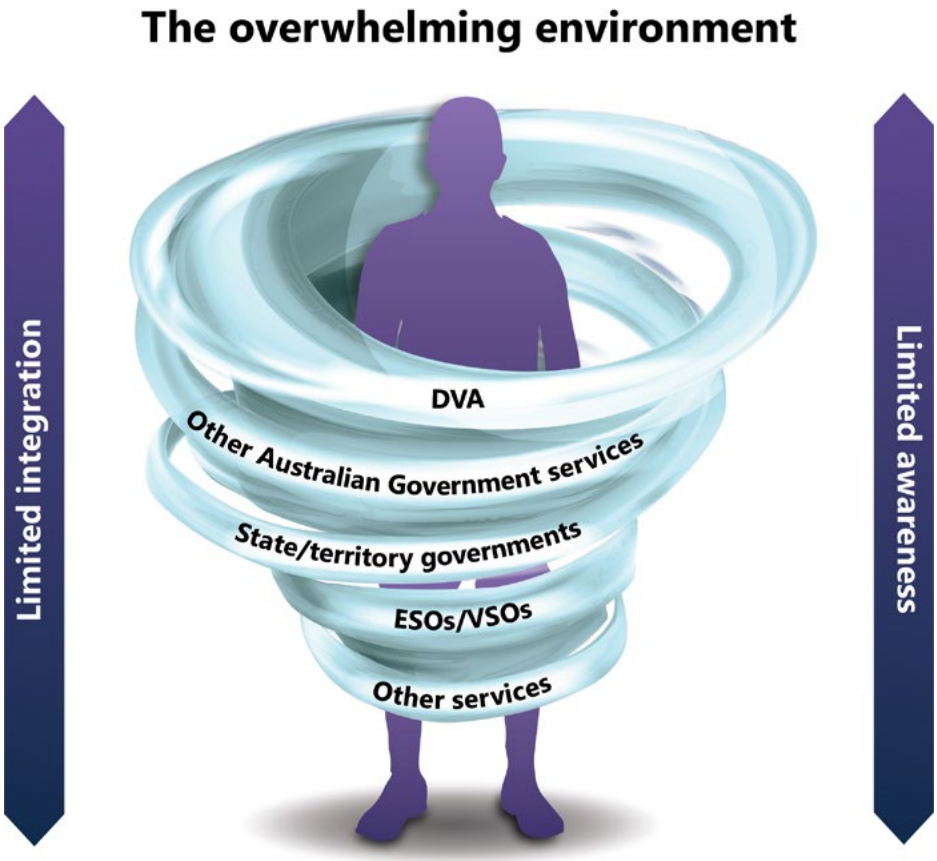


Figure 2. Feelings of being overwhelmed experienced by veterans associated with the service delivery environment

116. The topics I have outlined above are of particular interest to me, but future work should in no way be constrained to these alone. A critical eye should continue to be cast over what is being done and what could be done to prevent further suicide deaths.

117. The Prime Minister announced on 19 April 2021 that the Australian Government would recommend to the Governor-General the establishment of a Royal Commission into Defence and Veteran Suicide. On 8 July 2021, the Royal Commission was established and the Terms of Reference released.[60] I welcome this announcement.

118. This report provides a strong foundation for the Royal Commission to begin their work. But action cannot wait for the completion of the Royal Commission's report. The Australian Government must look to what can be done to prevent any further deaths of ADF members and veterans. My work outlines key issues to address and provides recommendations of what changes are needed.

119. I also note that the National Commissioner for Defence and Veteran Suicide Prevention Bill, which is currently before Parliament, will be amended to ensure that the National Commissioner's powers and functions will commence following the conclusion of the Royal Commission, or at an earlier point if recommended by the Royal Commission.[61] The role of the National Commissioner will be critical to ensuring issues identified by the Royal Commission are addressed. I have been honoured to serve as the interim National Commissioner and I look forward to the establishment of a permanent National Commissioner so as to hold the Australian Government to account and further the goal of preventing any future ADF member and veteran suicide deaths.

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

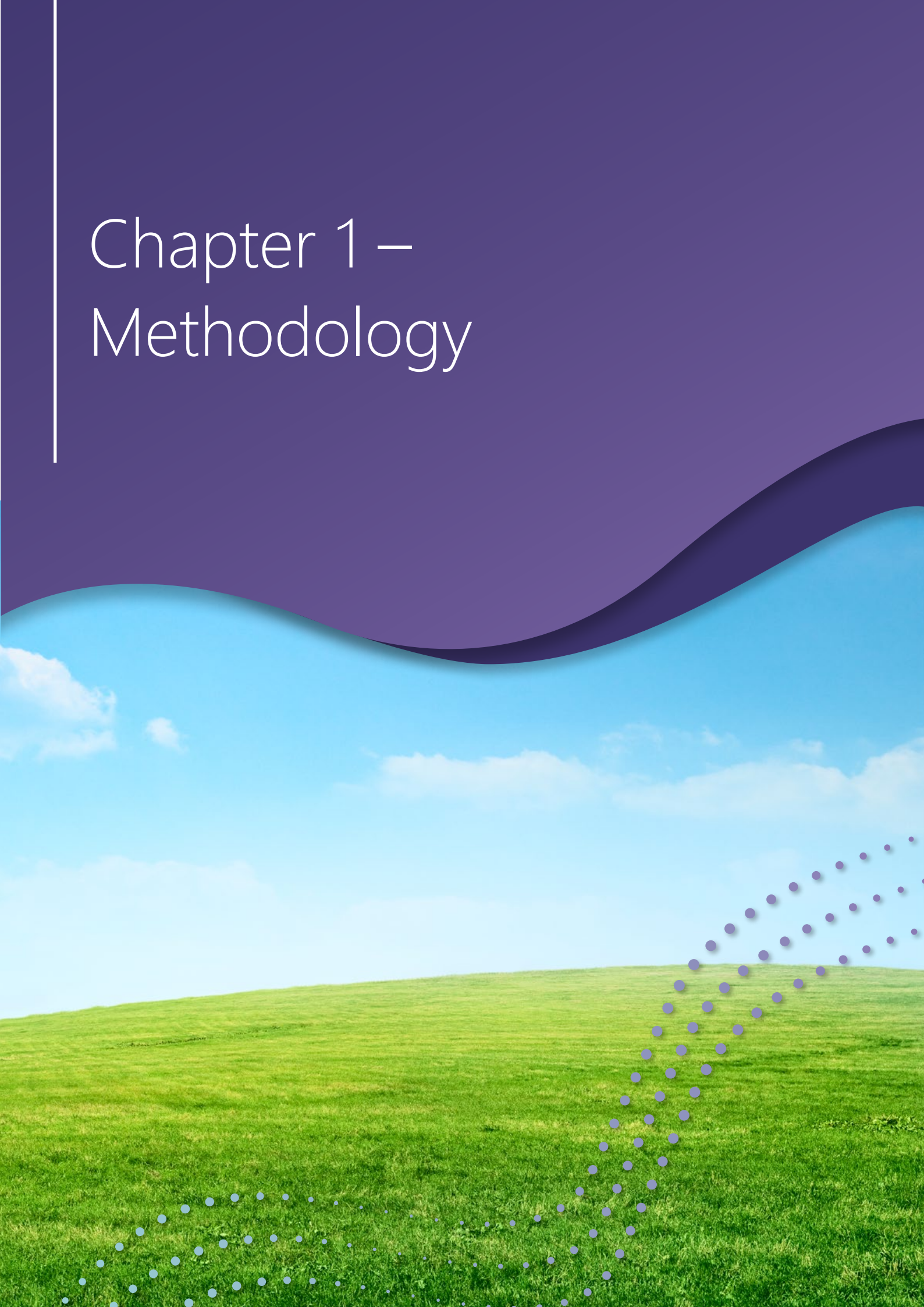
- Defence and the Department of Veterans' Affairs should ensure that they are capturing all data relevant to suicide risk and protective factors where these issues relate to service and issues arising during service.

60 Prime Minister of Australia, 'Defence and veterans suicide: media release', 8 July 2021, https://www.pm.gov.au/media/defence-and-veterans-suicide, accessed on: 9 July 2021.

61 Ibid.

Figure 3. Veteran Donny Paterson after attending a meeting with Commissioner Boss

Chapter 1 – Methodology



Introduction

Establishment of the National Commissioner

1.1 On 5 February 2020, the Prime Minister announced that the Australian Government would establish a new National Commissioner for Defence and Veteran Suicide Prevention (National Commissioner) to inquire into, and support the prevention of, the deaths by suicide of Australian Defence Force (ADF) members and veterans.[1,2]

1.2 The Australian Government appointed me as the interim National Commissioner for Defence and Veteran Suicide Prevention on 30 September 2020 and I commenced on 16 November 2020. I am independent from the Australian Government, including Defence, the Department of Veterans' Affairs (DVA), and the Inspector-General of the ADF (IGADF). My office is completely separate from these agencies. The Australian Government does not influence the way I do my work.

1.3 The National Commissioner was established as an independent body to inquire into, and support the prevention of, ADF and veteran deaths by suicide. Subject to the passage of legislation, it was envisaged that the National Commissioner would have been empowered to:

- inquire into the circumstances of past and future deaths of ADF members and veterans by suicide, including suspected deaths by suicide
- hear about the impact of deaths of ADF members and veterans by suicide on families and others affected
- make findings and recommendations to the Australian Government following such inquiries
- promote the understanding of suicide risk factors for ADF members and veterans, and protective factors that can improve their wellbeing and prevent suicide
- monitor and review the implementation of recommendations to prevent deaths by suicide among ADF members and veterans, and provide an independent accountability mechanism.

1.4 On 19 April 2021, the Prime Minister announced a Royal Commission into Defence and Veteran Suicides (Royal Commission). Following a period of consultation, on 8 July 2021, the Governor-General, His Excellency General the Hon David Hurley AC DSC (Ret'd), issued Letters Patent, which established the Royal Commission into Defence and Veteran Suicide. A copy of the Letters Patent, which includes the Terms of Reference, is included at **Appendix C**.

1.5 On 8 July 2021 the Australian Government also announced that the National Commissioner for Defence and Veteran Suicide Prevention Bill, currently before the Parliament, will be amended to allow the National Commissioner function to commence following the conclusion of the Royal Commission into Defence and Veteran Suicide, or at an earlier time if recommended by the Royal Commission.

1 Prime Minister of Australia, 'Press conference: Announcement of National Commissioner for Defence and Veteran Suicides', 5 February 2020, https://www.pm.gov.au/media/press-conference-announcement-national-commissioner-defence-and-veteran-suicides, accessed on: 16 March 2021.

2 Prime Minister of Australia, 'Powerful new body to tackle ADF and veteran suicides', 5 February 2020, https://www.pm.gov.au/media/powerful-new-body-tackle-adf-and-veteran-suicides, accessed on: 16 March 2021.

My work so far

1.6 Since commencing in the role of interim National Commissioner, I have been speaking with ADF members, veterans, families, affected people, academics and other experts, about the issues they think are critical to understanding and preventing deaths by suicide in Defence and veteran communities. I have also requested information from various agencies, and have utilised research on Defence and veteran suicides from the Australian Institute of Health and Welfare (AIHW) and the Australian Commission on Safety and Quality in Health Care (ACSQHC).

I do think you need to understand history to better design what the future looks like. So we need to understand what's happened and why it's happened.

Ex-service organisation representative, round table, 2020.

1.7 This chapter provides an overview of all of these engagements, information requests and the research and data I have received. This sets the scene for what the research and insights tell us in the following chapters.

How we operate

Trauma-informed approach

1.8 My office takes a trauma-informed, restorative and culturally appropriate approach to engaging with family members and other individuals personally affected by a death by suicide, a suspected death by suicide, or an attempted suicide.

1.9 Taking a trauma-informed approach is about having systems, policies and practices in place that have regard for the nature of the trauma that individual family members and those with a lived experience of suicidality have or are facing. Through understanding how that trauma can impact individuals, as well as being able to recognise the symptoms and signs of that trauma in individuals, we can work carefully with people in response to their individual needs, to avoid re-traumatising them.

1.10 I have taken a restorative approach, to provide people affected by ADF member and veteran suicides with an opportunity to share their story with me, and have their experiences acknowledged and meaningfully heard. Many people have told me of the significant positive impact this has had for them.

1.11 I recognise the importance of understanding how a person's culture may inform and shape the way they wish to engage with my work. My office focuses on creating safe and respectful engagements for people with diverse cultural backgrounds, and tailors its approach for individual circumstances.

1.12 People have had different experiences that influence how and when they might be ready to share their stories with me. As such, my office works with people when they are ready to make contact, and engages in a way that suits their needs, wishes and circumstances.

1.13 My office gives people choice about how they wish to engage with me, including in private meetings, and by sharing stories and insights through written submissions. Where a person has chosen to engage with me or my office, they are given options for how their information is used, including whether aspects of their story are published in an identified or de-identified way. This can be seen in the quotes used in this report. People have choice and control over how they wish me to use their information.

1.14 Key trauma-informed and restorative principles that guide the way I, together with my office, undertake this important work include:

- **Doing no further harm** – We seek to minimise harm, avoid re-traumatisation and maximise safety where possible.
- **Safety** – We provide an environment that is physically, psychologically and emotionally safe for families, community members and staff.
- **Choice** – We consult closely with people. We offer choice about how and when a person engages with us, how we communicate with them, and whether they would like a support person to assist them when engaging with our office.
- **Informed participation** – Engaging with my work is voluntary. People can withdraw from participation at any stage. We ensure people understand how their information will be used, and give them the opportunity to consider this before providing consent. We are transparent with people about our policies and processes, and what they can expect in engaging with my work.
- **Confidentiality** – We collect, use and store personal information in accordance with legislation, and only share personal information if the law requires it or we have consent.
- **Empowerment** – We recognise the strength and courage it takes for people to contact us and share their deeply personal experiences. We support and encourage strategies that help people to build on their resilience and coping mechanisms.
- **Working with** – We work *with* people to maximise opportunities for personal healing wherever possible, in preference to doing things *to* or *for* them.

The importance of insights of families and of those with lived experience

1.15 A key part of my role is listening – listening to the insights of those with experience and personal understanding of suicide, be they family members, other impacted individuals or those with personal lived experiences of suicidality. I respect individual and family wishes about what aspects of their experience they wish to share with me, recognising that some people may not wish to discuss certain details. It is only through listening that we will really begin to understand the circumstances surrounding past suicides, the impacts on families and others, and what more can be done to prevent these deaths.

> *I hope that by submitting this I am able to effect even a small change to help in the prevention of ADF members and veteran suicide. I know too well the pain, loneliness and feeling of hopelessness that leads to the thoughts and feelings that lead to wanting to commit suicide [sic.]. No veteran or serving member deserves to feel that way.*
>
> *Sarah, private meeting, 2021.*

1.16 Those who have come forward have shown immense courage. Many have shared painful experiences and memories with me, but I have also seen and heard of the great strength of our ADF members and veterans, and their talents, which extend well beyond their skills in the military. Overwhelmingly, the people I have heard from have been motivated by their desire to help and make a positive difference for our Defence and veteran communities, so that other individuals and families do not have to experience what they have.

1.17 The perspectives and stories provided by ADF members and veterans are of utmost importance to my work as the interim National Commissioner. Not only do these insights help to shape my inquiries, but they give a voice, name, context and greater meaning to the statistics. These stories help to ensure we know and remember the people behind each story and each life that has been lost to suicide.

1.18 Our Defence and veteran communities are not a single, homogenous group. Defence and veteran specific issues and experiences are as diverse as the individuals who have served in our military. This is reflected in the complexity of suicide; there is no single cause or preventing factor. It is because of this complexity that hearing directly from families and others is so important to my work – it ensures I hear about the breadth of issues and protective factors to ensure my recommendations will address the whole of the ADF and veteran community.

1.19 Families and others who have contributed to this work provide the crucial insights that help me understand what is *actually* happening 'on the ground' and what it *feels like* when you cannot access the help you need. While there is some available research and data about issues relevant to Defence and veteran mental health, wellbeing and suicide, there is no substitute for personal stories and experiences. They provide insights into what is working and what isn't, including when changes have been implemented, but the impacts are yet to be realised. They ensure that change isn't treated as a 'tick-box' exercise and that ongoing efforts are maintained to make sure initiatives are saving lives.

1.20 The importance of lived experience for suicide prevention and mental health system improvements was also expressed by the National Suicide Prevention Adviser, Ms Christine Morgan, and by the Royal Commission into Victoria's Mental Health System. Both emphasised the need for lived experience to shape suicide prevention initiatives and the mental health system. The Royal Commission into Victoria's Mental Health System recommended that mental health services be 'designed and delivered by people with lived experience'.[3] Ms Morgan similarly stated that, 'people and their lived experience are central to best-practice in suicide prevention',[4] and recommended that lived experience knowledge and insights be incorporated at all stages of suicide prevention – from research through to program delivery and evaluation. Notably, many speakers and attendees at my recent research symposium, *Prevention through Understanding*, echoed the sentiment that a 'lived experience approach' to suicide prevention within the Defence and veteran communities is essential.[5,6,7]

1.21 Not only do these insights from lived experience shed light on key systemic issues and on opportunities to save lives, but sharing stories normalises talking about these issues. Suicide, mental ill health and mental illness should not be taboo topics. There should not be any stigma attached to seeking help. It is my hope that by seeing people share their experiences with me, others will be encouraged to come forward, to share their own stories. And for those who need it, to speak up and seek whatever supports might help.

3 Royal Commission into Victoria's Mental Health System, 'Summary and recommendations', *Final Report* (Melbourne, 2021, Parl. Paper No. 202, Session 2018–21): 106.

4 National Suicide Prevention Adviser, 'Executive summary', *Final Advice* (Commonwealth of Australia, Canberra, 2020): 4.

5 Christine Morgan, 'Keynote address by Christine Morgan', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 10 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

6 Gwen Cherne, 'Veteran and family response', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 10 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

7 Nikki Jamieson, 'Moral trauma and veteran mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

Overview of my engagements

1.22 Since commencing as the interim National Commissioner, I have met with numerous people who have insights into matters relevant to ADF member and veteran suicide. I have held round table discussions and other targeted meetings, site visits and meetings with state Coroners and other experts, as well as a public research symposium. I have also sought information from various organisations to obtain information on past deaths, current and past policies, programs and processes, and the progress of implementing recommendations from past reviews and inquiries into Defence and veteran mental health and suicide.

Box 1.1. Overview of engagement activities

To date I have:

- conducted 36 private meetings with individual families, ADF members and veterans
- conducted 29 round tables with 159 organisations
- issued 211 separate requests to entities for information or documents, largely but not exclusively to the Department of Veterans' Affairs and Defence, to obtain information on policies, practices and information about specific cases, resulting in the production of over 20,000 pages of material
- arranged to conduct 7 site visits to support and treatment organisations who specifically cater to ADF members and veterans
- intervened due to imminent risk of suicide on 3 separate occasions
- engaged with National Suicide Prevention Adviser, Ms Christine Morgan, with the Commissioner for Veteran Family Advocacy, Ms Gwen Cherne and Deputy Chief Medical Officer for Mental Health, Dr Ruth Vine and other key stakeholders in relation to suicide, mental health and veterans' affairs
- hosted an academic research symposium, *Prevention through Understanding*, to discuss and hear from experts on (among other topics) suicidality, risk, innovative treatments and wellness programs, which 305 people registered to attend (184 online and 121 in person)
- undertaken representative and community engagement activities such as wreath laying and speaking engagements at the Australian War Memorial, and speaking engagements with the Merimbula RSL, Vietnam Veterans' Association and the 2021 Army Chaplaincy Strategic Management Conference.

Private meetings

1.23 I have also had **36** private meetings with families and veterans who wanted to meet with me, and **2** follow-up meetings with veterans. In accordance with my office's trauma-informed and restorative approach, these meetings were held with people who contacted my office to advise they were ready to share their stories, to avoid re-traumatising someone who may not be ready to speak with me. Unfortunately, some people did not feel comfortable speaking with me without the privacy and whistle-blower protections that were expected to be provided through the National Commissioner legislation.

1.24 I have heard their stories, insights and experiences. As part of our trauma-informed and restorative approach, these conversations were held in private to provide a safe, confidential space for individuals to share their experiences. Participants were given the option to have a support person in the room while we met, and a social worker from my office was also available to support participants before, during and after our conversation.

1.25 Many of the matters raised in these meetings were consistent with what I heard through my other engagements. Recurring topics included difficulties adjusting to life after transitioning out of the ADF – including loss of identity, purpose and community, and challenges with DVA's claims process and receiving adequate support.

1.26 I also heard of misuse of drugs and alcohol, the stigmatisation of mental ill health and help seeking in the ADF, and inaction by the Australian Government in response to recommendations from past reviews and reports into ADF member and veteran suicide.

1.27 Additionally, I heard about experiences of sexual abuse, bullying and harassment in the ADF, and how these incidents (if reported) were often mismanaged by the chain of command, often resulting in retribution against the individual who was abused. Many people also raised shortcomings in Defence or DVA's handling of specific matters, which often contributed to suicidality.

I want to thank you and your team for allowing me to express my voice, to contribute to helping those who need it. I remain sceptical about the government acting on the findings from the commission, but I humbly appreciate the time you and your team have given to this commission. Without people like you, nothing will get done.

Kole Wittorff, veteran, private meeting, 2021.

1.28 I and my office have taken action in relation to several matters raised in these meetings to assist individuals in relation to their specific circumstances. This has included: raising specific matters with the IGADF; liaising directly with DVA about certain matters; contacting Defence about re-issuing destroyed medals; issuing requests for information (RFIs); and making arrangements to find emergency accommodation and other support services.

Round tables and targeted meetings

1.29 Round tables have formed an integral part of my work, enabling people with a range of perspectives, expertise and experience to discuss ideas on important topics related to the mental health and suicide of ADF members and veterans. These discussions have assisted me to identify issues that require further investigation, and helped me to develop recommendations aimed at preventing future deaths by suicide**. Appendix D** sets out a full list of these engagements and the topics discussed.

1.30 Summaries of these round table discussions are also available on the Office of the National Commissioner website.

1.31 I have convened round tables across Australia with various representatives who have expertise and experience in Defence and veteran mental health and suicide prevention. Round tables were held in Perth, Adelaide, Hobart, Melbourne, Brisbane, Sydney, Townsville, Canberra and online. The participants included community organisations that represent ADF members and veterans; academics; mental health and suicide prevention experts; and chaplains. I have also held round tables with Australian Government agencies, including Defence and DVA, state and territory governments, first responders and emergency services.

Community group round tables

1.32 I convened **14** round tables between December 2020 and July 2021 with community organisations that represent current and ex-serving ADF members, and with academics, clinicians and chaplains. Participants discussed challenges and opportunities in the transition from the ADF to civilian life, ADF member and veteran mental health and wellbeing services, and DVA claims processes. They also spoke about various other relevant topics, including mental illness, psychosocial impacts (for example, relationship breakdown, drugs and alcohol misuse, gambling, and criminal behaviour) after discharge, mental health and suicide prevention challenges in the civilian health system more broadly, and issues relating to the IGADF's Afghanistan Inquiry Report.

Figure 1.1. Community group round table in Canberra, April 2021

State and territory government round tables

1.33 I have held **11** round table discussions with state and territory government officials, including representatives from state mental health commissions and first responders, in New South Wales, Western Australia, Queensland, South Australia, the Northern Territory, Tasmania and the Australian Capital Territory.

1.34 Participants discussed how their jurisdiction collects ADF member and veteran specific data and supports these populations, including through provision of mental health and other supports to veterans and their families, and how the states and territories interact with Australian Government departments such as DVA and Defence.

Figure 1.2. State government round table in Perth, April 2021

1.35 Key matters raised included the need for consistent and more holistic data about veterans and their families, and the need for collaborations and linkages within the mental health and suicide prevention sectors.

Suicide prevention and mental health round tables

1.36 I have held **2** round tables in Canberra and Melbourne with key representatives from national and local organisations with expertise in mental health and suicide prevention. Participants discussed national mental health and suicide prevention issues and approaches, including service delivery and coordination within the civilian mental health system, and how veterans are and can be supported through this system.

Defence round table

1.37 I convened a round table with representatives of Defence in February 2021 to discuss Defence's approach to mental health and suicide prevention in the ADF. This discussion covered the important roles of families, peers and leaders in the ADF to promote mental wellbeing and access to supports, as well as a broader discussion about the points of differentiation between Defence-specific and broader community issues. Attendees also discussed challenges in supporting members to transition out of the ADF, including the need to prepare for transition early in a person's career, and the need to promote agency, not dependency, among transitioning members. Participants also discussed the challenges associated with balancing strategic capability and personnel management within the ADF; the flexibility of the workforce system; and the recruitment process, including current screening and resilience-building practices.

Figure 1.3. Defence round table in Canberra, 2021

DVA round table

1.38 I met with representatives from DVA in February 2021 to discuss DVA's approach to mental health and suicide awareness and support of veterans. The round table provided an opportunity for me to discuss key issues and themes with DVA, including issues identified through many of the other round table meetings. Participants discussed the role of DVA supporting transitioning veterans, claims processes and legislative requirements; DVA-funded mental health and wellbeing services, particularly Open Arms – Veterans & Families Counselling; and the need to better support families during an ADF member's service, including helping families in identifying issues and facilitating early intervention. Participants also discussed the need to shift to a holistic and proactive focus on wellbeing and to separate treatment from compensation.

Meetings with state Coroners

1.39 A key aspect of my role is working closely with Coroners to support better mutual understanding of patterns and systemic issues relevant to ADF and veteran deaths by suicide. I have met with the state Coroners of Victoria, South Australia, Tasmania and Queensland to discuss the prevalence of ADF member and veteran deaths by suicide, and opportunities to collaborate to prevent these deaths in the future.

Meetings with experts/academics

1.40 I have also met with several academics and experts, many of whom presented on their work at the public symposium I convened in March 2021 (detailed below), and shared their research findings and insights with me. Among them are Ms Morgan, Ms Cherne, and the Deputy Chief Medical Officer for Mental Health, Dr Ruth Vine. My office has also had significant engagement with Phoenix Australia, as well as the Gallipoli Medical Research Foundation (GMRF), especially regarding GMRF's Military–Civilian Adjustment and Reintegration Measure tool and its potential to improve outcomes for transitioning ADF members.

Site visits

1.41 I have has also met with or arranged to meet a number of other veterans through other engagements and site visits (a complete list of my site visits can be found at **Appendix E**), including:

Figure 1.4. Site visit to Path of the Horse, Trentham, Victoria, March 2021

Path of the Horse in Trentham, Victoria (located on Djadjawurrung country)

The Path of the Horse is an equine-assisted learning centre and registered charity located in Trentham, Victoria. The centre provides equine psychotherapy support to veterans, first responders and their families to better manage post-traumatic stress disorder (PTSD), anxiety and depression. They also offer services to individuals with autism, and people dealing with addictions, self-harm and grief.

During this visit, I spoke with 6 veterans and heard how equine therapy can assist in managing mental illnesses such as PTSD, anxiety and depression.

The Oasis in Townsville, Queensland (located on Bindal and Wulgurukaba country)

The objectives of The Oasis Townsville include supporting ADF members and veterans, including through the direct relief of poverty, suffering, destitution and helplessness, to facilitate emergency accommodation or respite housing; provide access to transition, education or employment service providers and other veteran oriented support organisations; and to promote and educate the social engagement of ADF members and veterans to alleviate the pre-cursors that can contribute to suicide.

I visited the temporary premises of The Oasis Townsville and heard that their new premises at Oonoonba will act as a support and referral hub for transitioning ADF members and families, and ex-serving members and their families, to enable better access to support from ex-service organisations (ESOs) and the community services in Townsville.

During this visit, I spoke to the operators about their work providing emergency housing and support, including referrals for veterans and their families.

Mates4Mates Recovery Centre in Townsville, Queensland (located on Bindal and Wulgurukaba country)

Mates4Mates Family Recovery Centre, Townsville, offers a range of support by providing serving and ex-serving people and their families with access to support and rehabilitation services, as well as community involvement opportunities. The Family Recovery Centre is co-located at the RSL Queensland's Townsville branch, providing access to RSL Queensland Veteran Services' Officers who can support people with the DVA claims process. During my visit, I spoke to veterans about wellbeing and rehabilitation services for veterans and their families.

Figure 1.5. Site visit to Mates4Mates, Townsville, Queensland, January 2021

Standby in Hobart, Tasmania (located on Nipalunna country)

StandBy Tasmania is a leading suicide postvention program dedicated to assisting people and communities bereaved or impacted by suicide. StandBy was established in 2002 to meet the need for a coordinated community response to suicide. StandBy is now recognised as a leading suicide postvention program.

Defence Shed in Port Adelaide, South Australia (located on Kaurna country)

The Defence Shed Port Adelaide provides peer support to current and ex-serving Defence and emergency services personnel through community-based projects and activities. The aim of these activities is to support the mental health and wellbeing of ADF members, ADF veterans, emergency services personnel and their families by minimising social isolation, encouraging social engagement and promoting a purposeful life. During my visit, I listened to veterans talk about their service and their experiences with DVA.

The Merimbula Returned Services League – speaking engagement (located on Yuin country)

I was invited to speak at an International Women's Day question and answer panel event at the Merimbula Returned Services in March 2021. The discussion among all guests was thoughtful, considered and enlightening. It focused on the various challenges faced by women around the world, and of specific relevance to my work, the mental health consequences of what many are describing as 'near war-like' social pressures and stresses in our community due to the 2019–20 bushfires and the COVID-19 pandemic.

Thirrili Ltd, Darwin, Northern Territory, (located on Larrakia country)

I visited Thirrili Ltd, and heard about the unique challenges faced by Aboriginal and Torres Strait Islander veterans and what supports are available to them. Thirrili Ltd is a not-for-profit organisation providing support services for Indigenous families dealing with suicide, grief, loss and trauma. Support includes community capacity building; working to create system change and strengthen the provision of culturally appropriate and responsive postvention support services; and working with local Elders, and community and Aboriginal and/or Torres Strait Islander organisations to ensure that a community response is put in place to support bereaved individuals and families.

Operation K9, Adelaide, South Australia (located on Kaurna country)

I visited Operation K9 after hearing about the positive impacts therapy dogs can have on veterans' lives. Operation K9, a program provided by the Royal Society for the Blind, provides assistance dogs to veterans who have been diagnosed with PTSD. The assistance dogs are trained to provide support, independence and social interaction to veterans, and can perform tasks such as retrieving medication, seeking help, and interrupting episodes of stress and anxiety.

Research symposium

1.42 On 10 and 11 March 2021, I convened my first public Defence and veteran research symposium – *Prevention through Understanding*. The symposium brought together academics, experts and practitioners, and focused on current and emerging research on mental health and suicide prevention in the Defence and veteran communities. The symposium was broadcast via webcast, which, together with speaker papers, is available for viewing on the Office of the National Commissioner website.[8]

1.43 The symposium provided the opportunity to do some 'blue sky' thinking – talking about innovative approaches that could make a real difference to our ADF members and veterans, including the latest evidence-based interventions and treatment options, and emerging ideas and options needing more attention. Not only was this an opportunity for all attendees to learn from one another, but the insights and knowledge I gained from that event has informed me in my inquiries and recommendations to help ADF members and veterans.

8 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Defence and veteran suicide: *Prevention through Understanding* symposium', 2021, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

1.44 Ms Morgan provided the keynote address, where she emphasised the importance of having a compassionate approach to suicide prevention. She also highlighted the importance of lived experience in our approach to this complex problem of ADF member and veteran suicidality, and the need for 'compassion first' – that is, being genuinely inquisitive and empathic when communicating with people with lived experience of suicide.

1.45 Table 1.1 is a list of the other speakers for the event.

Table 1.1. Speakers at research symposium, *Prevention through Understanding*

Presenter	Topic
Scientia Professor Richard Bryant – School of Psychology, University of NSW	The complexity of assessing and treating post-concussion syndrome (traumatic brain injury) as against post-traumatic stress disorder
Ms Gwen Cherne – Commissioner for Veteran Family Advocacy	Veteran and family response
Dr David Caldicott – Emergency Consultant and Senior Clinical Lecturer, College of Health and Medicine, Australian National University	Swords into ploughshares: The medicalisation of illicit drugs
Dr Kay Danes OAM – Alumni of Southern Cross University School of Law and Justice; researcher and policy analyst	Pleading positive reform: An analysis of suicide risk, self-harm and reputational peril impacting serving members of the ADF
Mr Geoff Evans – CEO Disaster Relief Australia	Vulnerability and risk: A model of intervention on curves
Coroner Jacqui Hawkins – Coroners Court of Victoria	Case study: Jesse Bird inquest
Ms Nikki Jamieson – PhD candidate at New England University and veteran mental health advocate	Moral trauma and veteran mental health
Dr Katelyn Kerr – Senior Clinical Psychologist, Toowong Private Hospital and Australian Institute for Suicide Research and Prevention	Predictors of suicide in veterans
Professor Sharon Lawn – College of Medicine and Public Health, Flinders University	Veteran wellbeing and support
Professor Sandy McFarlane AO – Director of The Centre for Traumatic Stress Studies, University of Adelaide	Investigating suicide by ADF members and ex-serving personnel
Dr Madeline Romaniuk – Associate Director, Mental Health Research, Gallipoli Medical Research Foundation	The impact of transition out of the ADF on mental health

1.46 We talked about the importance of early and targeted intervention strategies, enabling individuals to access the help they need as soon as they start to experience distress, and ensuring that treatments are personalised to suit the individual.

1.47 The discussion also highlighted the important role of families in supporting those with poor mental health or mental ill health, and the need to empower and upskill family members and carers to assist them in supporting a person's recovery and acting when a person is experiencing crisis. In addition to Ms Morgan's address, there was significant focus on the need for lived experience of suicidal behaviour and bereavement from suicide to inform mental health and suicide prevention policy, program development and service delivery.

Figure 1.6. Nikki Jamieson presenting at the *Prevention through Understanding* research symposium, Canberra, March 2021

1.48 There were several other aspects of this complex issue that were discussed throughout the symposium.

1.49 Other key themes raised included:

- the need for further understanding and research about PTSD and moral trauma/injury in treating both current and ex-serving members
- the need for more accountability from government officials for the implementation, or lack of implementation, of recommendations made in reviews and inquiries targeted at improving the experiences and mental health of ADF members and veterans
- the implementation of recent veteran centric reforms by DVA, noting further improvements in this area still need to be made
- the issue of silos and the lack of coordination and cohesion in service delivery, health care and ESOs
- stigma associated with mental ill health within the ADF causing current serving members to be reluctant to seek help for mental health concerns
- the potential risks to mental health arising during the transition period after leaving the ADF

Figure 1.7. Dr David Caldicott presenting at the *Prevention through Understanding* research symposium, Canberra, March 2021

- the importance of trust and good organisational culture within the military, noting that feelings of betrayal during service can contribute to poor mental health. It was noted that feelings of betrayal could arise from a range of instances, including experiences of moral injury, interpersonal issues or a sense that the person is let down by the system – for example, if they make a complaint and experience retribution
- the emerging research and trials being undertaken on radical medicinal and clinical treatments and their potential for the effective treatment of veteran specific mental ill health – for example, psilocybin, music therapy, ketamine and MDMA.

1.50 The presentations and discussions at the symposium added to the valuable insights gained through my other discussions with ADF members, veterans, families and community groups, and provided another critical contribution to understanding why these tragic deaths are occurring and how to prevent future deaths by suicide in the Defence and veteran communities.

Information requests

1.51 In the absence of legislated powers, I have requested information from various government and non-government organisations to understand issues relevant to ADF member and veteran mental health and suicide prevention. These requests have included requests for the identities of ADF members and veterans who have died by suicide, and investigative reports into these deaths (where an investigation has been conducted). I have also sought information about the implementation of recommendations from past reviews and reports relevant to ADF member and veteran suicides, and about programs and services available to support ADF members and veterans.

1.52 An overview of the information requests I have issued is included at **Appendix F**.

Register of ADF member and veteran suicides

1.53 I have begun compiling a register of suspected or confirmed deaths by suicide that I have been notified of. This register brings together information from various sources, such as information provided by Defence regarding serving members who have died, information provided by families, and reports from the IGADF and other reliable sources.

1.54 It is also expected that the National Commissioner legislation will include a requirement to compile suspected and confirmed ADF member and veteran deaths by suicide that are reported to the National Commissioner.

1.55 As this register develops, it will be a useful resource for the Australian Government to analyse patterns and systemic factors relevant to these deaths.

Commissioned research and analysis

1.56 The following commissioned research has assisted me to develop a knowledge base for understanding ADF member and veteran deaths by suicide:

- quantitative data analysis by the AIHW
- qualitative analysis undertaken by the ACSQHC.

1.57 Both the AIHW's and ACSQHC's analyses have helped inform my inquiries to date. I have drawn on their insights to guide round table discussions and meetings with experts and people with lived experience; to target RFIs from agencies, including Defence and DVA; and to direct further research conducted by my office.

1.58 This report builds on the initial findings of these organisations, together with the work my office and I have undertaken to further our understanding of the data and lived experience of those left behind. I discuss key insights from the AIHW and ACSQHC's analyses in more detail in the following chapters.

The Australian Institute of Health and Welfare's quantitative analysis

1.59 The AIHW analysed available data on ADF member and veteran deaths by suicide from 1 January 2001 to 31 December 2018, for people who had served at least one day since 2001, to see whether any factors increase or decrease the risk of a person dying by suicide. This period was selected in accordance with the initial Terms of Reference for the Independent Review of Past Defence and Veteran Suicides. It is the time for which the most robust Defence and coronial data is currently available. A copy of this analysis is available on the Office of the National Commissioner website.

1.60 The AIHW produces an annual report on ADF member and veteran deaths by suicide, *National Suicide Monitoring of Serving and Ex-serving Australian Defence Force Personnel*. That report examines the incidences of suicide among ADF members and veterans and identifies characteristics that may be associated with suicide risk.

1.61 The data analysis commissioned for this report builds on the AIHW's annual report analysis and draws on a wider range of datasets. For this report, the AIHW analysed factors including demographic and service-related characteristics of ADF members – for example, age, marital status, service (Army, Navy or Air Force), length of service, type of discharge and time since discharge. The AIHW also analysed information about ADF members' and veterans' health usage – for example, number of visits to a doctor, medicines prescribed, use of mental health support services, and use of DVA-funded health and medical entitlements.

1.62 The objectives of the analysis were to:

- identify trends and systemic factors contributing to, and preventing, ADF member and veteran deaths by suicide
- compare the health of ADF members and veterans who have died by suicide with all Australians who died by suicide to provide insights into specific risk factors for ADF members and veterans
- compare the health of ADF members and veterans who died by suicide and ADF members who are still alive to provide information on protective factors for ADF members and veterans
- identify patterns of suicidality among ADF members.

Methodology

1.63 A brief description of the AIHW's methodology is included below.

1.64 In undertaking their analysis, the AIHW:

- acquired information from Defence's personnel management system (PMKeyS) for all ADF members and veterans who served at least one day between 1 January 2001 and 31 December 2018
- linked the PMKeyS information with the National Death Index and Medicare Consumer Directory to identify ADF personnel who have died by suicide[9]
- linked the ADF members and veterans with their corresponding health and welfare datasets to identify trends, and potential risk and protective factors for deaths by suicide.[10]

1.65 All data was de-identified to protect the privacy of individuals, with the analysis done in accordance with strict criteria and legislative requirements.

1.66 The cohort analysed included 216,640 ADF members and veterans.

- Of those people, 54,865 serving members, 117,023 ex-serving members and 41,971 reserve members were known or presumed to be alive.
- 465 ADF members and veterans were known to have died by suicide during this time (based on the data for Coroner-certified deaths).
- Over the same period, 2,191 ADF members and veterans were known to have died by other causes.

The Australian Commission on Safety and Quality in Health Care's qualitative analysis

1.67 The ACSQHC is undertaking qualitative analysis to identify risk and protective factors for deaths by suicide among ADF members and veterans. ACSQHC is analysing coronial files for ADF member and veteran deaths by suicide from 1 January 2001 to 31 December 2018, for people who served at least one day since 2001. ACSQHC is also analysing reports for this period made to the Chief of Defence Force from the IGADF and Defence on suicides of serving ADF members.

1.68 To inform this work, the ACSQHC commissioned Phoenix Australia, the Centre for Posttraumatic Mental Health to produce a literature review (available on the Office of the National Commissioner website), which looks at existing research and policy approaches, international patterns, and risk and protective factors for deaths by suicide among ADF members and veterans. It also examines research relating to suicide attempts, suicide ideation and self-harm in these communities, as well as evidence-based prevention strategies and interventions.

9 The National Death Index (NDI) confirms whether a person has died (the fact of their death). Fact of death information from the NDI is supplemented with cause of death information from the National Mortality Database (NMD), to confirm if a person died by suicide or other means.

10 These datasets included the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, DVA client and treatment data, National Coronial Information System data and Australian Bureau of Statistics data.

1.69 Key objectives of the literature review were to:

- identify current research findings on Defence and veteran suicides, including on ADF members' and veterans' suicide attempts, suicide ideation and self-harm
- improve understanding of the systemic issues that influence ADF members' and veterans' suicides, suicide attempts, suicide ideation and self-harm.

Literature review methodology

1.70 The literature review examined research from 1 February 2017 to 30 April 2020, building on the National Mental Health Commission's literature review, which examined research prior to 1 February 2017.

1.71 The literature review also considered a number of key 'grey literature' documents (reports or documents that are not published in the peer-reviewed literature) published from 1 January 2001 to 30 April 2020. This literature included past inquiries and reports commissioned by the Australian Government such as the *Report on Suicidal Behaviour and Ideation among Military Personnel: Australian and International Trends* (2016); *Senate Inquiry into Suicide by Veterans and Ex-Service Personnel* (2017); *Mental Health of ADF Serving Personnel* (2016); *Review into the Suicide and Self-harm Prevention Services Available to Current and Former Serving ADF Members and Their Families* (2017); and other relevant reviews and inquiries in relation to ADF member and veteran suicides in Australia. I examine these and other past inquiries and reports in greater detail in Chapter 3 – Former Inquiries, Reviews and Recommendations.

1.72 However, it is worth noting that the literature review is not exhaustive – it does not include every piece of relevant research. Further, limited data is available for self-harm and suicidal behaviour, and as such, it is difficult to say with any certainty what factors are directly relevant to ADF member and veteran deaths by suicide. It is also a desktop review and so does not include primary research or voices of people with lived experience.

Ongoing qualitative analysis

1.73 Due to difficulties in obtaining access to the necessary files and data, including receiving ethics committee approvals, the ACSQHC has not yet completed their analysis of coronial files and Defence reports. Once completed, this analysis will be available to the Royal Commission to support the identification of common themes and systemic factors relevant to ADF member and veteran deaths by suicide. This will assist with the identification of barriers to, enablers of, and potential opportunities for improving services or interventions to help prevent suicides in Defence and veteran communities.

Key insights

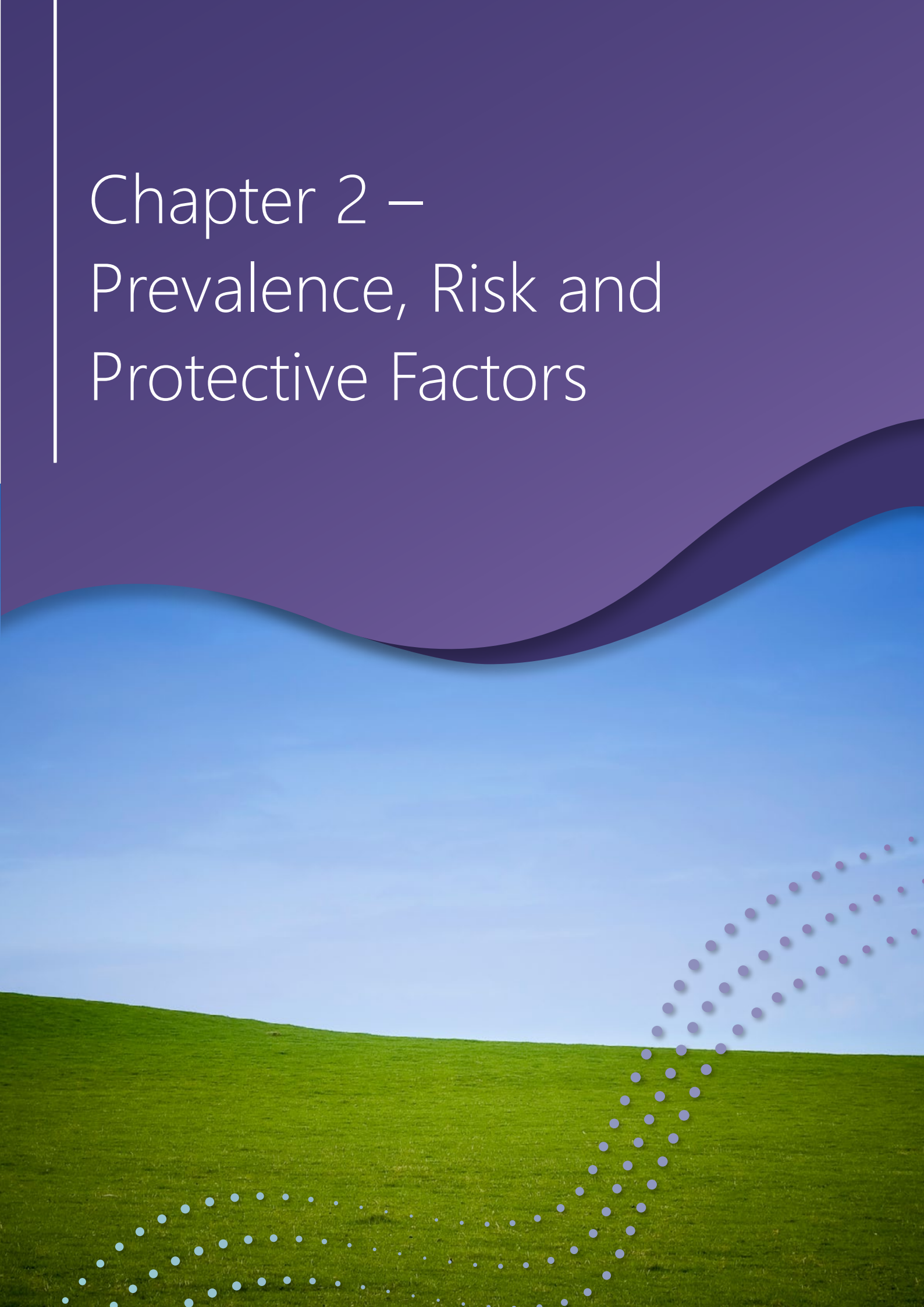
1.74 The research shows there is much already known about Defence and veteran suicide, with many reviews and studies finding consistent patterns and risk and protective factors. In particular, issues in the transition from military to civilian life, difficulties accessing mental health supports, and challenges navigating and accessing DVA entitlements are often cited as risk factors in the literature.[11] These issues have also been echoed in my engagements, where I have heard that these challenges continue to pose risks to ADF members and veterans.

1.75 However, there are still significant gaps in the research and data, especially for current and ex-serving ADF members. An ongoing issue is the lack of information available about veterans, the majority of whom are not known to Defence or DVA, due to historical issues with record-keeping practices. This means we are missing key insights about ex-serving members' experiences accessing health and social supports. Coronial records will not necessarily identify if a person was a veteran at the time they died, as this information is not always known or recorded. This makes lived experience insights all the more crucial – to try to bridge the gap between the research and data, and what is currently happening.

Figure 1.8. Visit to the Australian War Memorial, April 2021

11 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020): 9.

Chapter 2 – Prevalence, Risk and Protective Factors



Introduction

2.1 There were 3,318 registered suicide deaths in the general population in Australia in 2019.[1]

2.2 Too many of these deaths include Australian Defence Force (ADF) members and veterans. Data show us that ex-serving ADF members are more likely to die by suicide than their counterparts in the broader population, particularly in the period after discharging from the ADF. More needs to be done to prevent these deaths.

2.3 I have heard directly from families, friends and people with lived experience of mental ill health and suicidality about how the experiences of ADF members and veterans can increase the risk of suicidal behaviour.

2.4 This chapter first provides an overview of the suicide mortality data for ADF members and veterans and the general Australian population, and international data on suicidal behaviour, including among other military populations. I then look at the risk and protective factors for ADF member and veteran deaths by suicide that have been identified in research and data, and through my engagements to date.

1 Australian Bureau of Statistics, 'Causes of death, Australia', 2020, https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release, accessed on: 8 April 2021.

Suicide prevalence

2.5 There has been an increase in rates of suicide in Australia over the last decade, with the age-standardised rate rising from 11.2 per 100,000 in 2010 to 12.9 per 100,000 in 2019.[2] According to the Australian Bureau of Statistics' (ABS) most recent cause of death data, suicide was the 13th leading cause of death in Australia in 2019.[3]

2.6 Tragically, ex-serving men and women die by suicide at higher rates than their fellow Australians. According to the most recent data from the Australian Institute of Health and Welfare (AIHW), 465 ADF members and veterans died by suicide between 2001 and 2018. The age-adjusted suicide rate for ex-serving males was 22% higher than for the general male population. Similarly, the age-adjusted rate of suicide for ex-serving females was 127% (or 2.27 times) higher than for the Australian female population.[4]

2.7 These statistics provide a solid evidence base. However, I have heard that the number of ADF members and veterans who have, or are suspected to have, died by suicide is likely to be even higher.

2.8 There are a number of limitations in the current suicide data for ADF members and veterans, which impact the ability to identify systemic issues and risk and protective factors relevant to these deaths. Fundamentally, it takes time for individual deaths to be considered through the coronial process, which can lead to delays in a death being found to be suicide. These timeframes also influence how quickly suicide data and statistics can be updated, with a lag of up to 3 years between a person dying by suicide and that finding showing in ABS and AIHW data.[5,6]

2.9 Additionally, there are 2 key difficulties in identifying veteran deaths by suicide:

(i) determining that the death was a suicide, not an accident

(ii) knowing whether the deceased was a veteran.

2.10 It is not always apparent whether a death was intentional (suicide) or accidental. As such, some deaths by suicide may not be captured in the data, because a finding has not been made that the death was intentional. Jurisdictions also have different requirements when considering whether a death was a suicide – for example, in South Australia there would not be a 'manner of death' finding (for example, suicide) if the case did not progress to an inquest.[7]

2.11 While there are processes to check whether a person who died was serving in the ADF at the time of death, coronial processes do not include a requirement to determine whether a person was a veteran. Nor is it necessarily apparent that a person was a veteran when they died, especially if they discharged many years before or served for a short period of time.

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2 Ibid.

3 Ibid.

4 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*, Report prepared for the interim National Commissioner for Defence and Veteran Suicide Prevention (Forthcoming).

5 Australian Bureau of Statistics, 'Causes of death, Australia methodology', 2020, https://www.abs.gov.au/methodologies/causes-death-australia-methodology/2019, accessed on: 14 July 2021.

6 Australian Institute of Health and Welfare, 'National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update', 2020, https://www.aihw.gov.au/getmedia/64a2cab8-19ff-49aa-9390-197a1ec0b81c/aihw-phe-277.pdf.aspx?inline=true, accessed on: 14 July 2021.

7 *Coroner's Act 2003* (SA), s 29.

2.12 I am grateful for the cooperation of the Council of Chief Coroners and for the steps they are taking to improve the identification of veteran deaths.

2.13 The need to address suicide among military personnel and veterans is not unique to Australia. A 2018 report from the North Atlantic Treaty Organization noted that, 'Globally, military personnel are an identified at-risk group for suicide.'[8] The USA and Canada also have higher rates of suicide among their Defence and veteran populations. Canadian data indicate that ex-serving males had a 1.4 times higher risk of suicide compared to males in the broader Canadian population. The risk for ex-serving females was 1.9 times higher than for their female Canadian counterparts.[9] Based on the most recent US data, in 2018, ex-serving Defence members accounted for 13.8% of all deaths by suicide among US adults.[10]

2.14 Prior self-harm (self-injury and suicide attempts) is a leading risk factor for death by suicide.[11] According to the data, over the last decade, rates of self-harm in Australia have declined from 120.6 per 100,000 in 2008–09 to 117.8 per 100,000 in 2018–19.[12] In 2018–19, the rate of self-harm-related hospitalisations was greater for females (148.5 per 100,000) than for males (86.4 per 100,000). Rates for females were highest for those aged 15–19 (555.5 per 100,000) and 20–24 (336.1 per 100,000).[13] However, it should be noted that not all people who self-harm are hospitalised, meaning these data are incomplete. Unfortunately, these data also do not identify how many ADF members and veterans are reflected in these self-harm statistics.

8 North Atlantic Treaty Organization, *Military Suicide Prevention*, Report Prepared for NATO Leadership, 2018, https://www.sto.nato.int/publications/STO%20Technical%20Reports/Forms/Technical%20Report%20Document%20Set/docsethomepage.aspx?ID=4019&FolderCTID=0x0120D5200078F9E87043356C409A0D30823AFA16F6010066D541ED10A62C40B2AB0FEBE9841A61&List=92d5819c-e6ec-4241-aa4e-57bf918681b-1&RootFolder=%2Fpublications%2FSTO%20Technical%20Reports%2FSTO-TR-HFM-218, accessed on: 13 May 2021.

9 Kristen Simkus, Amy Hall, Alexandra Heber & Linda VanTil, *2019 Veteran Suicide Morality Study*, 2020, https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/veteran-suicide-mortality-study-2019, accessed on: 9 March 2021.

10 United States Department of Veterans Affairs, *2020 National Veteran Suicide Prevention Annual Report*, 2020, https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf, accessed on: 9 March 2021.

11 Nicholas Biddle, Lucy Ellen, Rosemary Korda & Karuna Reddy, 'Suicide mortality in Australia: Estimating and projecting monthly variation and trends from 2007 to 2018 and beyond', 2020, https://www.aihw.gov.au/getmedia/742843a5-ae99-417f-a731-62b437cefabb/Suicide-mortality-Australia-2007-2018.pdf.aspx, accessed on: 6 May 2021.

12 Australian Institute of Health and Welfare, 'Suicide and self-harm monitoring: Intentional self-harm hospitalisations by states and territories', https://www.aihw.gov.au/suicide-self-harm-monitoring/data/intentional-self-harm-hospitalisations/intentional-self-harm-hospitalisations-by-states, accessed on: 17 May 2021.

13 Australian Institute of Health and Welfare, 'Suicide and self-harm monitoring: Intentional self-harm hospitalisations by age groups', https://www.aihw.gov.au/suicide-self-harm-monitoring/data/intentional-self-harm-hospitalisations/intentional-self-harm-hospitalisations-by-age-sex, accessed on: 17 May 2021.

Risk and protective factors for suicide

2.15 ADF members and veterans face unique challenges associated with both their employment within, and transition out of the ADF. In line with the remit of my role, I have tried to:

(i) understand how these challenges might be influencing why suicide deaths of ADF members and veterans are occurring, including the risk and protective factors that are specific to these communities

(ii) identify what can be done to prevent these suicide deaths. Understanding the risk and protective factors reveals opportunities for intervention – either by capitalising on protective factors or minimising and intervening when risk factors for suicide are apparent.

2.16 It is only through understanding these factors that we can truly start to create change and prevent further deaths from occurring.

2.17 Risk factors for suicide can be defined as 'individual behaviours, psychosocial or societal conditions that increase the likelihood that an individual will die by suicide'.[14] Conversely, protective factors for suicide are 'societal or psychosocial conditions or individual behaviours that lessen the likelihood that an individual will engage in suicidal behaviour'.[15]

2.18 Some risk and protective factors are specific to Defence and veteran populations. The experiences people have while serving in the ADF are unlike those in most traditional workplaces. Service in the ADF can expose an individual to traumatic incidents and conflicts. Individual careers can be cut short through involuntary discharge, including for medical reasons triggered by military service. The process of transitioning to civilian life post service can also present risk factors, including difficulties reintegrating, developing social connections with civilians and finding meaningful employment. Engaging with DVA is also unique to ADF members and veterans, and is a process that can contribute additional risk and protective factors.

2.19 Although my work reveals key suicide risk and protective factors for ADF members and veterans, I am aware that these factors do not impact all individuals in the same way. Each person brings their own unique background and experiences to the ADF, and has differing experiences both during service and after discharge. Risk and protective factors should not be assumed to have the same impact for all people.

2.20 The understanding of risk and protective factors for suicide, including for ADF members and veterans, is still developing. Over time, research and data have evolved and we continue to learn about the impacts of military service on people's lives. For example, in World War I, the condition called 'shell shock' was known to impact military personnel. This phenomenon came to be understood as post-traumatic stress disorder (PTSD) in the 1970s, in the wake of the Vietnam War.[16] The impacts of modern warfare, including longer deployments, broader social and cultural shifts, and changes in Defence and DVA policies and procedures, also have implications for understanding the experiences of Defence and veteran communities, including impacts of military service on mental health and suicidality.[17,18]

14 Joanne Mclean, Margaret Maxwell, Stephen Platt, Fiona Harris, et al., *Risk and Protective Factors for Suicide and Suicidal Behaviours: A Literature Review*, Report prepared for the Scottish Government (Edinburgh, Scottish Government, 2008): 14.

15 Ibid: 15.

16 Marc-Antoine Crocq & Louis Crocq, 'From shell shock and war neurosis to posttraumatic stress disorder: A history of psychotraumatology', *Dialogues in Clinical Neuroscience* 2, no. 1 (2000): 47.

17 Productivity Commission, *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 12.

18 Open Arms, 'Understanding the veteran experience,' 2019, https://www.openarms.gov.au/health-professionals/about-veterans-and-their-families/understanding-veteran-experience, accessed on: 14 April 2021.

2.21 The relevance of historical changes was acknowledged in the literature review provided by the Australian Commission on Safety and Quality in Health Care (ACSQHC). The authors stated that:

> *10 or 20 years ago, the evidence base was less robust and possibly different to what it is now. Similarly, policies and practices 10 or 20 years ago were different to those that are in place now. This is an important consideration within the context of the current review … when what we know now, particularly regarding risk and protective factors, may not necessarily have been known then.*[19]

2.22 As we continue to learn more about the suicide risks for our Defence and veteran communities, we need to make changes in line with the data, research and best-practice guidance. As our understanding of risk and protective factors evolves, including through the findings and recommendations of the Royal Commission into Defence and Veteran Suicide, it will be crucial for the Australian Government to adjust program and policy settings to better support ADF members and veterans.

Information sources

2.23 A range of information sources inform my work. I have used the quantitative analysis provided by the AIHW and the literature review provided by the ACSQHC, both of which are available on the Office of the National Commissioner website.

2.24 Additionally, I have reviewed Defence inquiry reports I have obtained from Defence and the Inspector-General of the ADF (IGADF). These reports cover a range of inquiries into in-service deaths, including Commissions of Inquiry, Boards of Inquiry and IGADF inquiries, predominantly about serving ADF members who died by suicide. The reports include information on service history, postings and deployments, and findings from Defence and IGADF investigations into these deaths.

2.25 This research and data provide an evidence base to inform my work. However, they do not tell the full story of the factors that contribute to, or protect from Defence and veteran suicide risk. Personal stories from ADF members, veterans and their families have been essential in informing my understanding of risk and protective factors, as have the insights from round table discussions with key representatives with experience and expertise in these matters.

2.26 I have also been provided with *The Conceptual Framework to Guide the Implementation of Best and Next Practice in Services and Support for Veterans and their Families*, created by Phoenix Australia and the Canadian Centre of Excellence – PTSD. The document provides a scientific, evidence-based analysis of risk factors, as well as a pathway for change.[20]

19 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020): 9.

20 Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD, *The Conceptual Framework to Guide the Implementation of Best and Next Practice in Services and Support for Veterans and their Families* (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020).

Risk and protective factors

2.27 The reasons why people die by suicide are complex and variable – it can be almost impossible to say that any single factor caused a person to take their life. Suicide is often the result of a mix of different factors and life events, including those that are biological (such as disease, injury or pain), psychological (such as mental illness) and psychosocial (such as relationship breakdown or unemployment; see Figure 2.1).

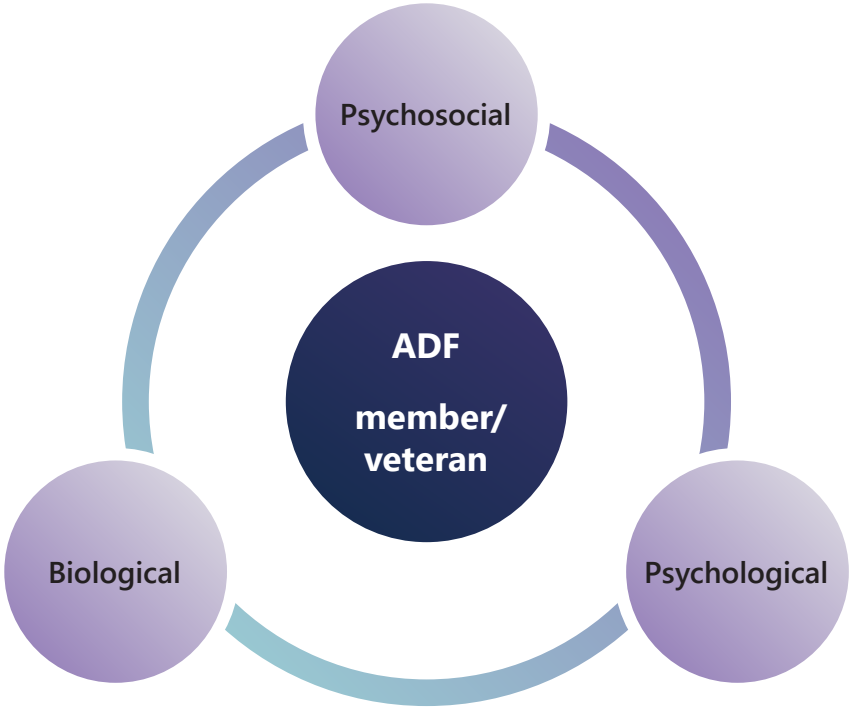


Figure 2.1. Risk and protective factors for ADF member and veteran deaths by suicide

2.28 The data and research show some valuable insights into patterns in risk and protective factors for ADF member and veteran suicides. For example, AIHW data analysis of ADF members and veterans with at least one day of service since 2001, who died by suicide between 2001 and 2018, indicates that:

- after adjusting for age, the suicide rate for serving males was 50% lower than for the general Australian population, and for serving and reserve females it was 53% lower than for the general Australian population
- 15% of males experienced 'Defence force related deployment'
- 21% of ADF members and veterans were unemployed
- 33% of ADF members and veterans (154 people) were DVA clients
- the suicide rate for ex-serving males with 10 or more years of service was lower than for those with less than one year of service.[21]

21 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

Box 2.1. Insights from Defence inquiry reports

Many of the risk and protective factors identified in the data, research and experiences people have shared with me are echoed in the various Defence inquiry reports I have received to date, which primarily relate to deaths of ADF members.

Based on the records I have received, many of the ADF members who died by suicide had a history of mental ill health – something that was often, but not always, known to Defence. Many deaths were preceded by suicidal thoughts, disclosures of suicidal ideation and/or suicide attempts. A high proportion of the files also indicate a history of drug and/or alcohol misuse, with alcohol also having been consumed immediately prior to many of the deaths. A large number of the Defence inquiry reports also indicate that the individuals who died by suicide had physical and/or mental health concerns, many of which arose from ADF service.

I draw on the information in these reports throughout this chapter to illustrate how multiple risk factors for suicide can compound and ultimately contribute to death.

Without powers to compel the production of identifying information, which were expected to be provided through National Commissioner legislation, I have been constrained in the information I can access. While the information received to date has been a useful starting point, the absence of records for veterans who died by suicide (who are the majority of these deaths) is a significant gap in the data available to me.

I expect the qualitative data analysis of coronial files and certain Defence Inquiry reports, which is currently being undertaken by the Australian Commission on Safety and Quality in Health Care, will provide further insights into the risk and protective factors for ADF member and veteran deaths by suicide.

Summary of risk and protective factors

2.29 Table 2.1 is a summary of the key risk and protective factors identified in data and research. The complete data analysis can be found in the AIHW's *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

2.30 It is worth noting that some risk and protective factors emerge or become more relevant at certain points in a person's life. This is particularly the case for ADF members and veterans, who are likely to experience certain risk factors only as a result of, or after their service in the military. For example, unemployment and homelessness are issues a person may experience after they leave the ADF. Similarly, PTSD and other physical or mental illnesses or injuries may only manifest or be reported after a person leaves the ADF.

Table 2.1. Summary of risk and protective factors relevant to ADF members and veterans, sourced from data and research

Factor	Impact	Details
Younger age	Risk	During 2001 to 2018, the median age at death for ADF males who died by suicide was 35 years for ex-serving males, 38.5 years for reservists and 28 years for serving males.[22] The median age of death for males in the general Australian population who died by suicide was 44 years.[23]
Gender – male	Risk	Data from the AIHW for 2001 to 2018 indicate that the majority (92%) of serving and ex-serving ADF members who died by suicide were men – 429 deaths.[24] Similarly, males account for the majority of suicides in the general population (75.4% of suicide deaths in 2019 were those of males).[25] However, it should be noted that the rate of suicide among ex-serving females is disproportionate to the broader population, with the age-adjusted rate of suicide being 127% higher for ex-serving females.
Personal history of self-harm	Risk	Around 29% of male ADF members and veterans who died by suicide between 2001 and 2018 had a personal history of self-harm.[26]

22 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

23 Australian Bureau of Statistics, 'Causes of death, Australia'.

24 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

25 Australian Bureau of Statistics, 'Causes of death, Australia'.

26 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

Factor	Impact	Details
Relationship problems or breakdown	Risk	Around 27% of ADF members and veterans who died by suicide between 2001 and 2018 had experienced disruption of family by separation and divorce.[27] One in 5 (21%) male ADF members and veterans who died by suicide between 2001 and 2018 had experienced relationship problems with their spouse or partner.[28]
Cultural and linguistic diversity	Risk	While the available data do not include culturally and linguistically diverse ADF member and veteran suicides, the National Suicide Prevention Adviser recommended culturally and linguistically diverse communities be a priority population for suicide prevention activities, due to discrimination, and cultural stigma and taboos around mental health and suicide in these communities.[29]
Absence, disappearance or death of a family member	Risk	ABS data indicate that for the general population, the disappearance, absence or death of a family member are leading psychosocial risk factors for deaths by suicide.[30]
Stressful events affecting family and household	Risk	ABS data indicate that 'stressful life events affecting family and household' (including family health problems and anxiety about a sick family member) are leading psychosocial risk factors for suicide in the general population.[31]
Social isolation, exclusion and rejection	Risk	ABS data indicate that social isolation, exclusion and rejection are some of the leading psychosocial risk factors for deaths by suicide.[32] This is true for the general population as well as for ADF members and veterans.
General enlistee[33]	Risk	The suicide rate for those who were general enlistees into the ADF was higher than that for Officer enlistees. Ex-serving members appointed as officers had a significantly lower rate of suicide than ex-serving men overall.[34]

27 Ibid.

28 Ibid.

29 National Suicide Prevention Adviser, 'Connected and compassionate: Implementing a national whole of governments approach to suicide prevention', *Final Advice* (Canberra, Commonwealth of Australia, 2020): 55.

30 Australian Bureau of Statistics, '1351.0.55.062– Research paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017'.

31 Ibid.

32 Raffaella Calati, Ciara Ferrari, Marie Brittner, Osmano Oasi, et al., 'Suicidal thoughts and behaviours and social isolation: A narrative review of the literature', *Journal of Affective Disorders* 245 (2019): 653.

33 The AIHW's analysis uses 2 categories of entry type: officers and general enlistees – the 2 entry streams into the ADF. Officer entry usually requires completing or undergoing tertiary qualifications and is geared towards leadership and managerial positions within the ADF. General enlistees make up the bulk of the ADF. Entry into this stream does not require previous experience or qualifications, and people may enter this stream without a year-12 certificate.

34 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

Factor	Impact	Details
Shorter length of service	Risk	Male ex-serving ADF members with less than a year of service had a higher rate of suicide than those with 10 or more years of service.[35]
Unacceptable behaviour, including bullying and sexual abuse	Risk	While there is limited research directly examining the correlation between increased risk of suicide and unacceptable behaviour within the military, particularly the ADF,[36] trauma and post-traumatic stress, which are known risk factors for poorer mental health, mental ill health[37,38] and suicidal behaviour,[39,40] have been linked to experiences of sexual abuse,[41] bullying and hazing.[42] I discuss these issues further in Chapter 5 – Unacceptable Behaviour in the Australian Defence Force.
Family breakdown or disruption	Risk	AIHW analysis of coronial data about ADF member and veteran suicides indicates that a breakdown in family networks is a leading risk factor for suicide, with 'disruption of family by separation and divorce' being the second most common psychosocial suicide risk factor.[43]
Post-traumatic stress disorder	Risk	Post-traumatic stress disorder has been described as a key psychopathological risk factor for suicidality in military populations.[44,45]

35 Ibid.

36 See for example Trish Dollisson, 'Work shouldn't hurt', *Australian Defence Force Journal* (2013): 63–7.

37 Betsy O'Brien & Leo Sher, 'Military sexual trauma as a determinant in the development of mental and physical illness in male and female veterans', *International Journal of Adolescent Medicine & Health* 25, no. 3 (2013): 269.

38 Morten Nielsen, Tone Tangen, Thormod Idsoe, Stig Matthiesen, et al., 'Post-traumatic stress disorder as a consequence of bullying at work and at school. A literature review and meta-analysis', *Aggression & Violent Behaviour* 21 (2015): 17.

39 Liana Leach, Carmel Poyser & Peter Butterworth, 'Workplace bullying and the association with suicidal ideation/thoughts and behaviour: A systematic review', Occupational & Environmental Medicine 74, no. 1 (2017): 77–8.

40 Ståle Einarsen & Morten Nielsen, 'Workplace bullying as an antecedent of mental health problems: A five-year prospective and representative study', *International Archives of Occupational & Environmental Health* 88, no. 2 (2014): 140.

41 Lindsey Monteith, Ryan Holliday, Alexandra Schneider, Jeri E Forster, et al., 'Identifying factors associated with suicidal ideation and suicide attempts following military sexual trauma', *Journal of Affective Disorders* 252 (2019): 300.

42 JaeYop Kim, JoonBeom Kim & SooKyung Park, 'Military hazing and suicidal ideation among active duty military personnel: Serial mediation effects of anger and depressive symptoms', *Journal of Affective Disorders* 256, no. 1 (2019): 79.

43 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

44 Katelyn Kerr, Madeline Romaniuk, Sarah McLeay, Andrew Khoo, et al., 'Increased risk of attempted suicide in Australian veterans is associated with total and permanent incapacitation, unemployment and posttraumatic stress disorder severity', *Australian & New Zealand Journal of Psychiatry* 52, no. 6 (2018): 557–8.

45 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 30.

Factor	Impact	Details
Traumatic brain injury	Risk	A growing body of research indicates that traumatic brain injury is a risk factor for suicide, potentially due to a change in cognitive factors (e.g. executive control) or demographic variables such as financial strain and employment and relationship difficulties.[46]
Moral injury	Risk	Emerging research into 'moral injury' (defined as the 'bio-psycho-social-spiritual distress that occurs following a violation and/or betrayal of one's moral compass'[47]) indicates it is a risk factor for suicide, particularly among military and veteran populations.[48,49]
Trauma exposure	Risk	Evidence from Australian and international research indicates that trauma exposure can increase the risk of suicide.[50] Trauma can occur both within and outside the military.
Inadequate sleep	Risk	Sleep problems have been identified as a specific risk factor for suicidal ideation in ADF members.[51] Research has found a bi-directional relationship between sleep and mental health, with poor sleep correlating with mental health concerns, and mental health concerns influencing quality and quantity of sleep.[52]
Anxiety and depression	Risk	Anxiety and depression – whether experienced separately or together – are strongly associated with suicide risk. An Australian study estimates that almost half (46.4%) of transitioned ADF members experienced a mental health disorder in the 12 months prior to the study being conducted, with anxiety disorders being most common, followed by affective disorders (including depressive episodes).[53] Evidence from the ADF shows that 4.3% of serving members with an affective disorder had shown suicidal behaviour in the previous 12 months. This compared to 0.1% of those without any diagnosis.[54]

46 Ibid: 38.

47 Nikki Jamieson, 'Invisible wounds and suicide: Moral Injury and veteran mental health', *International Journal of Mental Health Nursing* 29 (2020): 105.

48 Blair Wisco, Brian Marx, Casey May, Brenda Martini, et al., 'Moral injury in US combat veterans: Results from the National Health and Resilience in Veterans Study', *Depression and Anxiety* 34 (2017): 399.

49 Victoria Williamson, Dominic Murphy, Sharon Stevelink, Shannon Allen, et al., 'The impact of moral injury on the wellbeing of UK military veterans,' *BMC Psychology* 73 (2021): 5.

50 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 36–8.

51 Ibid: 31–2.

52 Ibid: 2.

53 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al., 'Mental health prevalence', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2018): v.

54 Ibid: 32.

Factor	Impact	Details
Schizophrenia and bipolar disorder	Risk	Evidence from studies involving US military veterans indicates that individuals with bipolar disorder were over-represented in suicide deaths. Research also shows individuals with schizophrenia or bipolar disorder were at greater risk of suicidality.[55] An Australian study estimates that a significant proportion of transitioned ADF members experienced a mental health disorder in the 12 months prior to the study being conducted, with bipolar disorder being the second most common affective disorder in this population.[56]
Chronic pain	Risk	Evidence from Canadian and US research indicates associations between chronic pain and suicide deaths and suicidality.[57]
Cognitive problems	Risk	International evidence indicates that deficits in higher-order cognitive functions, including executive control, is a risk factor for suicidality.[58]
Biological problems	Risk	Evidence from international studies indicates that biological factors, such as genetic variants and neurotransmitter concentrations, may contribute to suicidality.[59]
Anger	Risk	Anger is a risk factor for suicidality. In a sample of ADF members, increasing levels of anger were associated with post-traumatic stress symptoms and psychological distress.[60]
Alcohol misuse	Risk	Research indicates that alcohol use is common among ADF members, with a high prevalence of drinking at hazardous levels on some occasions, particularly among younger, lower-ranked males.[61] AIHW analysis of coronial data indicates a greater proportion of male ADF members and veterans who died by suicide had 'mental and behavioural disorders due to the use of alcohol [and] acute intoxication' compared to men in the general population.[62]

55 Ibid: 33.

56 Australian Bureau of Statistics, '1351.0.55.062 – Research paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017': 228.

57 Ibid: 39.

58 Ibid.

59 Ibid.

60 Ibid: 40.

61 Steve Allsop, John Wiggers & Brian Vandenberg, *The Use of Alcohol in the Australian Defence Force: Report of the Independent Advisory Panel on Alcohol*, Report prepared for the Department of Defence (Canberra, Commonwealth of Australia, 2011).

62 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

Factor	Impact	Details
Involuntary discharge	Risk	Males who separate from the ADF for involuntary reasons die at a higher rate than those who separate voluntarily, with a higher rate of suicide among men who separate for involuntary medical reasons compared with those who separate involuntarily for other reasons.[63]
Unemployment	Risk	Research indicates unemployment may be a risk factor for suicide among ex-serving ADF members.[64,65] ABS data indicate that both unemployment and threatened or actual job loss are leading psychosocial risk factors for suicide in the general population.[66]
Loss of identity on discharge	Risk	Veterans can experience a loss of identity after transitioning out of the ADF, which can contribute to suicide risk.[67,68]
Homelessness	Risk	A study of ex-serving ADF members found that recently transitioned veterans who had experienced homelessness were more likely to have had suicidal thoughts and attempted suicide.[69] Data from the ABS indicate that homelessness is a leading psychosocial risk factor for suicide in the general population.[70] I discuss this issue further in Chapter 9 – Homelessness.

63 Ibid.

64 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 44.

65 Katelyn Kerr, Madeline Romaniuk, Sarah McLeay, Andrew Khoo, et al., 'Increased risk of attempted suicide in Australian veterans is associated with total and permanent incapacitation, unemployment and posttraumatic stress disorder severity': 558.

66 Australian Bureau of Statistics, '1351.0.55.062 – Research paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017'.

67 Madeline Romaniuk, Gina Fisher, Chloe Kidd & Philip J Batterham, 'Assessing psychological adjustment and cultural reintegration after military service: Development and psychometric evaluation of the post-separation Military–Civilian Adjustment and Reintegration Measure (M–CARM)', *BMC Psychiatry* 20, no. 1 (2020): 5.

68 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

69 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 45.

70 Australian Bureau of Statistics, '1351.0.55.062 – Research paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017'.

Factor	Impact	Details
Deployment	Either	While AIHW data show that around one in 6 male ADF members died by suicide experienced 'Defence force related deployment',[71] the effects of risk factors encountered during deployment may not be felt until some time later. For example, a longitudinal study found the proportion of deployed ADF members reporting any suicidality increased from 2.2% at pre-deployment to 3.6% post-deployment and 12.7% at 5 years post-deployment.[72]
Interaction with DVA	Either	Interaction and experiences with DVA can have either a positive or negative impact, depending on their nature. Findings presented to me suggest that DVA client status could be a risk factor for suicide.[73] Where experiences are negative, DVA interactions can contribute to distress and frustration.[74] However, DVA can also facilitate access to supports and entitlements that may have a protective effect. I discuss this issue further in Chapter 4 – Department of Veterans' Affairs Legislation and Practice.
Mental health service access	Either	When they are easily accessible, appropriate and affordable, mental health services can help to protect against suicide, providing support during periods of distress or when a person is experiencing mental health concerns.[75] However, ex-serving ADF members, in particular, can struggle to access timely and effective mental health supports after they transition out of the ADF. I discuss this issue further in Chapter 6 – Access to Health Care and Stigma Associated with Mental Ill Health.
Religiosity	Either	There is limited research about religiosity and suicidal behaviour in Australia; however, international research suggests religion or spirituality can be either a risk or protective factor.[76]

71 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

72 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 26.

73 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 42.

74 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

75 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 35.

76 Ibid: 48.

Factor	Impact	Details
Serving in the ADF	Protective	Data show serving ADF members have lower age-matched suicide rates than both the general population and ex-serving ADF members. However, the rates of suicidal ideation are higher among serving and recently transitioned ADF members compared with the general population.[77]
Access to mental health services while in the ADF	Protective	Access to appropriate care is a key protective factor.[78] The ADF provides access to mental health services for its members through its own health system,[79] and DVA funds access to the Open Arms – Veterans and Families Counselling service.[80] I discuss this issue further in Chapter 6 – Access to Health Care and Stigma Associated with Mental Ill Health.
Community veteran support organisation assistance	Protective	Community veteran support organisations (including ex-services organisations) support ADF members and veterans through direct service provision or by supporting veterans to access services, which can be protective. However, the community veteran support system in Australia is fragmented, with many veterans unaware of the supports available to them or how to use these supports.[81] I discuss this issue further in Chapter 8 – Community Veteran Support.
Use of adaptive cognitive coping styles	Protective	Use of adaptive cognitive coping styles, including acceptance and reappraisal, has been associated with fewer post-traumatic stress symptoms and less psychological distress.[82]
High resilience	Protective	Resilience has been identified as a factor that may protect against suicidality in veteran populations.[83]

77 Ibid: 2.

78 Ibid: 59.

79 Department of Defence, 'Services and support,' https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit, accessed on: 9 March 2021.

80 Open Arms, 'Current serving,' 2019, https://www.openarms.gov.au/who-we-help/current-serving, accessed on: 9 March 2021.

81 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

82 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 41.

83 Ibid: 48.

Factor	Impact	Details
Having a tribe and sense of belonging	Protective	Research indicates that individuals often feel a sense of support and camaraderie being in the ADF,[84] with feelings of belonging and social inclusion being protective against suicide.
Purpose of ADF work	Protective	ADF service can provide a sense of purpose – making a meaningful contribution to a worthy and noble cause.[85]
Family and social support	Protective	Research about military personnel found that higher levels of social support and connectedness with family are associated with fewer psychological disorder symptoms and are protective against suicidal ideation.[86]
Positive leadership	Protective	Previous reviews have noted the importance of positive ADF leadership in de-stigmatising mental ill health and help seeking.[87]
Structure	Protective	The command structure in the ADF can provide clarity, purpose and direction.[88]
Employment after discharge	Protective	Employment has been identified as a protective factor among US military populations.[89]
Social support and connectedness	Protective	Australian evidence indicates that higher levels of social support from friends, family and colleagues are associated with fewer symptoms of psychological disorder among military personnel.[90]

84 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review', *Journal of Military and Veterans' Health* 26, no. 2 (2020): 67–8.

85 Ibid: 68.

86 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 41, 45.

87 Ibid: 84.

88 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review': 63.

89 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 48.

90 Ibid: 41.

Demographic factors and social determinants

2.31 As Table 2.1 shows, to properly understand risk and protective factors, it is important to consider a person's life before they joined the ADF. Demographic factors, including age and gender, have been identified in Defence-specific and general population research as factors contributing to differences in suicide rates between population groups. Similarly, a person's experiences before joining the ADF, including their home life, mental health and exposure to potentially traumatic events, all shape a person's experiences and potential for suicidal behaviour.[91,92] Individuals can experience these and other risk and protective factors throughout their lives, and they may be more or less influential at different points in time.

2.32 It should also be noted that certain groups may be more vulnerable to suicide. While data are not available for Aboriginal and Torres Strait Islander ADF members and veterans who died by suicide, in the general population, Indigenous Australians are twice as likely to die by suicide as non-Indigenous Australians.[93] Similarly, data are not available for LGBTIQA+ ADF members and veterans in Australia who died by suicide. However, international research indicates that 65% of transgender ex-serving members of the US military have thought about suicide in their lifetime and over 30% had at least one past suicide attempt, particularly if they had experienced discrimination.[94]

Lived experience

2.33 Insights from ADF members, veterans and families who have shared their stories have helped me to better understand how demographic factors and social determinants can shape a person before they start serving in the ADF. These accounts have reflected many of the factors reported in the research, observed in the data and included in Defence inquiry records.

2.34 In particular, I have heard about the suicide risks arising from a history of childhood abuse and trauma, and mental ill health. I have been told by one chaplain that of those ADF members he has seen,

> *the ones presenting with … complex problems have [often] been abused as a child, sexually or physically and joined the military to find a home, to find a family, and when they left the military, they suddenly lost that family and that's probably most the most underpinning constant theme.*[95]

2.35 While males account for the majority of ADF members and veterans who die by suicide, it is important not to lose sight of the women who have also taken their own lives. Although the data on female ADF experiences and suicidality is limited, I have heard about the challenges females can face in the ADF. Women still represent a smaller proportion of ADF members, having historically been not allowed to serve, and later serving in separate services or specific positions. Unfortunately, what I have heard in private meetings is that some females

91 Australian Bureau of Statistics, '1351.0.55.062 – Research paper: Psychosocial risk factors as they relate to coroner-referred deaths in Australia, 2017'.

92 Australian Bureau of Statistics, 'Causes of death, Australia'.

93 Australian Bureau of Statistics, 'Causes of death, Australia'.

94 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 29.

95 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

have had deplorable experiences, including being bullied, harassed and marginalised because of their gender, being sexually assaulted and facing retribution if they report the abuse. It is unacceptable to me that female ADF members can feel they do not belong in the ADF and can be ostracised further as veterans.[96]

2.36 Individuals who enter the ADF do so with their own personal histories and experiences. In this respect, the ADF is a reflection of the society that it serves. Just as those within broader society may have histories of mental health concerns and trauma, differing levels of resilience and coping strategies, and other historical challenges, this is also true of those entering the ADF. Defence officials have told me that given the prevalence of mental health conditions in the general population, it would be nonsensical to automatically exclude those with mental ill health from entering the ADF.[97]

Service

2.37 The data tell us that the suicide rate for people serving in the ADF is actually lower than for the general Australian population. The age-adjusted rate of suicide for serving men was 50% lower than for males in the general population.[98] Similarly, the data indicate that the age-adjusted rate of suicide for serving and reserve women was 53% lower than the general population.[99] This could be for numerous reasons, including the mateship, sense of identity, 'family' and belonging, and career satisfaction ADF service can bring. Through employment in the ADF, members are also supported by physical and mental health services, which may help to protect them from suicide.

2.38 However, ADF members are still taking their own lives while serving. Aspects of military service can also result in risk factors emerging or being exacerbated later in a person's life. The data reflect many of the things I have been hearing, including how for some people, service takes a toll on their physical and mental health.

2.39 Many people have spoken about the breakdown of key relationships and supports because of their service or their difficulties transitioning into civilian life, with divorce, separation and family breakdown all acting as key risk factors for suicide among ADF members and veterans.[100] The data also show that if a person's service is cut short – for example, through medical discharge – this increases their risk of dying by suicide.[101,102,103]

2.40 Box 2.2, an example from the IGADF report into John's* death, shows how physical injury and chronic pain can contribute to mental ill health, and can contribute to relationship breakdown. These factors, in turn, can contribute to the risk of suicide.

96 Ibid.

97 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

98 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

99 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

100 Ibid.

101 Ibid.

102 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*.

103 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience* (Canberra, Commonwealth of Australia, 2018).

Box 2.2. IGADF report into John's death by suicide

John's experience

John enlisted in the ADF in the mid-1990s. In the mid-2010s he was injured, on base, while on deployment. Within 48 hours of being injured, he began experiencing pain and sought medical treatment. He was given pain medication and referred to a base medical facility.

At the base medical facility John was given further pain relief medication and commenced physiotherapy. Over the next month his condition was reviewed frequently, but he was ultimately diagnosed with serious skeletal injuries that required him to be medically returned to Australia. On return to Australia, he underwent multiple surgeries.

John continued to experience pain after having surgery. His inability to do things around the house made him feel inadequate, and over the next year his relationship deteriorated.

Approximately a year after sustaining the injury, John died by suicide.

IGADF assessment

The IGADF found that when he died, John was experiencing an adjustment disorder with significant symptoms of depression, which were consequences of his injury and the chronic pain he had been experiencing. His injury and chronic pain – which were causally linked to his service – impacted on his mental health, which negatively affected his relationship with his partner. The IGADF found that the relationship breakdown ultimately led to his death.

*Pseudonyms have been used in all examples from IGADF reports to protect the privacy of the individuals concerned.

2.41 Research and insights from people I have spoken with indicate trauma from operational service, particularly deployments, can contribute to PTSD or moral injury.[104] However, these impacts may not arise until after discharge, in some cases not for many years after discharge.

2.42 Box 2.3, an example from the IGADF report into Alex's* death, shows the impact service can have on family relationships, and how this can contribute to suicide risk.

104 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 30, 34.

Box 2.3. IGADF report into Alex's death by suicide

Alex's experience

Alex joined the ADF in the early 2010s and deployed on operations throughout the 2010s. Of the 6 years and 5 months that he spent in the ADF, Alex was geographically separated from his family for more than 5 years, throughout successive postings.

Approximately 7 months before his death, Alex went to the local Defence Health Centre in a 'stressed state'. Alex had missed important family events and drank as a result, which led to oversleeping.

Approximately 2 months before his death, Alex was removed from normal duties following a positive alcohol test. He was placed on a management plan, which included counselling and leave to spend time with family. Alex was assessed as fit to return to work approximately 2 weeks later.

Shortly before his death, Alex advised a superior that his relationship had broken down. He was referred to medical, psychological and pastoral support. He went to the local Defence Health Centre the next day, in a 'stressed' state due to his relationship breakdown, but was assessed as being at no risk of suicide or self-harm. The day after that, he asked for assistance because he was distraught. He had already contacted a counselling service provider. He was again assessed as being at no risk of suicide or self-harm.

He died by suicide soon after.

IGADF assessment

The IGADF found that Alex's frequent separations from his partner for service reasons had a detrimental impact on their relationship. The relationship difficulties then had a negative impact on Alex's mental health and resulted in his increased alcohol consumption. Ultimately, Alex's extensive absences from his partner as a result of his service likely contributed to the relationship breakdown and the deterioration of his mental health.

*Pseudonyms have been used in all examples from IGADF reports to protect the privacy of the individuals concerned.

Suicide clusters and contagion

2.43 While there is a lack of research into 'suicide contagion' in the ADF, broader research indicates it could be a risk factor warranting further investigation. 'Suicide contagion' refers to the notion that suicide can be contagious.[105] This term is used when multiple people who are exposed to a death by suicide – either through the media or when the deceased is someone they know – go on to take their own life.

2.44 This contagion often manifests as suicide 'clusters' – groups of suicides that often follow a specific event or occur at a particular location. Research indicates that suicide clusters can occur in both the general population and in the military. The literature suggests that clusters can occur following media reporting of a death by suicide, and can also occur in a specific institution or geographical area, typically over a short period of time.[106]

2.45 Research from the US military indicates that exposure to suicide increases the likelihood of suicidal behaviour, including attempts. Studies have found that the risk of suicidality is higher if a person was close to the deceased and/or if they knew multiple people who died by suicide.[107,108] Another article found there is a need for further research into suicide clusters in units in the US Army.[109]

2.46 The US Department of Defense commissioned research into postvention support (which they define as 'support after the loss of a loved one from suicide'[110]) in the US military for serving members whose colleagues had died by suicide. The resulting report made a number of recommendations to improve postvention support, especially to reduce the likelihood of suicide contagion.[111]

2.47 While I have been unable to look at this issue to date, suicide contagion in the ADF is a risk factor that warrants further examination, as do the related intervention and postvention opportunities.

105 Camilla Haw, Keith Hawton, Claire Niedzwiedz & Steve Platt, 'Suicide clusters: A review of risk factors and mechanisms', *Suicide and Life-Threatening Behavior* 43, no. 1 (2013): 101.

106 Ibid: 97.

107 Melanie Hom, Ian Stanley, Peter Gutierrez & Thomas Joiner, 'Exploring the association between exposure to suicide and suicide risk among military service members and veterans', *Journal of Affective Disorders* 207 (2017): 327.

108 Craig Bryan, Julie Cerel & AnnaBelle Bryan, 'Exposure to suicide is associated with increased risk for suicidal thoughts and behaviors among National Guard military personnel', *Comprehensive Psychiatry* 77 (2017): 12.

109 Charles Hoge, Christopher Ivany & Amy Adler, 'Suicide behaviors within army units: Contagion and implications for public health interventions', *JAMA Psychiatry* 74, no. 9 (2017): 871–2.

110 Postvention Australia, 'What is postvention', 2021, https://postventionaustralia.org/what-is-postvention/, accessed on: 9 July 2021.

111 Tiffany Ho, Kristin Schneider, Jessica Wortman, James Beneda, et al., *Postvention in the US Military: Survey of Survivors of Suicide Loss from 2010–2014*, Report prepared for the US Department of Defence (Seaside, Defence Personnel and Security Research Center, 2018): 62–73.

Lived experience

2.48 I have heard about both the positive and negative impacts of military service on ADF members and veterans. The fact the rate of suicide among serving ADF members is lower than that in the general population is promising. I have heard from ADF leaders that suicide awareness training they are doing is making a positive impact.[112] Others have told me about the sense of mateship developed during their military experiences and the meaning and purpose they have derived from their service.[113]

2.49 However, ADF members are still dying by suicide while serving, and often soon after they have discharged. Especially for veterans with a shorter period of service, and those who are involuntarily discharged, the rate of suicide is substantially higher than for the general population.[114] It has been made clear to me that the reasons for this are not solely due to post-service experiences. The realities of service in the ADF mean that individuals are exposed to a range of suicide risk factors.

> *The examples of moral injuries that are applicable for this purpose is professional employment and leadership failings, they are absolutely magnanimous [sic] in the moral injury space; the failings resulting from the omission or commission of acts of discrimination, bullying, harassment, unacceptable behaviours such as sexual abuse; maladministration, defective administration. All of those increase the likelihood of moral injury, increase the likelihood of veteran suicide, but none of that seems to be covered in the review.*
>
> *Nikki Jamieson, PhD, MSuicidology, BSW(hons), private meeting, 2021.*

Unique risks in military service

2.50 Individuals in the ADF typically have experiences that are unlike those in most workplaces. Service in the ADF can involve demanding training requirements and multiple postings and deployments, often to conflict zones. These challenges are central to the work of the ADF. Although the experiences of individuals vary, service in the ADF can involve exposure to distressing and traumatic factors, including being in the line of fire and witnessing human suffering and death. Service can also involve carrying out duties that are inconsistent with one's own moral code. Emerging research about 'moral injury' and post-traumatic stress speaks to these risks.[115,116]

112 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

113 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

114 Australian Institute for Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

115 Jamieson, Nikki, 'Moral trauma and veteran mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

116 McFarlane, Sandy, 'Investigating suicide by ADF members and ex-serving personnel', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

Risk factors compound

2.51 Experiences in service can also impact a person's circumstances outside of the ADF, and vice-versa. Distress, trauma, moral injury and other challenges experienced as a result of ADF service can strain a person's relationship with their friends and family. In some cases, this can contribute to maladaptive coping mechanisms, such as misuse of drugs and alcohol. These factors can then further affect performance in the workplace, resulting in a downward spiral and possibly leading to discharge.

2.52 Taken together, these risk factors, especially in the absence of support from peers, family, or mental health professionals, can create an environment in which suicide is seen by the individual as an option.

2.53 The impact of risk factors experienced during service is not always felt immediately. Often it is not until some time after exposure, sometimes even after discharge, that the effects of service are apparent.

2.54 Box 2.4, an example from the IGADF report into Noah's* death, shows how trauma experienced during service can persist long after discharge, and can contribute to suicide.

Box 2.4. IGADF report into Noah's death by suicide

Noah's experience

Noah enlisted in the ADF in the mid-1980s as a teenager, and was deployed on operations in the Middle East and the Pacific in the early 2000s. He was subsequently posted to a position that involved supporting bereaved families.

In the late 1990s, Noah was reportedly misusing alcohol due to a recent relationship breakdown.

In the mid-2000s a number of Noah's friends were killed in a significant incident. Noah was present for the repatriation of some of the remains and attended the subsequent inquiry proceedings, and assisted the families of some of the deceased. Following these experiences, he misused alcohol, and later sought assistance from ADF mental health services. There was otherwise no reported change in his work performance in the time between the incident and his separation from the ADF.

Noah voluntarily separated from the ADF in the early 2010s. Subsequent reports from mental health professionals note that he was diagnosed as experiencing post-traumatic stress disorder, generalised anxiety disorder and alcohol dependence. Among other things, Noah's separation from the ADF was related to a desire to distance himself from the trauma associated with the significant incident.

Following separation from the ADF, Noah was employed briefly, but was then unemployed for a number of years leading up to his death by suicide. Excerpts of his suicide note refer to the significant incident approximately 14 years earlier as an ongoing source of trauma.

IGADF assessment

The IGADF found that 'the decline in [Noah's] mental health occurred from his experiences [serving in the ADF].'

*Pseudonyms have been used in all examples from IGADF reports to protect the privacy of the individuals concerned.

Transition and post service

2.55 Transition and the time after a person leaves the military can be particularly challenging for some people, with higher rates of suicide among ex-serving ADF members during these periods. Research and data, including multiple reviews into defence and veteran suicides, show the shift from being in the military to civilian life can be a significant adjustment, particularly when a person discharges unexpectedly – for example, if they are involuntarily discharged.[117,118] Countless reviews and inquiries have recommended Defence and DVA improve the transition process, emphasising the need for a more supported, seamless experience to guide ADF members on the next step of their life's journey.[119,120]

2.56 Data indicate that ex-serving ADF members are at a heightened risk of suicidality after transitioning out of the ADF, with one in 4 reporting some form of suicidality.[121] This research also found that one in 3 ex-serving ADF members experienced high to very high psychological distress.[122,123]

2.57 Experiences of transition are varied and can include leaving the military entirely, moving to the reserves, beginning a process of recovery and rehabilitation from physical or mental injury, starting a new career or training program, returning to family and sometimes relocating to a new city or town.

2.58 While transition can present opportunities for a new life or career, these changes can also bring numerous challenges to wellbeing, including a loss of identity and camaraderie, difficulty with civilian social integration and relationship stress.[124] Some people struggle to adjust to the nature of work in a civilian context, which can contribute to feelings of dissatisfaction, frustration and loss of identity. There can be a downward spiral, where issues begin to compound. For example, financial difficulties, relationship breakdown, substance misuse, trouble with the law and homelessness are often interrelated and can create disadvantage that perpetuates further disadvantage. Each of these is a risk factor for suicide.

2.59 The data show us that the reason a person discharged from the ADF can impact whether they transition well or not. AIHW data indicate that men who are involuntarily discharged from the military die at a higher rate than those who discharge voluntarily, with a significantly higher rate of suicide among men who are medically discharged.[125]

117 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

118 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*.

119 See for example Productivity Commission, *A Better Way to Support Veterans*.

120 See for example Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience*.

121 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al. 'Mental health prevalence', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2018): vi.

122 Ibid: 143.

123 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 42.

124 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review': 67–8.

125 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Deaths by Suicide: Final Report*.

I would sometimes say to myself, 'What would I do next, if the Navy hasn't worked out, what will I do next in this world?' If you had that conversation with him, as many people did, 'Right, what are you going to do next?' He would go, 'I only ever wanted to be in the Navy. I don't want to do anything else. There's nothing else out there in the whole world that I want to or can do, as well as I did in Navy. And Navy didn't want me.' So that's how he would say it. 'Navy didn't want me, and I didn't want to do anything else but Navy … so there's nothing else out there.'

Spouse of a veteran who died by suicide, private meeting, 2021.

2.60 The Transition Taskforce, which was jointly established by Defence and DVA to identify barriers to a successful transition, similarly found that there are common factors that influence an individual's transition experience, including (among others):

- control over the decision to leave the ADF
- timeframes leading to separation and the individual's preparedness for separation
- timely provision of support from support networks and service delivery organisations
- ease of securing meaningful employment post separation.[126]

2.61 For ex-serving ADF members experiencing mental ill health or physical or health concerns – conditions that may have been diagnosed during service, but also those that only started to emerge post-service – the civilian and DVA health systems can be difficult to navigate. In particular, DVA's insurance-based model is criticised as preventing ex-serving members from being able to access timely and effective care and support, especially when they need it most.[127] This issue keeps coming up in past reviews and reports, and also in my engagements.[128]

When we talk about somebody who might have had two years' service … just has a high school education, is mentally unwell at the time and stressed out, and has very little support. How are they supposed to put in an appropriate claim?

Psychiatrist and academic, round table, 2021.

2.62 I examine the issues related to transitioning out of the ADF further in Chapter 7 – Transition.

126 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience*: 48.

127 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

128 See for example Productivity Commission, *A Better Way to Support Veterans*.

Conclusion

2.63 Through a review of the available data, including statistical analysis by the AIHW, the *Defence Force and Veteran Suicides: Literature Review*,[129] round table discussions, meetings with families and others with lived experience, and broader research, I have found that, in addition to risk and protective factors that apply across the general population, many risk and protective factors appear to be specific to, or heightened by ADF service and post-service experiences.

2.64 I have consistently heard about the protective value of mateship among serving members and the sense of belonging, 'tribe' and 'family' cultivated through military service. Many serving and ex-serving ADF members have shared how they experienced a feeling of purpose, pride and self-esteem from serving their country. Professional opportunities for career development, including leadership roles and the ability to gain skills and qualifications in the ADF, can also serve as protective factors for serving members.

2.65 However, experiences of serving ADF members can also represent risk factors for suicidal behaviour. Data from the AIHW indicate that general enlistees die by suicide at a higher rate than Officers, and that members with shorter periods of service (particularly less than one year) are also at greater risk of dying by suicide. Service experiences can also expose ADF members to trauma, including during deployments, which can increase the risk of a person developing PTSD. Interpersonal relationships within the ADF, while often galvanising members and cultivating the sense of tribe, can also turn to bullying and ostracism of some members, which can be another risk factor for suicide. The nature of multiple postings and deployments, the high operational tempo and uprooting of families can also contribute to relationship breakdown, which is a leading psychosocial risk factor in many serving and ex-serving ADF member deaths by suicide.

2.66 Many military-specific protective factors can be lost when a person transitions out of the ADF, particularly if they discharge involuntarily due to medical or administrative reasons. Although most ex-serving ADF members make a successful transition to civilian life, it is too often the case that people feel unsupported during this period. Some ex-serving members struggle to adjust to work in a civilian context, which can contribute to feelings of dissatisfaction, frustration and loss of identity. It is concerning that the impact of these factors means veterans may turn to drugs, alcohol and gambling as they struggle to adjust to life outside of the military. These practices have the potential to compound the feelings of alienation outside of the military, and can result in unemployment, financial stress and homelessness – forms of disadvantage that can contribute to further disadvantage – which are all risk factors for dying by suicide. This downward spiral has been described to me through the stories of veterans and their families. A circuit breaker must be available to help these people and their families.

129 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 9.

There's all these different things, and when one pillar falls down, all the other pillars fall down. Financial, if your health fails because you're not getting the services you need, well then your family unit falls down. If your health's not there, you can't work, your finances fall down. Or if you get injured and you can't work, then you're not getting the financial support. That falls down, housing down. They're all interconnected.

Ex-service organisation representative, round table, 2020.

2.67 All of the risk and protective factors listed throughout this chapter are important. However, it is apparent to me that certain factors are key issues requiring further attention. My specific observations and recommendations about each of these are in the following chapters of this report.

Chapter 3 – Former Inquiries, Reviews and Recommendations

Introduction

3.1 The issue of Defence and veteran suicide has been a serious concern for the Australian community for many years. Numerous parliamentary committees, government departments, commissions and academics have undertaken inquiries and research activities examining issues around mental health and suicide prevention in the Defence and veteran communities, providing a significant body of work for me to build upon.

3.2 Some of the most significant inquiries into matters relevant to Defence and veteran suicide were completed between 2007 and 2021. The focus of this chapter is the more than 21 previous reports during that period and the Australian Government's responses to them. Despite the extensive focus on issues impacting Australian Defence Force (ADF) members and veterans, during my engagements with families and stakeholders I have heard that many of these issues are yet to be adequately addressed, or that a change in policy has not flowed through to changed experiences for ADF members or veterans. Despite more than 335 recommendations having been made, the suicide rate remains unacceptably high.

> *We see time and time again recommendations are made and then they're exactly the same.*
>
> *Dr Kay Danes, partner of a veteran, private meeting, 2021.*

3.3 Many of the inquiries referred to below have been conducted by parliamentary committees. As a matter of good practice, consistent with the approach taken by Royal Commissions and in line with section 16 of the *Parliamentary Privileges Act 1987* (Cth), I refer to the findings and recommendations of those reports exclusively as background information. Nothing in this section, or my work as the interim National Commissioner more generally, draws, or invites the drawing of, inferences or conclusions wholly or partly from those reports.

3.4 **Appendix G** provides a visual representation developed by my office of the inter-relationships between these reports. **Appendix G** identifies where a report was undertaken in response to a previous recommendation or report, and also identifies relevant studies or reviews that did not result in recommendations but are key to the understanding in this area.

Past reports and inquiries

3.5 The reports and inquiries examined in this section are detailed at **Appendix H**. Many of the reports listed have recommended legislative, administrative, organisational and cultural changes within Defence and the Department of Veterans' Affairs (DVA). Key recommendations have been repeated in multiple reports albeit in slightly varying ways. For example, the recommendation to reduce the complexity of the DVA legislative regime has been repeated across several inquiries from 2009 to 2019.[1,2,3,4]

3.6 Table 3.1 summarises the status of responses to recommendations. It has been prepared using publicly available information and information provided by DVA and Defence in response to my requests for information (RFIs). Based on the information provided, responses to the recommendations can be categorised as accepted and implemented; accepted and being implemented; partially accepted/implemented; accepted, but an alternative has been implemented; under consideration; agreed in principle; noted; not accepted and no action taken by Government; or nil response.

Table 3.1. Current status of Australian Government responses to past recommendations as at 5 July 2021

Analysis of the Australian Government's response to recommendations[5]	
Accepted and implemented	107
Accepted and being implemented	35
Partially accepted/implemented	19
Accepted, but an alternative initiative has been implemented	65
Not accepted, but an alternative initiative has been implemented	2
Under consideration	66
Agreed in principle	12
Noted	12
Not accepted and no action taken by Government	10
Nil response	7
Total number of recommendations[6]	**335**

1 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird* (2020, Court Reference: COR 2017 3044): Recommendation 3, 59.

2 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans* (Canberra, Commonwealth of Australia, 2018): Recommendation 6, 1.

3 Productivity Commission, 'Overview and recommendations', *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): Recommendation 13.1, 63.

4 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (Canberra, Commonwealth of Australia, 2019): Recommendation 1, xxi.

5 Aspects of the above analysis may not align with the Australian Government's response to the recommendations, either because the Australian Government did not provide a formal response to the recommendations but has acted upon them, or because analysis undertaken by the Office of the National Commissioner indicates that the Australian Government's formal response does not align with the action taken.

6 The recommendations above do not include the 10 'suggested actions' in the *Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case* by Emeritus Professor Robin Creyke AO.

3.7 A number of recent inquiries and reports have also made findings and recommendations relevant to Defence and veteran suicides, which are pending a final Australian Government response. There are approximately 66 outstanding recommendations, as indicated in the above table, pending formal response. These reports include:

(i) Australian Government, Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families (2018)

(ii) Department of Veterans' Affairs and Department of Defence, Transition Taskforce: Improving the Transition Experience (2018)

(iii) The Joint Standing Committee on Foreign Affairs, Defence and Trade, Inquiry into Transition from the Australian Defence Force (2019)

(iv) The Productivity Commission, A Better Way to Support Veterans (2019).

3.8 The Australian Government was expecting to respond to the outstanding recommendations in the 2021–22 Federal Budget.[7] However, it only responded to the National Suicide Prevention Adviser's *Final Advice* and a selection of the recommendations in the Productivity Commission's *A Better Way to Support Veterans*. Publicly, the Australian Government has stated that it intends to respond to the remaining recommendations from the Productivity Commission's *A Better Way to Support Veterans* following the conclusion of the Royal Commission into Defence and Veteran Suicide. This is highly concerning as that will likely be over 2 years away. I provided both DVA and Defence with RFIs seeking an update on the outstanding responses to past recommendations; however, the response from DVA referred only to publicly available information that did not provide further clarity regarding the Australian Government's position on outstanding recommendations.

3.9 It is pleasing that in the 2021–22 Federal Budget, the Australian Government announced an additional $2.3 billion of investment in mental health and suicide prevention as a first step to addressing the recommendations in the *Final Advice* of National Suicide Prevention Adviser, Ms Christine Morgan and the Productivity Commission into Mental Health.[8] These reviews recommended a person-centred and whole-of-government approach to suicide prevention.

3.10 As part of this announcement, the Australian Government released its *National Mental Health and Suicide Prevention Plan* and announced that it supports Ms Morgan's recommendations (some in principle or in part),[9] noting many recommendations require collaboration with state and territory governments.[10]

7 Department of Veterans' Affairs, RFI-02-DVA-11-2020, 15 December 2020.

8 Department of Health, 'Prevention compassion care', *Natiaonal Mental Health and Suicide Prevention Plan* (Canberra, Commonwealth of Australia, 2021): 7.

9 Ibid: 31–3.

10 Ibid: 7.

3.11 As part of this response, the Australian Government agreed to establish a National Suicide Prevention Office to oversee a whole-of-government approach to suicide prevention. It also committed $23.3 million to continue the Wellbeing and Support Program (WASP) to provide mental health and wellbeing support to vulnerable veterans, to address Ms Morgan's recommendation that veterans and other groups that are disproportionately affected by suicide be prioritised in a national suicide prevention strategy.[11]

3.12 The recommendations made in these reviews would provide an important foundation for improving mental health and suicide prevention for all Australians, including veterans. I am particularly interested to see what impacts the continuation of the WASP has on the wellbeing of veterans, and hope the Australian Government will continue to consider how to focus on veterans in suicide prevention efforts. While continuing the WASP is a positive step, Ms Morgan strongly emphasises the need for upstream measures to respond early to signs of distress. For the WASP to be effective it must form part of a much more comprehensive suite of changes, many of which I will discuss further in this report.

11 Ibid: 32.

Analysis of key themes raised across inquiries

3.13 Through my analysis of the past inquiries and reports, as well as my discussions with the Defence and veteran communities, I have identified a number of key recommendations that must be prioritised and progressed as soon as possible. These will be discussed throughout the following analysis of recurring themes, and include:

- transition support and continuity of care between Defence and DVA
- the DVA claims processes
- Defence culture and stigma associated with mental ill health
- ADF and veteran mental health and wellbeing services.

Transition support and continuity of care between the ADF and DVA

3.14 Past reports and inquiries have found that transition from the ADF to civilian life is a critical period when suicide risk can increase, which is consistent with what I have been hearing through engagement with the community. A common theme is the disconnect between Defence and DVA processes, with gaps in support, a lack of coordination, difficulty accessing information and the need for ongoing support following the transition period identified as issues across multiple reports and lived experience. The reports and inquiries commonly cite the need for Defence and DVA to work collaboratively and to ensure that their respective processes are continuous and seamless for ADF members and veterans. For the most part, the Australian Government has accepted recommendations relating to transition supports. However, the transition period remains a major risk period for suicide and I continue to hear of the need for continuity of care between Defence and DVA when a person discharges.[12]

> *You've been in the system, an organisation where you've got people around you who think like you, work like you, act like you, and then all of a sudden, you're not in that environment anymore. You're absolutely lost.*
>
> *Ex-service organisation representative, round table, 2020.*

12 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

3.15 Key points raised within the reports include:

- Recently transitioned ADF members experience higher rates of anxiety and affective disorders, PTSD, problematic anger, alcohol disorders and suicidality compared to reservists and ADF members, and experience significantly higher psychological distress than the general population.[13]
- Many veterans report difficulties after transitioning, such as family and relocation-related stressors and isolation.[14]
- Transitioning ADF members may experience issues that, in addition to a reluctance to seek help, render this population at higher risk of suicidality, including relationship problems, mental illness, alcohol and drug misuse, employment problems, bereavement, and loss of the routine and structure characterising a military lifestyle.[15]
- A seamless transition from the ADF is important, and there is a need to share responsibility between both Defence and DVA[16,17] and to focus on lifetime wellbeing, from enlistment to discharge.[18]

3.16 A recurring theme across reports has been the need to develop a unified and integrated approach to transition between Defence and DVA.[19,20,21,22,23] This has included suggestions that Defence remain involved in the transition period for up to 12 months post discharge.[24,25,26]

3.17 In the Productivity Commission's 2019 report into the compensation and rehabilitation system for veterans, it recommended the Australian Government establish a Joint Transition Authority (JTA) within Defence. The Productivity Commission further recommended that the JTA should have primary responsibility for the wellbeing of discharging ADF members and that this responsibility should extend beyond the date of discharge.[27] It was pleasing to see the Australian Government establish the JTA in October 2020 in response to this recommendation.

13 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al., 'Mental health prevalence', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2018): v–ix.

14 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): 22.

15 Australian Institute for Suicide Research and Prevention, *Suicidal Behaviour and Ideation among Military Personnel: Australian and International Trends* (Canberra, Commonwealth of Australia, 2015): 5.

16 David Dunt, *Independent Study into Suicide in the Ex-Service Community* (Canberra, Commonwealth of Australia, 2009): 62–71.

17 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge* (Canberra, Commonwealth of Australia, 2009): 19–20.

18 Productivity Commission, *A Better Way to Support Veterans*: 5.

19 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force*: Recommendation 1, xxi.

20 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: Recommendation 1, 52.

21 David Dunt, I*ndependent Study into Suicide in the Ex-Service Community*: Recommendation 5.1, 16.

22 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*: Recommendation 10.1, 26.

23 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience* (Canberra, Commonwealth of Australia, 2018): Recommendation 3, 66.

24 David Dunt, *Independent Study into Suicide in the Ex-Service Community*: Recommendation 5.1, 16.

25 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*: Recommendation 10.1, 26.

26 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving thae Transition Experience*: Recommendation 3, 66.

27 Productivity Commission, *A Better Way to Support Veterans*: Recommendation 7.1, 50.

3.18 The JTA initiative is intended to oversee transition services and support mechanisms and assist Defence and DVA to work together to improve outcomes for transitioning ADF members and their families.[28] Ongoing monitoring and evaluation of the effectiveness of the JTA will be essential to ensure outcomes for transitioning ADF members and their families are improved. I received a briefing on the progress of implementation from the JTA and was informed the process is well underway. However, the feedback I am receiving from the Defence and veteran communities is that in reality they have not yet seen any positive change from the JTA.

3.19 In addition, the need for an integrated approach towards transition was noted in the report by the Transition Taskforce (a joint Defence and DVA taskforce) to which the Australian Government is yet to formally respond. The Australian Government was expected to respond to this report in the 2021–22 Federal Budget; however, no response was released. I requested an update from both Defence and DVA regarding the Transition Taskforce report, and while I was provided with a response from both Defence and DVA, no specific responses were provided for each of the recommendations from the Transition Taskforce's report.[29,30] Defence addressed the recommendations by noting that the report would inform the way both Defence and DVA would improve the support services available to transitioning ADF members and their families.

3.20 While the Australian Government has formally accepted some of these past recommendations for a unified approach to transition,[31,32] it is evident through the recurring recommendations and insights I have gained from my engagement with the Defence and veteran communities that there is a lack of shared ownership and coordination between Defence and DVA and that further work is required.[33]

3.21 Key recommendations from past reviews that I believe need to be prioritised and implemented by the Australian Government to address the challenges ADF members and their families face during the transition period include:

- through the JTA, ensuring both 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 life[34]
- 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 training[35]

28 Department of Veterans' Affairs, 'Joint Transition Authority established', 2020, https://www.dva.gov.au/newsroom/latest-news-veterans/joint-transition-authority-established, accessed on: 12 May 2021.

29 Defence, RFI-31-06-2021, 22 June 2021.

30 Department of Veterans' Affairs, RFI-30-DVA-06-2021, 7 July 2021.

31 Australian Government, *Government Response to the Mental Health Care in the ADF and Transition to Discharge* (Canberra, 2009): Recommendation 10.1, 14.

32 Australian Government, Department of Defence, Department of Veterans' Affairs & Department of Health, *Australian Government Response to the National Mental Health Commission Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families* (Canberra, 2017): 34.

33 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021.

34 Productivity Commission, *A Better Way to Support Veterans*: Recommendations 7.1 & 7.2, 50.

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

- 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 programs[36]
- 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 behaviours.[37]
- Additionally, I endorse and encourage the Australian Government to accept and implement all recommendations made in the *Inquiry into Transition from the Australian Defence Force*.[38]

DVA legislation and practice

3.22 ADF members and veterans who have experienced physical or psychological injury may seek compensation through DVA. Issues with the compensation claims process have emerged as common themes across the myriad inquiries. This is consistent with what I have been hearing from the Defence and veteran communities, who have made it clear to me that this is an ongoing concern. The difficulties associated with navigating these processes and the subsequent negative impact on the mental health of claimants has been extensively investigated in past inquiries and reports, and is another issue that has been raised by a significant number of those with whom I have engaged.[39] Key insights I have heard include that negative interactions with DVA can increase distress and elevate risk of suicide, that people do not feel they are being believed even though they have been medically discharged from the ADF, and that there is a lack of recognition by DVA staff of the experiences and feelings of the claimant.[40]

> *Additionally the biggest issue for me was I essentially became and felt devalued by a system … I liked to think I could solve some pretty decent problems. I couldn't solve how to navigate the DVA … But what we're actually doing [with DVA] is manufacturing an incubator for mental health issues.*
>
> *Ex-service organisation representative, round table, 2020.*

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

37 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*: Recommendation 4, 52.

38 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force*: xxi–v.

39 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

40 Ibid.

3.23 It is clear that there are many issues relating to both the overarching legislative framework governing the DVA compensation system, as well as the delivery and administration of that system. Through my examination of past reports and inquiries I have identified various themes relating to DVA, including:

- the complexity in the DVA claims assessment process[41,42,43]
- the need to harmonise the legislation[44]
- negative interactions with DVA staff (including feeling their claims were disbelieved or having limited contact from DVA during extensive delays in processing)[45] and difficulty accessing information
- lack of support navigating the claims process[46]
- the need to adopt a client-focused approach[47]
- the need to identify claimants with more complex needs[48]
- the need for better and more accessible mental health care for veterans[49]
- the need for more research on the impact of the claims process on mental health.[50]

3.24 Most recently, Coroner Hawkins' findings of the inquest into the death of Private Jesse Bird, delivered on 7 April 2020, stated that while DVA had undertaken to implement a number of recommendations, some veterans are still falling through the cracks. Coroner Hawkins reiterated concerns of previous reviews that the 'DVA compensation and rehabilitation system is overly complex and difficult for veterans to navigate'.[51] Coroner Hawkins stated that this could partly be due to there being 3 Acts that govern DVA entitlements, which differ in terms of eligibility and beneficial entitlements. Coroner Hawkins stated that it is crucial to harmonise and consolidate the DVA legislation to:

- ensure it is fit for purpose and reflects the needs of veterans
- simplify and streamline the claims process to reduce its complexity
- remove inconsistencies between the Acts to ensure fairness and equity in eligibility and benefits
- ensure that the legislative framework reflects veteran centric practices.

41 David Dunt, *Independent Study into Suicide in the Ex-Service Community*: 77–88.

42 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*: 49–52, 71–8.

43 Productivity Commission, *A Better Way to Support Veterans*: 17–35.

44 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird*: 57–8.

45 David Dunt, *Independent Study into Suicide in the Ex-Service Community:* 84.

46 Tracey Varker, Mark Creamer, Juhi Khatri & Meaghan O'Donnell, *Mental Health Impacts of Compensation Claims Assessment Processes on Claimants and Their Families: Final Report* (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2018): 33.

47 Ibid: 57.

48 David Dunt, *Independent Study into Suicide in the Ex-Service Community*: Recommendation 6, 17.

49 Tracey Varker, Mark Creamer, Juhi Khatri & Meaghan O'Donnell, *Mental Health Impacts of Compensation Claims Assessment Processes on Claimants and Their Families: Final Report*: 33.

50 Ibid.

51 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird*: 43.

There are different Acts that it's very difficult to get your head around not only the Acts themselves and trying to understand who they cover, and why and what it means, but the paperwork is just ... disgraceful.

Psychiatrist and academic, round table, 2021.

DVA legislative complexity

3.25 This complexity of the legislative framework governing the veterans' compensation and rehabilitation scheme, and the need for the harmonisation and simplification of legislation, has been a recurring theme across inquiries and consultation processes I have conducted as interim National Commissioner.[52,53,54,55,56,57,58]

3.26 The Productivity Commission noted that in addition to the complexity of the multiple pieces of legislation governing the compensation system, certain provisions under the legislation discourage wellness and place a focus on remaining unwell.[59] The need to shift towards a 'wellness approach', rather than an 'illness approach', and a focus on 'reablement', rather than rehabilitation, has been discussed at length by participants during round table discussions I convened as interim National Commissioner.[60] Participants have suggested DVA move towards a 'wellness approach', drawing on the ambition and drive that leads people to join the ADF.[61]

3.27 Past inquiries have variously recommended the simplification of the legislative regime by harmonising the legislation, simplifying the types of entitlements veterans can receive across different legislation and, eventually, consolidating the legislation. I requested information from DVA seeking additional information on the Australian Government's formal response to past recommendations seeking reform of the DVA compensation legislation; however, the information provided did not provide any further clarity regarding the Australian Government's response to each individual recommendation. The most recent reviews recommending legislative reform include:

- The Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird* (2020)
- The Productivity Commission, *A Better Way to Support Veterans* (2019)
- The Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (2019)

52 Productivity Commission, *A Better Way to Support Veterans:* Recommendation 8.4, 51.

53 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force:* Recommendation 1, xxi.

54 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans:* Recommendation 6, xiii.

55 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird:* Recommendation 3, 59.

56 Alex Collie, *The Mental Health Impacts of Compensation Assessment Processes* (Monash University, 2019): 35–6.

57 Robin Creyke, *Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case* (Canberra, Commonwealth of Australia, 2019): Recommendation 1, 25–6.

58 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

59 Productivity Commission, *A Better Way to Support Veterans*: 18.

60 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

61 Ibid.

- Professor Alex Collie, *Mental Health Impacts of Compensation Assessment Processes* (2019)
- The Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans* (2017).

3.28 Despite the recommendations, there have been no recent major amendments or reforms to the legislative framework aimed at reducing its overall complexity. As part of the 2021–22 Federal Budget response to the Productivity Commission's report, *A Better Way to Support Veterans*, the Australian Government noted that recommendations made in that report addressing the legislation would be pursued via a legislation reform roadmap that will be developed in consultation with the veteran community.[62]

3.29 This process and any resulting legislative reforms can take a number of years to take effect and, ultimately, will not go far enough to address the many identified issues as the very foundation of the compensation system is flawed. Any incremental changes to a broken system will be insufficient. In my view, the Australian Government should fundamentally reconsider the purpose of the veterans' rehabilitation and compensation legislative framework, and replace the current compensation model with a system that strives for the lifetime wellbeing of veterans (see Chapter 4 – Department of Veterans' Affairs Legislation and Practice).

3.30 It is also critical that in the meantime, initiatives are implemented to ensure the wellbeing of those impacted by the current legislative complexity.

DVA service provision

3.31 Also of particular interest to me has been DVA's implementation of the Veteran Centric Reform (VCR) program as part of the 2017–18 Federal Budget in response to past recommendations. The Australian Government has stated that it intends for these reforms to provide the veteran community with an improved standard of service through reform of business processes and culture, identification and implementation of government-endorsed best-practice service options and targeted ICT redevelopment.[63] The planning and management of this initiative has recently been reviewed on behalf of DVA by the Auditor-General,[64] who found that DVA's planning and management of the VCR program has been largely effective, to date, with several reform initiatives implemented. It was noted, however, that limitations in DVA's project management, and the monitoring and evaluation of benefits, present risks to the VCR program being effectively implemented on time, on budget and in accordance with the Australian Government's objective. In addition, as stated previously, I consider the incremental changes occurring under the VCR program will ultimately be ineffective in improving the lives of veterans if there is not a fundamental reimagining of the veteran support system.

62 Department of Veterans' Affairs, 'Productivity Commission response', 2021, https://www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2021-22/productivity-commission-response.pdf, accessed on: 21 June 2021.

63 Department of Veterans' Affairs, 'Veteran Centric Reforms: Budget 2017–18', https://www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2017-18/veterancentricreform.pdf, accessed on: 19 March 2021.

64 Australian National Audit Office, *Effectiveness of the Planning and Management of Veteran Centric Reforms* (Canberra, Commonwealth of Australia, 2021, Report No. 30 2020–21).

3.32 Another Australian Government response to address the complexity of DVA service provision has been the implementation of a Community and Peer Program across a selection of Open Arms – Veterans & Families Counselling locations. The program involves veteran peers sharing lived experience of ADF service and of mental health issues and recovery, and the family peers sharing lived experience of being a part of the military family and of being a family member of a veteran affected by mental health issues.[65] Additionally, DVA states it has established clearer pathways for referral and collaboration between DVA and Open Arms to ensure that a holistic support service is provided to those who are vulnerable or in crisis.[66] This is of particular interest to me due to the number of people who have informed me of the importance of support services involving peers with lived experience.[67]

3.33 Due to the complexity of the DVA system and the challenges faced by both ADF members and veterans when navigating the DVA system, Legal Aid New South Wales offers both ADF members and veterans free legal advice and assistance in completing claim forms and lodging applications for review.[68] As lawyers from Legal Aid New South Wales are prohibited from appearing at hearings at the Veterans' Review Board, Legal Aid also employs lay advocates who can appear at such hearings.[69] It appears that New South Wales and Queensland are the only jurisdictions where the legal aid commission provides services specifically to veterans. A key recommendation from the *Veterans' Advocacy and Support Services Scoping Study* was for the Australian Government to establish, fund and promote a free Veterans' National Legal Service and a Veteran's National Legal Helpline.[70] The Government is yet to provide its formal response to this study and as such has not indicated if this recommendation will be implemented. While the Productivity Commission does not support this recommendation and instead suggests a combination of means-tested legal aid and encouraging conditional billing through better costs awards,[71] I strongly encourage the Government to consider the recommendation in the Scoping Study to ensure all veterans around Australia are provided with specialised free legal assistance when navigating the complex legislation and claims system.

3.34 I note that a system that requires advocates to establish and progress claims is, by that fact alone, fundamentally unfit for purpose. My concern is that, to a large extent, the problem may lie more in the process DVA has in place than in the legislative framework.

65 Department of Veterans' Affairs, 'Veteran Centric Reforms: Budget 2017–18'.

66 Department of Veterans' Affairs, *Joint Inquiry into the Management of Jesse Bird's Case (2017) Recommendations: Progress of Implementation as at 31 May 2020* (Canberra, Commonwealth of Australia, 2020).

67 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table discussions with national mental health organisations', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

68 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table discussions with New South Wales Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

69 Legal Aid New South Wales, 'Veterans' Advocacy Service', https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0005/28544/262.pdf, accessed on: 17 June 2021.

70 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.

71 Productivity Commission, *A Better Way to Support Veterans*: 561.

Defence culture and stigma associated with mental ill health

3.35 Stigma associated with mental ill health within the ADF has been raised in both my engagement with the community and in a number of reviews, inquiries and reports, including in the recent *Inquiry into Transition from the Australian Defence Force*.[72] Across the various reports, there has been discussion of the requirement for ADF members to have high levels of mental and physical strength, which in turn has potentially created a reluctance for them to report poor mental health.[73] The reluctance to seek help was often associated with a culture of stigma around mental ill health or people's fears about jeopardising their careers, which has been consistent with what I am hearing through the veteran community. Examples of stigma included ADF members being dismissed, ostracised or accused of malingering when they voiced concerns about their mental ill health.[74,75] Further insights were provided to me during round tables, where participants noted that stigma around mental ill health was prominent throughout the ADF chain of command, and that there are disincentives to report mental health issues as it may be seen that Officers, Warrant Officers and Senior Non-Commissioned Officers cannot appropriately manage their soldiers.[76] Participants also noted that older ADF members could find it difficult to raise issues with younger officers who are recent university or officer training graduates without much life experience.[77]

> *After returning from Iraq I was diagnosed with PTSD, a label (according to my peer group) associated with shame, weakness and failure.*
>
> *Sarah, submission, 2021.*

72 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force*: 42–4.

73 For example, as discussed in the Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*: 18.

74 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*: 94.

75 Alexander McFarlane, Stephanie Hodson, Miranda Van Hooff & Chris Davies, *Mental Health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study* (University of Adelaide, 2011): xxviii, 153–7.

76 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

77 Ibid.

3.36 Perceived social stigma, within ADF culture, associated with mental ill health was also noted across the various reports and inquiries as a potential issue. It was identified that the requirement that all ADF members be deployable to remain in the ADF resulted in some ADF members being reluctant to seek help to avoid the risk of negatively impacting, and possibly terminating their careers.[78,79,80,81] Again, this has been consistent with what I have heard in private meetings and round tables.[82,83]

3.37 Key recommendations I have identified through the past inquiries include:

- ADF investment in efforts to de-stigmatise mental ill health through cultural change[84,85]
- the provision of, and encouragement to attend early treatment to increase the chance of a person returning to work[86,87]
- implementation of leadership training to reduce negative attitudes towards mental ill health[88]
- engagement with ADF members and veterans with lived experience of mental ill health who rehabilitated and were able to subsequently redeploy.[89]

3.38 In response to the recommendations, Defence has increased engagement with families, particularly during initial employment, deployment and the transition processes, and is also reportedly developing methods to incorporate lived experience into the development of policy, programs and initiatives. Additionally, Defence has implemented a leadership training program on mental health issues; however, it is unclear to what extent this has resulted in a cultural change or has specifically addressed the issue of stigma relating to mental ill health.

78 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*: 94, 186.

79 Alexander McFarlane, Stephanie Hodson, Miranda Van Hooff & Chris Davies, *Mental Health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study*: xxviii, 153–7.

80 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*: 44.

81 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force:* 42.

82 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

83 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table discussions with national mental health organisations'.

84 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: Recommendation 4, 52.

85 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Mental Health of ADF Members and Veterans* (Canberra, Commonwealth of Australia, 2016): Recommendation 12, xiv.

86 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: Recommendations 10 and 11, 53.

87 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Mental Health of ADF Members and Veterans*: Recommendation 11, xiv.

88 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: Recommendation 4, 52.

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

ADF and veteran mental health and wellbeing services

Access to and awareness of services

3.39 Previous reports and inquiries highlight that many ADF members and veterans do not access support services due to a lack of awareness of their existence or other access barriers. The previous reports and inquiries identify a range of barriers for both ADF members and veterans accessing services, including low health literacy, negative perceptions of treatment efficacy, stigma and embarrassment about seeking help, lack of available services, lack of experience in treating veteran specific issues within the wider mental health community, and internal barriers (for example, poor prior experiences and mistrust of providers). These barriers are consistent with what I am hearing through my engagement with the Defence and veteran communities.[90]

3.40 The complexity of both DVA and Defence's healthcare systems has been noted through past reports, which can negatively affect uptake of services.[91] The complexity of the DVA claims processes has also been discussed as having the potential to affect the ability of individuals to access services.[92] A key recommendation across multiple past inquiries is action in both Defence and DVA to raise awareness of the range of services available to both ADF members and veterans.[93,94,95,96]

3.41 The Productivity Commission noted that veterans and families are often not aware of the mental health services available to them and there needs to be a more proactive promotion of these services.[97] In response to this recommendation, the Australian Government has implemented changes to promote its services and has publicly stated it will continue to utilise and expand advertising.[98] Long-term monitoring and evaluation of these changes is required to determine whether these advertising efforts are sufficient and whether there is an increase in the uptake of services.

3.42 In response to past inquiries noting difficulties accessing mental health supports, the Australian Government implemented the White Card on Transition Project in mid-2018 with the intention to ensure that all separating members with at least one day of continuous full-time service have access to non-liability treatment through DVA for

90 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

91 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: 35.

92 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Mental Health of ADF Members and Veterans*: Recommendations 5 & 11, xiii–iv.

93 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*: xiv.

94 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird*: Recommendation 2, 59.

95 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Use of Quinoline Anti-malarial Drugs Mefloquine and Tafenoquine in the Australian Defence Force* (Canberra, Commonwealth of Australia, 2018): Recommendation 8, xi.

96 Productivity Commission, *A Better Way to Support Veterans:* Recommendation 17.1, 74.

97 Productivity Commission, *A Better Way to Support Veterans*: 35.

98 Australian Government, Department of Defence, Department of Veterans' Affairs & Department of Health, *Australian Government Response to the National Mental Health Commission Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: Recommendation 9, 64.

any mental health condition.[99] Non-liability health care means that DVA may pay for a person's treatment for limited conditions without accepting that those conditions were service related; for example, veterans may be able to receive free mental health care without needing to prove that their military service caused their mental health condition.[100] Through discussions I have had with community organisations at round tables, it is apparent that while the White Card provides access to free treatment for any mental health condition, ex-serving ADF members often experience difficulties finding practitioners to provide these free mental health supports.[101]

3.43 I have been hearing from both healthcare providers and through the veteran community that DVA's fee schedule is significantly lower than the fee that healthcare providers would otherwise charge clients, either through the private system or through other Australian Government schemes, such as the National Disability Insurance Scheme. This is despite the Australian Government accepting and implementing a key recommendation from the Productivity Commission to conduct an independent review into its health fee-setting arrangements.[102] This disparity means that healthcare providers may have a financial disincentive to treat veterans, resulting in veterans being at a disadvantage when competing for scarce resources and being unable to find experienced healthcare providers to treat mental ill health. I have been told that the DVA fee disparity still exists and is impacting veterans' ability to access health care when they need it. This is extremely concerning as the inability to access healthcare services is a risk factor for suicide. The Australian Government needs to prioritise addressing the inconsistencies with the DVA fee schedule and ensure that veterans are not at a disadvantage when trying to access services. (This is discussed in further detail in Chapter 6 – Access to Health Care and Stigma Associated with Mental Ill Health.)

3.44 As part of the response to past inquiries, the Australian Government has also implemented the MyService program, which the Productivity Commission stated intends to provide a simpler and more convenient way to lodge an initial liability compensation claim online. MyService asks a claimant questions to make a determination regarding their claim.[103] The Productivity Commission found that MyService, in combination with a completed Early Engagement Model, has the potential to simplify the way people interact with DVA, particularly by automating many aspects of the claims process.[104] However, it was noted that achieving this outcome would be a complex, multi-year process.[105] As such, I again emphasise the importance of long-term monitoring and evaluation of the MyService program to ensure it continues to make the application process convenient and simple. I have heard through my community engagement that the new online application process is not always a positive experience for applicants, particularly those with complex cases or those without an advocate.[106] Additionally, I have been informed by participants at my round

99 Department of Veterans' Affairs, *Senate Inquiry into Suicide by Veterans and Ex-service Personnel Recommendations: Progress of Implementation as at 31 January 2020* (Canberra, Commonwealth of Australia, 2020): Recommendation 16, 15.

100 Department of Veterans' Affairs, 'Non-liability health care', 2019, https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc/cover-mental: accessed on: 7 July 2021.

101 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

102 Productivity Commission, *A Better Way to Support Veterans*: Recommendation 16.3, 72.

103 Productivity Commission, *A Better Way to Support Veterans*: 22.

104 Ibid: 52.

105 Ibid.

106 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

table discussions that the uptake of the online claims process has resulted in an increased need for additional delegates in DVA to process the claims.[107] Concern has been expressed that use of a single 'incorrect' word can significantly prejudice outcomes.

> *Soldiers definitely need advocates if the system is difficult to navigate. If the system weren't so difficult, maybe not. And the MyService stuff is definitely a trap. Diggers fill it in online thinking they're clever. They say the wrong thing, put the wrong date, answer the wrong question and they've now got themselves in a world of hurt that an advocate has got to scramble to try and fix.*
>
> *Ex-service organisation representative, round table, 2021.*

3.45 Despite the Australian Government's efforts to improve the compensation claims process in response to recommendations, there are still reports that claimants are experiencing delays in their claims being processed, which in turn is causing unnecessary stress.[108] I have also heard that the complexity of the claims process may be contributing to feelings of distrust and negative experiences within the veteran community.[109] These feelings of distrust may create a barrier for some veterans to seek services through DVA.

3.46 A further common theme I have identified across previous reports and inquiries has been the need to better identify ADF members and veterans who are at risk of mental ill health or suicide, especially at the point of transition out of Defence or during DVA claims assessment. The importance of screening ADF members going on deployment, those who are not going on deployment, as well as those who have transitioned has been noted.[110] Several reports and inquiries also discussed the difficulty and importance of identifying veterans who are at risk of mental ill health.

3.47 During round table discussions participants have suggested that there is a need for education programs to better equip veterans and their families to identify symptoms of mental illness to facilitate earlier access to support.[111] Participants also noted difficulties and inconsistencies in the diagnostic and screening thresholds used by mental healthcare providers, resulting in the risk level of suicide for some patients being incorrectly identified.[112]

3.48 Key recommendations I have identified in previous inquiries and reports include:

- improving Defence and DVA systems and processes to identify and support members and veterans who may be at risk of suicide[113]
- establishing a 2-track transition system with intensive support provided for members who may be at risk when transitioning out of Defence[114]

107 Ibid.

108 Productivity Commission, *A Better Way to Support Veterans:* 21.

109 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

110 Department of Defence, *Suicide and Mental Health in the ADF: What are We Missing?* (Canberra, Commonwealth of Australia, 2016): 11–12.

111 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

112 Ibid.

113 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.

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

- Defence conducting annual screening for mental ill health for all ADF members[115]
- DVA considering alternative processes to screening, including training delegates to screen claims for psychosocial risk, and getting clients to complete screening questionnaires through technology providers.[116]

3.49 Despite the Australian Government agreeing in principle to annual screening for mental ill health, it did not initially implement it, expressing concerns that annual mental health screening could 'further entrench stigma and challenges of encouraging ADF members to identify and seek help early'.[117] The National Mental Health Commission subsequently recommended that Defence conduct further investigation into assessment and screening tools, noting that regular screening with the same measurement tools can lead to members learning the 'correct' responses.[118] Additionally, research suggests that the ADF should use several separate means of assessment if possible, including individual needs-based assessments followed by interventions to meet individual needs.[119] Defence reportedly enhanced their Periodic Mental Health Screening processes in 2019;[120] however, it is unclear what this screening process involves and if it would satisfy the recommendations and research discussed above. This again highlights the importance of long-term monitoring, evaluation and public reporting to ensure these screening processes are being effectively utilised.

3.50 An initiative being implemented by DVA following recommendations from the inquiries is a standardised needs and risk-assessment process. This process identifies complexity and vulnerability factors to ensure appropriate escalation and proactive support is provided for people during the compensation claim assessment process.[121,122] This involves risk assessment relating to health, housing, income, education, employment, social support and recognition. Following the Australian Government's action on implementing this recommendation, it was noted by Emeritus Professor Creyke that continued attention to the implementation of this recommendation is required.[123] While the Australian Government recently stated publicly that its response to this recommendation is substantially complete,[124] it informed me in its response to a request for information that additional refinement of the process will be finalised in October 2021.[125]

3.51 Following the finalisation of the process, a further progress update will be required to determine whether the Australian Government's efforts to overcome the information-sharing barriers between Open Arms and DVA discussed by Emeritus Professor Creyke have been successful.

115 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Mental Health of Australian Defence Force Members and Veterans*: xiii.

116 Alex Collie, *Mental Health Impacts of Compensation Assessment Processes:* 14.

117 Australian Government, *Australian Government Response toa the Foreign Affairs, Defence and Trade Committee Report: Mental Health of Australian Defence Force Members and Veterans* (Canberra, 2016): 5.

118 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: 33.

119 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020): 63.

120 Department of Defence, *Annual Report 19–20* (Canberra, Commonwealth of Australia, 2020): 35.

121 Department of Veterans' Affairs, RFI-02-DVA-11-2020, 15 December 2020.

122 Defence, RFI-01-ADF-11-2020, 16 December 2020.

123 Robin Creyke, *Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case*: 11, 13.

124 Department of Veterans' Affairs, *Joint Inquiry into the Management of Jesse Bird's Case (2017) Recommendations: Progress of Implementation as at 31 May 2020*: Recommendation 4, 4.

125 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 1], 16 July 2021: 18.

Monitoring and evaluation

3.52 Long-term monitoring and evaluation is essential to ensure the effective implementation of recommendations and to measure the effect of implemented changes within different risk groups. This is particularly important due to the complexity of suicide. It takes time to develop and implement policies aimed at preventing suicide and even longer before improvements in the suicide rate resulting from effective changes will become apparent. For example, changes that might allow transition to be planned from the day a person joins the ADF will only impact new recruits, who will then need to complete their military careers (which may last for many years) before experiencing the benefit of early planning and any associated reduction in suicide risk. Additionally, those who have been in the ADF for many years may not experience the benefits of implemented changes; for example, recommendations aimed at de-stigmatising mental ill health requires cultural change, which may take a significant number of years to achieve. Ongoing monitoring and evaluation becomes even more vital given the time it can take for policy changes to manifest as cultural change, which is critical to improving the actual experience of the Defence members and veterans.

3.53 Despite several recommendations for DVA and Defence to evaluate and monitor the implementation of initiatives, programs and trials[126,127,128] there is limited information available on the implementation and effectiveness of the 335 prior recommendations. The public reporting and evaluation that does occur is not consistent or regular across the inquiries.

3.54 The most detailed monitoring and evaluation by DVA appears to be following the death of Private Jesse Bird and the inquiries his death precipitated. In 2018, an internal audit was conducted by KPMG to assess the progress made by DVA in implementing the 19 recommendations of the *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case*.[129] This internal audit was not publicly released.

3.55 Subsequently, in 2019, the Australian Government commissioned an independent review, by Emeritus Professor Creyke, into the Australian Government's implementation of recommendations from the Joint Inquiry following the death of Private Jesse Bird. Emeritus Professor Creyke found that appropriate action had been taken on 14 recommendations and the outcomes of these required ongoing monitoring and evaluation, while 5 recommendations required further progress.[130]

126 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*: Recommendation 12, 21.

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

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

129 Department of Veterans' Affairs & Department of Defence, *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case.*

130 Robin Creyke, *Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case*: 1.

3.56 While I am encouraged by DVA and Defence's focus on monitoring change following the *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case*,[131] more attention to monitoring and evaluation is required across all accepted recommendations, to ensure that progress continues to be made, and to provide assurance to veterans that genuine change is occurring. This oversight will also ensure that implemented recommendations are achieving the intended outcomes, and can be adjusted and retested as needed.

3.57 Most recently, in the National Suicide Prevention Adviser's *Final Advice*, it was recommended that the Australian Government monitor the impacts of suicide prevention initiatives, with all governments working together to identify data needed for such measurement.[132] This recommendation came with 4 priority areas, including the development of a suicide register, regular national surveys to capture adequate data for priority populations, the development of a national outcomes framework for suicide prevention and priorities for suicide prevention research and shared knowledge for continued improvement. The Australian Government supports this recommendation in principle, and announced as part of the 2021–22 Federal Budget that it would establish a comprehensive evidence base to support real-time monitoring and data for mental health and suicide prevention systems. Of particular interest was the announcement of a veterans' data and analysis project to report on the health and wellbeing of veterans and their families. The Australian Government further committed to providing additional funding to improve long-term data capability, data sharing and data integration to support policy development for better wellbeing and safety outcomes for ADF members and veterans.[133]

131 Department of Veterans' Affairs & Department of Defence, *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case*.

132 National Suicide Prevention Adviser, 'Executive summary', *Final advice* (Canberra, Commonwealth of Australia, 2020): Recommendation 3, 6.

133 Australian Government, Department of Health 'Prevention compassion care', *National Mental Health and Suicide Prevention Plan* (Canberra, Commonwealth of Australia, 2021): 31.

Conclusion

3.58 In summary, in the past 14 years, the issue of Defence and veteran suicide has been examined in over 21 reports and inquiries looking into issues around mental health and suicide prevention in the ADF and veteran communities. The Australian Government is yet to provide complete public responses to 4 inquiries. These past inquiries contain approximately 335 recommendations, some of which have been formally accepted and implemented by the Australian Government, and others that do not appear to have been implemented, despite being accepted.

> *There's 20 years of research and reports and senate inquiries. Okay. There's 20 years of reports and inquiries, why hasn't it been addressed? ... That's my opening rhetorical question. If it's been looked at for 20 years and everyone knows it's a problem, why is it still a problem?*
>
> *Ex-service organisation representative, round table, 2020.*

3.59 The recurring themes raised both across the inquiries and through my engagement with the community highlight the importance of adequate and transparent evaluation and monitoring of initiatives to ensure systemic issues are addressed appropriately and do not persist, ultimately ensuring they are helping prevent the suicide deaths of ADF members and veterans. While it is promising to see the recent public release of the Australian National Audit Office audit into the planning and management of the VCR program, ongoing and rigorous monitoring and evaluation of all responses to past inquiries is vital in addressing the suicide of ADF members and veterans.

Recommendations

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:

- 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 life[134]
- 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 training[135]
- 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 programs[136]
- 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 behaviours[137]

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

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

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

137 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 3.3

- accepting and implementing all recommendations made in the *Inquiry into Transition from the Australian Defence Force*[138]
- 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 Helpline[139]
- 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 health[140]
- improving Defence and DVA systems and processes to identify and support members and veterans who may be at risk of suicide[141]
- DVA and Defence evaluating and monitoring the implementation of initiatives, programs and trials.[142,143,144]

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

139 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.

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

141 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.

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

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

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

Chapter 4 – Department of Veterans' Affairs Legislation and Practice

Introduction

4.2 The Department of Veterans' Affairs (DVA) provides various forms of support to Australian Defence Force (ADF) members, veterans and their families, including income support and compensation; health care; and rehabilitation, transition support and other services to support wellbeing. In 2019–20, DVA provided support to 329,352 people, comprising 225,546 veterans and 103,806 dependants. In this period, DVA spent $4.1 billion on health and wellbeing programs and $6.5 billion on providing compensation and support.[1]

4.3 Despite this significant investment, I have heard from many veterans, family members, ex-service organisations (ESOs), clinicians and others about issues engaging with DVA. Common themes include difficulty in navigating the system, the complexity of the legislative framework stemming from there being 3 different Acts, inconsistencies in the way the Acts are applied, and issues in the way DVA administers the Acts and engages with its clients.

4.4 I have also heard from senior DVA officials, who themselves highlight that the system is difficult to administer and manage.

> *We're the first to acknowledge [the DVA system] is way too complex. And every review that we have had into the department, one of the key things is the complexity of our system and our processes, and particularly the Productivity Commission report also reinforced – said we weren't fit-for-purpose – that was their headline. The complexity of our system, it does exist.*
>
> *Ms Liz Cosson AM CSC, Secretary, Department of Veterans' Affairs, round table, 2021.*

4.5 Veterans and families have also told me about the very real impacts the DVA system can have on a person's mental health and wellbeing, as well as the sense of betrayal they can feel when being let down by a system that is supposed to support them following their service to the country.

'For what they have done, this we will do'

4.6 Military service is a unique occupation with features not comparable to any other type of employment. ADF members:

- are required to follow orders – members are subject to military law and discipline and are not as free as other Australians to make independent decisions
- cannot choose to avoid personal injury in armed conflict
- have authority to apply lethal force against enemy forces
- are frequently placed in high-risk environments, including in war or operational service and while in training or on peacetime service.[2]

1 Department of Veterans' Affairs, *Annual Reports 2019–2020* (Canberra, Commonwealth of Australia, 2020): i.

2 Productivity Commission, *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 1.

4.7 This unique undertaking is reflected in the submission from the Department of Defence to the Productivity Commission's *Inquiry into Compensation and Rehabilitation for Veterans:*

> *Australians join the Defence Force for a variety of reasons, but collectively they accept the forfeiture of certain freedoms enjoyed, and taken for granted, by all others in Australian society. Almost every aspect of uniformed life comes with a risk or cost to the member and/or their families. The unique nature of military service is recognised by a number of Australian Government arrangements that are specific to Defence personnel. This includes remuneration and compensation arrangements.*[3]

4.8 The forfeiture of ADF members' freedoms, which other Australians take for granted, has its basis in social contract theory. ADF members are required to put their lives on the line for the country, and to train for that very real possibility, in order to protect the country and the lives of its people. This means that the ADF, via the Australian Government, holds the right to use violence to protect its citizens. While citizens do not have this right to use violence, they do have the right to life, and for that right to be protected by the military. ADF members do not enjoy this same absolute right to life.[4]

4.9 The social contract means that the Australian Government owes it to our veterans to ensure a lifetime of health and wellbeing when they finish their period of active service, as repayment for risking their lives to defend the country and the lives of its people.

4.10 A recognition of this social contract is implicit in the Australian Government's *Australian Defence Force Veterans' Covenant*, which states:

> *We, the people of Australia, respect and give thanks to all who have served in our defence force and their families.*
>
> *We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation.*
>
> *We undertake to preserve the memory and deeds of all who have served and promise to welcome, embrace, and support all military veterans as respected and valued members of our community.*
>
> *For what they have done, this we will do.*[5]

4.11 This is not a new concept. Australian governments, at both federal and state levels, have honoured the social contract since World War I. A notable example is the Soldier Settlement Scheme, which granted returning World War I and II soldiers an allotment of land to provide meaningful work and an opportunity to achieve prosperity following war service. While the schemes had their problems, the governments of the time saw it as their responsibility to provide ADF members with meaningful opportunities as a way to repay their 'debt of honour'.[6]

3 Department of Defence, *Department of Defence Submission: Compensation and Rehabilitation for Veterans, Productivity Commission – Issues Paper* (Canberra, 2018): 8.

4 Cate Carter, 'The social contract and the Australian civil–military relationship', *25th World Congress of Political Science: Borders and Margins*, Conference paper (2018): 2.

5 *Australian Veterans' Recognition (Putting Veterans and their Families First) Act 2019* (Cth): Schedule 1.

6 Monica Kenely, *Land of Hope: Soldier Settlement in Western District of Victoria, 1918–1930*, (Geelong, Vic., Deakin University, 1999): 1.

I guess it goes to the feeling of betrayal that when we're serving there are no limits to what can be asked of you … but the quid pro quo is when I need help, I'll get it. And then when you go to get help, that's not the case. There's so many limitations on what and when and how you can get help, and it feels like a betrayal and a breaking of the social contract.

Veteran, private meeting, 2021.

4.12 Veterans have told me that when the system that is supposed to provide them support fails, they see and feel it as a breaking of that social contract, and as dishonouring the sacrifices they made for the country.

It almost feels like it's set up to make it too hard to put in a legitimate claim for something.

Ex-service organisation representative, round table, 2020.

4.13 The current veterans' compensation and rehabilitation system is more generous than other workers' compensation schemes. The benefits and entitlements available to veterans are comprehensive, and have the aim of supporting veterans following their service to the country.

4.14 While this is admirable, and may reflect successive Australian Governments attempting to fulfil their side of the social contract, the reality is that the system has now become unbearably complex with the 3 Acts 'collectively incorporating almost all the benefits available to successive generations of veterans over the last 100 years'.[7] This is making the system difficult to engage with, and often has the perverse outcome of causing harm to veterans, rather than supporting them and promoting their wellness.

7 Department of Veterans' Affairs, cited in Productivity Commission, *A Better Way to Support Veterans*: 12.

Suitability of the current system

4.15 There have been over 10 years of inquiries and reviews looking into the way we provide rehabilitation and compensation to our veterans, yet issues remain in the system (see Chapter 3 – Former Inquiries, Reviews and Recommendations).

4.16 Many of these previous inquiries and reviews have recommended reform of the DVA compensation legislation. These inquiries have variously recommended the simplification of the legislative regime by harmonising the Acts, simplifying the types of entitlements veterans can receive across different legislation and, eventually, consolidating the Acts. The most recent reviews recommending legislative reform include:

- The Coroner's Court of Victoria, *Inquest into the Death of Jesse Stephen Bird* (2020)
- The Productivity Commission, *A Better Way to Support Veterans* (2019)
- The Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (2019)
- Professor Alex Collie, *The Mental Health Impacts of Compensation Assessment Processes* (2019)
- The Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans* (2017).

4.17 In the Productivity Commission's 2019 report, *A Better Way to Support Veterans*, the first key point is:

> *Despite some recent improvements to the veterans' compensation and rehabilitation system, it is not fit-for-purpose – it requires fundamental reform. It is out-of-date and is not working in the best interest of veterans and their families, or the Australian community.*[8]

4.18 The Australian Government, in its interim response to the Productivity Commission, stated that its 'approach to reform of the veteran support system, in particular in relation to legislation, will be evolutionary and we will pursue sensible elements of the Commission's legislative harmonisation plan over time.'[9] The Australian Government also stated its 'commitment to *Veteran Centric Reform* [VCR] as the primary vehicle for reform' and that it 'has funded the first four years of this crucial transformation program'.[10]

4.19 DVA's *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023* also sets out their 'approach to improving the mental health and wellbeing of veterans and their families[,] recognis[ing] that good mental health is supported by whole of life wellbeing.'[11]

4.20 I commend the Australian Government, and DVA, for their stated intention of implementing a more veteran and lifetime wellbeing focused model through their VCR program and strategy documents. However, the very foundation and objective of the veterans' compensation and rehabilitation system is unnecessarily complex and overly burdensome, both for DVA to administer, and for our veterans to engage with every day.

8 Productivity Commission, *A Better Way to Support Veterans*: 2.

9 Ibid: 2.

10 Ibid.

11 Department of Veterans' Affairs, *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023* (Canberra, Commonwealth of Australia, 2020): 16.

4.21 This system is not good enough. The compensation and support system as it currently stands is causing harm and is affecting the lives of our veterans every day. Veterans have also told me that the difficulties in engaging with DVA has led to a trust deficit between veterans and DVA.

There is a trust deficit in this space, which I think is more detrimental to veterans' mental health and their suicidality than the actual Act itself.

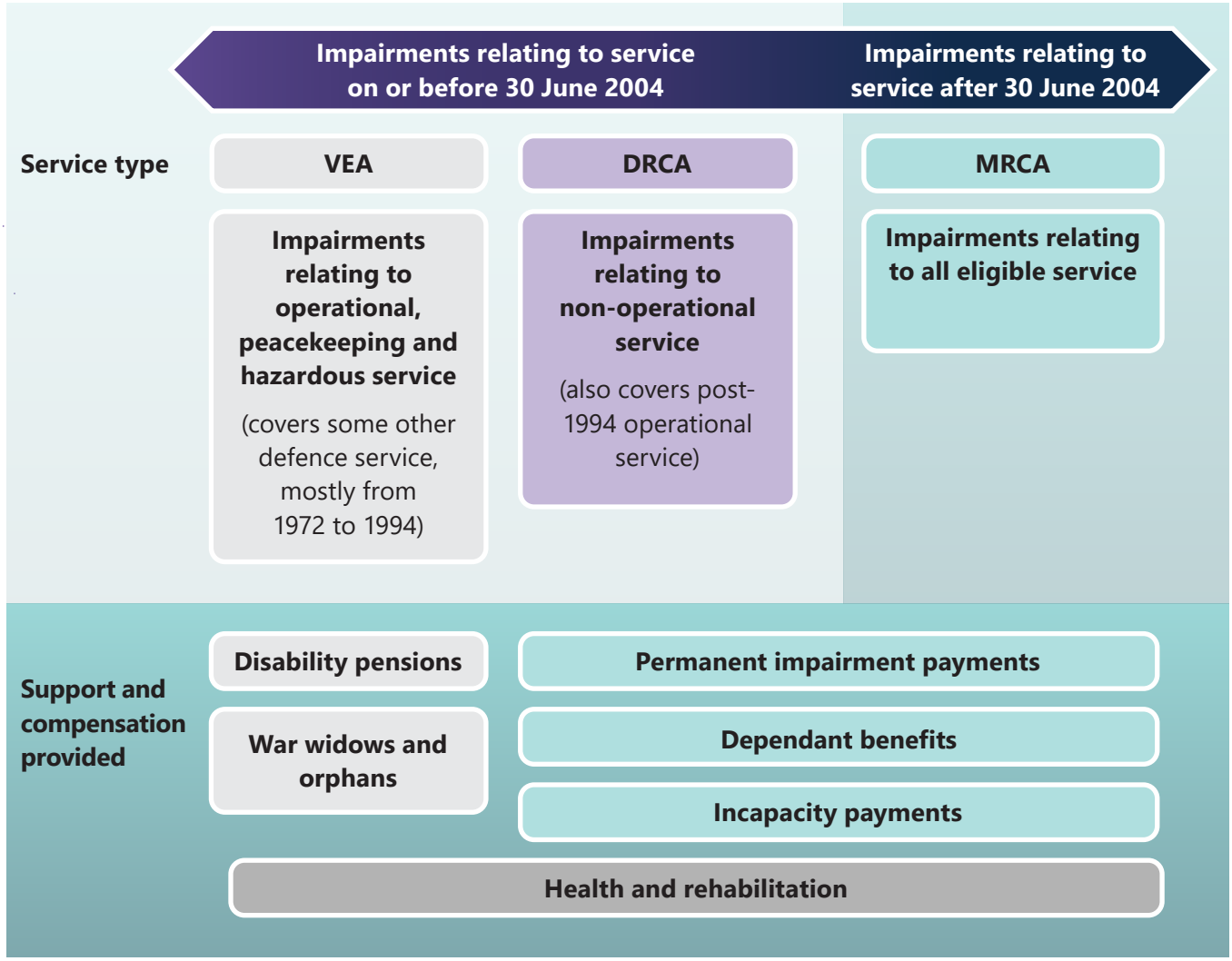
Ex-service organisation representative, round table, 2020.

The legislative framework

4.22 The current veterans' compensation and rehabilitation system comprises 3 main Acts that cover a range of entitlements for different service types and periods (Figure 4.1). The main Acts are:

- the *Veterans' Entitlement Act 1986* (Cth) (VEA)
- the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (DRCA)
- the *Military Rehabilitation and Compensation Act 2004* (Cth) (MRCA).

Figure 4.1. Veteran supports under the 3 main Acts



Source: based on Productivity Commission, *A Better Way to Support Veterans*.

Veterans' Entitlement Act 1986 (Cth)

4.23 The VEA is the oldest of the 3 Acts and covers people for injury, disease or death occurring as a result of the following ADF service:

- peacetime service (after completion of a 3-year qualification period) from 7 December 1972 to 6 April 1994
- all periods of operational service, peacekeeping service and declared hazardous service prior to 30 June 2004
- warlike or non-warlike operations in East Timor, Afghanistan or Iraq or in any other similarly declared operation prior to 30 June 2004.[12]

4.24 The VEA provides for pensions and allowances encompassing the disability pension, special rate pension, temporary special rate pension, intermediate rate pension, extreme disablement adjustment and allowances.[13] VEA benefits are paid for life and may include access to the Veteran Gold Card for healthcare treatment.[14]

Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (Cth)

4.25 Before 2017, the *Safety, Rehabilitation and Compensation Act 1988* (Cth) (SRCA) provided coverage for current or former ADF members for injuries, diseases or deaths linked to most peacetime ADF service, as well as to some hazardous and peacekeeping service before 2004.[15] Compensation for ADF members was considered alongside other workers' compensation arrangements, under the responsibility of the broader portfolio and Minister responsible for work health and safety, rehabilitation and compensation.

4.26 In 2017, the Australian Parliament passed the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (DRCA) as a re-enacted version of the SRCA. The DRCA was passed as a separate Act to apply only to members of the ADF and their dependants.[16] The purpose was to bring existing entitlements under the SRCA into closer alignment with the MRCA.

4.27 The legislation also provided the Minister for Veterans' Affairs with the policy responsibility for all 3 of the separate compensation Acts that cover ADF members (the VEA, MRCA and DRCA).[17]

12 Department of Veterans' Affairs, 'Benefits under the VEA', 2020, https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/vea/benefits-under-vea, accessed on: 6 July 2021.

13 Department of Veterans' Affairs, 'The VEA', 2020, https://www.dva.gov.au/financial-support/compensation-claims/laws-cover-claims/vea, accessed on: 6 July 2021.

14 Department of Veterans' Affaairs, 'Benefits under the VEA'.

15 Department of Veterans' Affairs, 'Overview of the DRCA', 2020, https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/drca/overview-drca, accessed on: 6 July 2021.

16 Safety, Rehabilitation and Compensation Legislation Amendment (Defence Force) Bill 2016 (Cth), Explanatory Memorandum: ii.

17 Ibid.

4.28 The DRCA applies to current and former members of the ADF with conditions linked to service prior to 1 July 2004. Compensation coverage under the DRCA can be provided for injuries, diseases or deaths that are linked to most peacetime ADF service between 3 January 1949 and 30 June 2004, as well as to hazardous and peacekeeping service during the same period. The DRCA also covers certain periods of operational service between 7 April 1994 and 30 June 2004, including warlike and non-warlike service. The DRCA does not cover any ADF service prior to 3 January 1949, or any period of operational service prior to 7 April 1994 (as the VEA covers these periods). Some members who served 3 years continuous full-time service with service between 7 December 1972 and 7 April 1994 may have dual coverage under the VEA and DRCA for their peacetime service.[18]

4.29 The benefits available to veterans under the DRCA include medical and treatment expenses through a Veteran Card, incapacity payments, permanent impairment (lump sum) compensation payments, rehabilitation and help to return to work, and household and attendant care services.[19]

Military Rehabilitation and Compensation Act 2004 (Cth)

4.30 The MRCA was introduced in 2004 and was intended to replace and modernise the VEA and the SRCA/DRCA. All ADF service from 1 July 2004 onwards is covered under the MRCA, and it applies where injury, disease or death is due to ADF service, regardless of service type.[20]

4.31 The MRCA provides for support including permanent impairment (lump sum) compensation, incapacity payments, special rate disability pension, rehabilitation, medical treatment, household and attendant care services and compensation following death.[21]

4.32 While the Australian Government eventually intends for the MRCA to be the sole Act providing compensation to veterans and their dependants, it will take many years for this to occur due to people remaining eligible under previous Acts. The legislative framework will therefore remain complex for veterans to navigate and for DVA to administer for the foreseeable future.

18 Department of Veterans' Affairs, 'How to make a claim under the DRCA', 2020, https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/drca/how-make-claim, accessed on: 6 July 2021.

19 Department of Veterans' Affairs, 'How to make a claim under the DRCA'.

20 Military Rehabilitation and Compensation Bill 2003 (Cth), Explanatory Memorandum: iv.

21 Department of Veterans' Affairs, 'Overview of the MRCA', 2020, https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-after-30-june-2004/overview-mrca, accessed on: 6 July 2020.

Complexity of the legislative framework

4.33 The multiple Acts overseeing various entitlements for veterans means that veterans may be eligible for compensation under more than one Act, and veterans with more than one impairment may have their different impairments covered under different Acts.

4.34 The Secretary of DVA, Ms Liz Cosson AM CSC wrote to me explaining the complexity of the system, stating:

> *The Acts have different eligibility requirements and provide different forms of compensation and support depending on the characteristics of the veteran and the nature of their military service. It is also relevant to note that the legislative framework is complex and difficult for veterans to understand. There are inconsistencies across the three Acts and 70 per cent of veterans have overlapping eligibility under more than one Act.*[22]

See **Appendix I** for the full response.

4.35 To compound this complexity further, the Acts have different eligibility criteria requiring different levels of documentation, and provide varying levels of support to veterans through different claims and appeals processes.[23] The standard of proof for assessing claims under the Acts also differs. This means a person can have multiple claims for different service types attracting different standards of proof. The MRCA and the VEA use a 'reasonable hypothesis' test for warlike and non-warlike service and a 'balance of probabilities' test for peacetime service claims.[24,25] The DRCA, however, uses the civil standard of a 'balance of probabilities' for all service types.[26]

4.36 In addition to veterans potentially being eligible for compensation under multiple Acts, veterans with the same injury or illness are treated differently depending on which Act applies. The way a veteran's compensation is calculated or paid, and the amount of compensation they receive, all varies depending on the applicable Act.[27] According to the Productivity Commission, the difference in level of compensation for the same injury could be over $100,000 across the Acts. In the most part, these differences relate to whether the person was undertaking service in warlike, non-warlike or peacetime circumstances at the time of their injury or illness.[28]

22 Department of Veterans' Affairs, RFI-04-DVA-12-2020, 8 February 2021: 3.

23 Australian National Audit Office, *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs* (Canberra, 2018, Report No. 52 2017– 18): 18.

24 *Military, Rehabilitation and Compensation Act 2004* (Cth): s 335.

25 *Veterans' Entitlements Act 1986* (Cth): s 120.

26 The standard of proof for civil proceedings is set out in section 140 of the *Evidence Act 1995* (Cth), which applies to the DRCA.

27 Productivity Commission, *A Better Way to Support Veterans:* 18.

28 Ibid: 18–19.

Administration issues

System simplification

4.37 DVA has made changes to improve the accessibility of the claims system, particularly with the online MyService system. This self-service function intends to simplify the application process and allow veterans to lodge applications themselves, without the support of an advocate. Between July 2019 and 31 May 2021, approximately 183,400 claims were submitted via MyService.[29]

> *I loathe to have people go straight to the online thing and start filling their application in, because the advocates have been trained to understand the verbs and adjectives that need to be used so that it gets picked up with DVA.*
>
> *Ex-service organisation representative, round table, 2021.*

4.38 I support the objectives of the MyService process to reduce the complexity of the claims process and forms. I particularly support any initiatives that reduce the administrative burden on ADF members and veterans having to analyse activities undertaken throughout their standard service that may have contributed to their injury over an extended period of time, or prove that their service contributed to injuries that are commonly experienced in service. As many veterans have told me, not many get through service without some sort of injury, and this fact needs to be reflected in simplified processing where possible.[30] For example, veterans should not have to estimate how many times they carried heavy packs over long distances in order to have an injury deemed as being caused by their service.

4.39 DVA has advised me of some improvements in this regard, such as the introduction of 43 'Decision-Ready Conditions' that are approved for 'streamlining' or 'straight-through' processing under the MRCA or the VEA.[31] According to DVA, 'streamlining' means that once DVA accepts the medical diagnosis, it will generally accept certain conditions as being service related without further investigation. 'Straight-through' processing refers to where DVA uses an ADF member or veteran's profile and/or service details as evidence that an eligible claimant has met the specified factors for a particular condition without the need for further investigation.[32]

4.40 As stated by DVA: 'Decision-Ready Conditions are not automatically determined, but certain aspects of the normal liability investigation process relating to causation are effectively deemed to be accepted for these conditions'.[33]

4.41 Another simplification initiative is the Combined Benefits Processing (CBP) trial, which combines 3 processes (Initial Liability Assessment, Needs Assessment and Permanent

29 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 12.

30 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

31 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 9–10.

32 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], *Attachment C: List of conditions approved for decision ready processing*, 15 July 2021.

33 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 9.

Impairment Assessment) formerly undertaken by 3 separate DVA delegates into a single process undertaken by a single DVA delegate. This shows promise as a way of simplifying processes and improving the experience of people having their claims assessed. I note that the CBP originally commenced in Brisbane and Perth in August 2018, was paused from the end of 2019, and later recommenced in July 2020.34 DVA has told me that it has expanded the trial to sites in Sydney and Melbourne following the improved outcomes of client and staff satisfaction, as well as reduced processing times.[35]

4.42 Despite these potential improvements, I was alarmed to hear of examples where other promising simplification initiatives have stalled. For example, in 2020 DVA developed a draft 'Tri-Act' claim form to serve as a single paper form for initial liability claims under the VEA, DRCA and/or MRCA, but the project was paused in November 2020 to focus on business improvements relating to the processing of multi-Act claims. I urge this work to continue.[36]

4.43 DVA should continue to implement and monitor the impact of initiatives to simplify its processes, such as expanding the number of decisions subject to 'streamlining' and 'straight-through' processing. Based on early results from the CBP trial, this should also be implemented as standard practice as a priority.

Advocates

4.44 I have heard consistent views from veterans and ESOs throughout the round table discussions I have convened. They have told me that the system is so complex that many veterans require the support of advocates to lodge applications and help them manage the claims process.

> *There's a fundamental problem with a process that requires you to need an advocate to navigate.*
>
> *Veteran support organisation representative, round table, 2020.*

4.45 Worryingly, I have also heard that the MyService system may increase the risk of veterans lodging applications that do not include the correct terminology or specific words that advocates know will facilitate approval.

4.46 A system that requires insider knowledge to ensure that a veteran receives the benefits and support they are entitled to is, in my view, broken. The system is making it difficult for the very people it is supposed to serve to get the help they need, often when they need it the most. Any system that requires an advocate to navigate is inherently too complex.

34 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], 14 July 2021: 14.

35 Ibid: 13–15.

36 Department of Veterans' Affairs, RFI-17-DVA-04-2021, 15 July 2021: 3.

Clients with increased vulnerability

4.47 I have heard positive stories about the support DVA provides to clients who are particularly vulnerable or have high needs. It is heartening to hear that significant changes have occurred to DVA's approach to complex case management following the tragic death by suicide of Private Jesse Bird, and the subsequent joint Defence and DVA inquiries into his case.[37]

4.48 To assist clients with complex and high needs, DVA has the Coordinated Client Support (CCS) service, which provides assistance and tailored support. The service provides these clients access to critical benefits and services in a timely manner. DVA has also stated that since July 2020, a dedicated team of case managers has been providing case management support to members under 30 with complex conditions who are transitioning for medical or administrative reasons.[38]

4.49 I have also heard about steps DVA has taken to reflect a trauma-informed approach in its interactions with ADF members and veterans. These include collaboration with Phoenix Australia – the Centre for Posttraumatic Mental Health and other experts to integrate trauma-informed writing principles and guidance into DVA's approach to writing outgoing correspondence. Another initiative is the Letters Improvement Project, which commenced in 2019 and involved review of more than 250 letters across DVA's business. The aim of the project was to produce letters that focus on veteran wellbeing and reflect a trauma-informed approach. I understand this review process has now been incorporated as a 'business as usual' function.[39]

4.50 In responses to my requests for information and through a round table convened with DVA, I also heard about the 'Triage and Connect' program. The program provides a centralised referral and assessment point, and any DVA, Open Arms – Veterans & Families Counselling or ADF representative can refer a client who may need an additional level of care. The person is then supported through a needs assessment and connected with additional supports.[40] DVA officials informed me that when they identify a person who may need additional support, the person is assigned a case manager who initiates engagement with them.[41]

4.51 DVA has also been piloting the Wellbeing and Support Program (WASP), which is described as:

> *… a holistic community case management service model for veterans with significant complex physical health and/or mental health needs which have been difficult to address within the current suite of DVA services and delivery guidelines.*[42]

37 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], 14 July 2021: 10–11.

38 Department of Veterans' Affairs, *Joint Inquiry into the Management of Jesse Bird's Case (2017) Recommendations: Progress of Implementation as at 31 May 2020* (Canberra, Commonwealth of Australia, 2020).

39 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 1], 14 July 2021.

40 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], *Attachment D: Needs assessment national guidelines and overview*, 14 July 2021.

41 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

42 Department of Veterans' Affairs, RFI-08-DVA-02-2021, *Attachment 3: Independent Evaluation of the Wellbeing and Support Program (WASP) Case Management Pilot,* 19 March 2021: 3.

4.52 Despite the implementation of these processes, I have heard from a number of people who are not receiving the support they need when engaging with DVA and who then find themselves in significant distress. Even when I have intervened by contacting DVA directly, I have been disappointed by the disjointed and stagnated responses to client needs.

4.53 DVA should expand these programs, so that all people with complex cases and high needs are able to access wrap-around support; and DVA must better evaluate whether these processes, which sound good on paper, are actually being effectively implemented on the ground. DVA should also ensure that a trauma-informed approach is reflected in all aspects of its approach to, and contact with, all clients.

> *What I can say without hesitation it was a pleasure to deal with everyone involved with this process and your humanity and professionalism was (I'm actually short of words to describe how pleasing, surprising, delighting and reassuring) all the commission staff have been. This experience has been in such stark contrast with the years of the total lack of respect, the cold callous, indifference, the vindictive, mean spirited, apathetic, and at times simply sadistic attitudes and behaviour of both DVA staff and of successive ministers for veterans affairs and their staff both towards other veterans and towards myself. This shows that it is possible to treat veterans with respect, with understanding, empathy and compassion if the right people are employed and their leadership supports an empathetic approach.*
>
> *Doug Steley, veteran, private meeting, 2021.*

4.54 DVA has also provided me with a number of documents outlining its guidelines for communication with clients in relation to negative decisions.[43,44] However, I note that DVA was unable to provide data on the percentage of clients who were contacted by phone in advance of an adverse decision letter being issued. DVA has advised that it does not use trained mental health professionals to provide notice of every adverse claim outcome. The ability to refer clients to appropriate supports is therefore dependent on individual delegates having sufficient understanding of when and how to do so.[45]

4.55 While I have heard positive things about the management of clients with high needs through programs like CCS and WASP, I have also at the same time heard troubling stories of some people who are vulnerable being refused service by DVA due to behavioural issues – behavioural issues that are borne of their mental health challenges. While I understand that staff safety and boundaries are crucial, all staff working with clients with high needs or vulnerabilities need to be appropriately trained in trauma-informed practice to ensure that people can access support even in times of acute crisis or when displaying heightened behaviour. Staff should receive regular training and support to provide a safe working environment for both staff and clients, and additional supports must be available to minimise the potential for clients in distress being refused service. Consideration should also be given to appropriate additional supports or training around providing notice of adverse claim outcomes.

43 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], *Attachment G: Guidelines for contacting clients regarding negative decisions (CLIK 2.6.4),* 14 July 2021.

44 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], *Attachment H: Businessline – Guidelines for contacting clients regarding negative decisions,* 14 July 2021.

45 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], 14 July 2021: 9.

Delays and complexity

4.56 Veterans have told me that they have experienced long delays in having claims assessed. Alarmingly, data from DVA indicate that the average processing time for initial liability was 231.37 days in the 2020–21 financial year and 148.11 days in the 2019–20 financial year.[46] Furthermore, veterans have told me that the initiatives implemented by DVA to assist with complex assessment processes do not always work.

> *You've been sitting on it for 4 or 5 months, without even noticing. When you've made a commitment in the Parliament to process claims in 90 days anyway, but that aside ...You've made a commitment. You appointed a case coordinator to sort all this crap out, and I'm the one who's following up to say why hasn't this happened in 4 or 5 months?*
>
> *Veteran, private meeting, 2020.*

4.57 This is exemplified in the coronial investigation into the death of Private Jesse Bird, where Coroner Jacqui Hawkins found consistent themes emerging in the evidence regarding the complexities of the DVA process, including that:

(a) Jesse felt he was being treated as a number rather than as a person

(b) his claims paperwork would not be registered, or would be lost or rejected, which resulted in having to recommence the process

(c) there was a lack of adequate and personalised communication

(d) there were different legal and medical requirements for each stage of the claims process, which were not clearly understood

(e) that the claims process was a very complex system, in part as it was based on 3 separate pieces of legislation.[47]

4.58 The Australian National Audit Office (ANAO), in their 2018 report, *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs*, concluded that while the majority of DVA's rehabilitation and compensation services were being delivered within DVA's targets, there were a minority of claims taking an excessively long time to process due to inefficient handling. The ANAO stated that 'these delays can have significant impacts for these veterans'.[48]

46 Department of Veterans' Affairs , RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 11.

47 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird* (2020, Court Reference: COR 2017 3044): 36.

48 Australian National Audit Office, *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs:* 8.

4.59 In response to a series of requests for information, DVA provided information regarding its procedures for receiving, allocating and acknowledging claims,[49] as well as the time taken to process claims and reasons for delays. DVA stated:

> *Across all claims categories over the past 2.5 years, the number of claims lodged has in the most part consistently exceeded the number of claims determined month on month. In some claims, such as MRCA Initial Liability, claims lodged were double those determined. This has resulted in the build-up of on-hand claims and in turn, longer time taken to process claims. Significant improvements in MRCA and DRCA Permanent Impairment determinations, and therefore median days to determine, was a result of investment by Government in additional resources from December 2019 to July 2020.*[50]

The full response from DVA on the time taken to process claims is at **Appendix J**.

4.60 The impact of delays associated with the complexity of the system can be catastrophic, which is most notable in the death of Private Jesse Bird. The coronial inquest into Private Jesse Bird's death set out the circumstances where his applications for DVA entitlements had undergone a series of delays, rejections and misadministration before finally being accepted, after it was already too late. As the coronial findings state:

> *Tragically, less than two weeks after his death, Jesse's claim for incapacity payments was determined and accepted on 5 July 2017. The first payment was processed and paid into Jesse's bank account on 6 July 2017.*[51]

4.61 Jesse Bird's mother, Mrs Karen Bird, noted:

> *… the trauma we suffered upon being told that it was processed after his death sturdied our resolve to fight for Jesse and reform the military compensation scheme.*[52]

4.62 In private meetings, I have also heard from families about their loved ones having their previously rejected DVA claims reassessed and accepted posthumously. People have told me that this caused them and their families significant trauma and confusion.

4.63 In the round tables I convened with ESOs, academics and clinicians, as well as in the private meetings with veterans and families, I heard many times about burdensome processes involved in having claims assessed under multiple Acts.[53]

49 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 2], *Attachment B: 1.1 Claim receipt screening, allocation and acknowledgement procedures,* 14 July 2021.

50 Department of Veterans' Affairs, RFI-04-DVA-12-2020, *Attachment 2: Time Taken to Process Claims,* 8 February 2021.

51 Coroners Court of Victoria, *Inquest into the Death of Jesse Stephen Bird*: 31.

52 Ibid.

53 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

4.64 In 2018, the Productivity Commission found that over 30,000 veterans had liability accepted under more than one of the 3 Acts.[54] There is little wonder that veterans find applying for support so challenging when the majority are eligible under multiple pieces of legislation and are required to make multiple applications, often with different processing requirements.

> *The person in the middle of this … he doesn't want to know about the legislation; he doesn't want to know about the Acts and what he's under. What he's saying is, 'Look I've got this problem and it's caused by my service. I want you to attend to it, and attend to it in a timely manner and attend to it in the way, you know, that's going to look after me in the future.'*
>
> *Ex-service organisation representative, round table, 2020.*

4.65 Veterans also raised issues with me about delays occurring when their applications have to be assessed by independent medical contractors, who verify aspects of a person's claim. I have heard that this process can lead to lengthy delays. I sought to clarify the wait times for an applicant to have their independent medical assessment completed, but DVA does not currently collect these data.[55] I recognise that DVA is seeking to reduce the need to undertake independent medical assessments by first attempting to ascertain if the medical evidence on file or submitted with the claim is sufficient to determine the claim, and then seeking medical evidence from Defence, the veteran, or the veteran's treating GP or treating specialist. Only after that is DVA calling for an independent medical assessment. However, I also note that for the period from 1 July 2019 to 31 March 2021, DVA received approximately 7,045 independent medical assessment reports.[56] The requirement to have a person's medical condition independently verified by medical contractors, over and above the applicant providing supporting medical documentation, is excessively burdensome. In 2018, the ANAO also found that waiting for responses from medical specialists was a key reason for delays in the processing of claims.[57]

4.66 The need to have supporting documents verified by independent medical contractors also appears to be mostly unnecessary when taking into account the apparent level of fraud in the DVA system. As DVA states in its recent Annual Report:

> *In 2019–20, DVA received 319 allegations of fraud, a decrease from the previous year. As a result of fraud investigations finalised in 2019–20, 27 cases were referred to business areas for consideration of administrative response such as debt recovery, education or other compliance activities. In addition $623,020 in ineligible payments was identified as a direct result of investigation activities and referred to the relevant business areas for debt recovery.[58]*

54 Productivity Commission, *A Better Way to Support Veterans:* 17.

55 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 14–15.

56 Ibid.

57 Australian National Audit Office, *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs:* 9.

58 Department of Veterans' Affairs, *Annual Reports 2019–2020*: 65.

4.67 In comparison to the 142,222 eligible veterans or dependants receiving income support, 319 allegations of fraud is insignificant. DVA recovering $623,020 from fraud investigations in 2019–20 pales into insignificance relative to the $6.5 billion DVA spent on compensation and support in the same year.

4.68 Even assuming these figures are not completely accurate, it is indicative of the insignificant fraud in comparison to DVA's total expenditure. DVA also previously acknowledged in 2017 that fewer than 1.5% of claims are disingenuous.[59]

4.69 The requirement to have claimants have their medical evidence independently verified perpetuates a sense of the system distrusting veterans from the outset and further, it can place burden on individuals by significantly delaying the resolution of their claims.

> *They talk about beneficial legislation but I think DVA and the delegates and the [Repatriation] Commission have a fundamental misunderstanding of what beneficial legislation is and how to actually apply it appropriately.*
>
> *Veteran support organisation representative, round table, 2020.*

4.70 The cost saved by the efforts to identify such a low level of fraud must be balanced against the harm these processes are causing to our veterans and their families seeking to make genuine claims. The significant amount of double handling is not logical or cost effective.

Importance of safety nets

4.71 I acknowledge that DVA has implemented initiatives that provide immediate support to veterans before their claims are processed and finalised. In a response to my request for information (see **Appendix I** for the full response), DVA stated:

> *DVA recognises that extended processing times may have a detrimental impact on veteran health, consistent with findings of The Mental Health Impacts of Compensation Claim Assessment Processes report by Professor Collie, commissioned by DVA. There are a range of services and support available while claims are being determined.*[60]

59 Department of Veterans' Affairs, cited in Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*, 2017: 89.

60 Department of Veterans' Affairs, RFI-04-DVA-12-2020, 8 February 2021: 5.

4.72 DVA then provided information on the interim supports available to people, including:

- non-liability health care for free mental health treatment for anybody who has served at least one continuous full day in the ADF
- a Provisional Access to Medical Treatment trial providing medical and allied health treatment on a provisional basis for people making any of the 20 most commonly accepted claims
- free and confidential counselling and support through Open Arms
- additional processes for escalation of at-risk clients during claims determination[61]
- the Interim Veteran Payment, which provides interim financial support to veterans who have lodged a claim for a mental health condition, and the claim has not yet been determined.[62]

4.73 These safety nets are of utmost importance, and I recognise DVA is actively trying to support veterans engaging with their systems, particularly those who are experiencing mental ill health or other difficulties. These programs need to continue, both in their funding certainty and in their availability to all veterans, and be actively promoted to ensure veterans know of their existence.

Access to DVA-funded health care

4.74 Despite non-liability health care providing veterans access to free mental health treatment, I have heard that the reality on the ground is that veterans can struggle to access these services. A key issue is the funding disparities for health providers who receive more Australian Government funding for providing services to National Disability Insurance Scheme (NDIS) clients compared to veterans. This leads to veterans being unable to find clinicians who will see to their often-complex needs, despite DVA telling them that these services will be at no cost (see Chapter 6 – Access to Health Care and Stigma Associated with Mental Ill Health).

Information sharing

4.75 Another issue facing veterans is the difficulty in accessing information from Defence in order to assist their engagement with DVA. I have heard from many veterans that the information-sharing issues between Defence and DVA make it hard for veterans to get the necessary documents or evidence to prove these facts.

4.76 In a more general context, families have also told me that privacy restrictions prevent them receiving crucial information about their loved ones.

61 Ibid: 5–7.

62 Department of Veterans' Affairs, RFI-06-DVA-12-2020, *Attachment 1: Veteran Payment*, 27 January 2021.

4.77 I note that senior officials from Defence and DVA have acknowledged the previous disconnect between the departments. In a joint letter to me, the Secretary of Defence, the Secretary of DVA and the Chief of the Defence Force state that, 'Ten years ago, the primary mechanism for sharing data between Defence and DVA was in writing in response to a formal request.'[63] The letter (at **Appendix K**) then highlights a number of programs and initiatives currently implemented or underway to improve access between the departments and streamline information sharing.

I think the huge part for me is the lack of cohesion between Defence and DVA; the fact that you have to proactively engage DVA yourself. DVA is a reactionary system. That's the huge issue for me.

Ex-service organisation representative, round table, 2020.

4.78 Crucially, the letter sets out that:

> *[c]onsideration is also being given to including a recommendation in the current review of the Defence Act 1903 that Defence and DVA are deemed a single entity for the purposes of the Privacy Act 1988. This was a recommendation of the Productivity Commission Inquiry Report and, if progressed and accepted by Government, the subsequent amendment to the Defence Act would improve the ability of both Departments to effectively share information in support of both individual members and the broader veteran community.*[64]

4.79 I fully support this approach and again recommend that it be pursued. This would go some way to alleviating the impact of privacy restrictions, which veterans and families have told me impede claim applications and access to support. To my mind, Defence and DVA should be able to seamlessly share information where it ensures that DVA can proactively assess a person's records before they leave service and advise on or automatically provide payment for any recorded injuries.

I'm fully ready to criticise the Privacy Act because it has drastically negatively impacted services to Defence families … The Privacy Act stops us VSOs from helping, getting information. It's a really big problem from start to finish …

Veteran support organisation representative, round table, 2020.

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63 Greg Moriarty, Secretary of Defence, General Angus J Campbell AO DSC, Chief of the Defence Force & Liz Cosson AM CSC, Secretary of DVA, 'Letter to interim National Commissioner for Defence and Veterans Suicide Prevention', *Joint Defence DVA Summary of Current and Planned Information Sharing Arrangements*, 13 April 2021: 1.

64 Ibid: 5.

Impact of complexity and administration issues

4.80 The complexity of the legislative framework and issues in its administration have very real impacts on the health and wellbeing of veterans and their families. The impact of this complexity for veterans was highlighted to me by one academic and clinical psychologist specialising in veteran mental health:

> *The claims process can be as traumatic to navigate as the original injury that might have occurred in the military. So the amount of distress, anger, distrust that come through the process, actually takes up a huge chunk of time in a therapeutic setting … we are spending so much time trying to support someone's mental health through such a difficult process when that means that they're not then getting access or spending time on the real mental health issues, the core mental health treatment and interventions.*[65]

4.81 I think it is important to convey messages and stories told to me by the many people who struggle daily to interact with DVA, and the real impacts felt by our veterans and their families when dealing with this complex system.

4.82 Forms that require veterans with many years of service to identify how many hours per week a pack was lifted or body armour was carried is unhelpful at best and a roadblock to aid at worst.

4.83 One veteran when speaking about dealing with DVA, told me, 'It's so debilitating, and so retraumatising … thank God I've got enough resilience under my belt now to not let it take me down.'[66] This veteran told me that the amount of time and energy spent engaging with DVA amounted to a part-time job. He said that if he had known the amount of time and mental energy he would have to spend doing this, he might not have started in the first place as he considered that it might not have been worth it.

4.84 Many veterans and family members told me that engaging with DVA often exacerbated their mental illnesses, or even helped cause them. Most worryingly, veterans have highlighted the life and death importance of improving the DVA system, telling me that the burden of dealing with DVA can contribute to suicidality.

> *If you haven't got a mental health issue before dealing with DVA, you certainly will by the time you finish. Dealing with DVA is a potential suicide risk.*
>
> *Veteran who served when 16 years old, private meeting, 2021.*

> *All these other things like with DVA, they take more energy, and I can understand why people do end up killing themselves.*
>
> *Donny Paterson, veteran, private meeting, 2021.*

65 Academic and clinical psychologist, round table, 2021.

66 Veteran, private meeting, 2021.

Illness focus

4.85 The current model of the veterans' compensation and rehabilitation system is premised on veterans being injured, made ill or disabled by their service. It requires veterans to prove not only their injuries, but also that they have served. I have heard that this focus on proving illness makes it hard for veterans to focus on or strive for their wellness for fear of missing out on benefits or entitlements.

> *When you leave, you put your claim in and see if you can become a TPI. This is becoming unemployed or getting on a particular pension. The evidence is now quite clear cut, this is worse for their health than telling people to take up smoking. Quite clear cut … We should be doing everything we can to encourage people back to work while they have the useful function.*
>
> *Clinician and academic, round table, 2021.*

4.86 Others reiterated that DVA's current focus on illness, not wellness, could make things worse for people by focusing on and incentivising the permanency of a person's disability, rather than focusing on their recovery.[67]

4.87 The Productivity Commission's *A Better Way to Support Veterans* report found the current system should move away from the illness model, and instead promote and support veterans' lifetime wellbeing. It stated that:

> *The veteran support system should be about more than compensation and rehabilitation. It must take a lifetime approach to supporting veterans and their families and be more focused on wellness and ability (not illness and disability) and minimising harm from service. It needs to be more responsive to the changing needs and circumstances of veterans, which will require more flexibility in supports and the way they are provided.*[68]

> *And they'll tell you to, you know, present your worst case to the doctor, and it becomes a self-fulfilling prophecy. You go from being someone in the military who could be quite functional, to getting in this pipeline of going through DVA claims that actually contributes to accelerating, or worsening, your condition.*
>
> *Ex-service organisation representative, round table, 2021.*

67 Veteran support organisation representative, round table, 2021.

68 Productivity Commission, *A Better Way to Support Veterans:* 5.

4.88 The Australian Government, in their interim response to the Productivity Commission's report, agreed the system needs to move from a predominant focus on the illness or impairment of veterans, to a model that supports the lifetime wellbeing of ADF members, veterans and their families. The Government asserts that this shift has been underway for several years.[69]

4.89 The VCR program aims to make it easier for veterans to access and move through the claims system and be appropriately supported to do so, with initiatives like the streamlining of common claim types, reducing the complexity of application forms, processes for conducting needs assessments at each new stage of the liability and/or compensation process, and simplifying the self-access online portal. However, these supports and incremental changes do not change the reality that the underlying legislative framework is essentially cumbersome and out-dated, and does not promote veterans' lifetime wellbeing. Its implementation does not live up to its intent.

It's like you constantly have to justify that you're not well [to DVA] … They've just lost sight of the fact that there is a human being at the end of all this legislation. And for me that's what drove me to try and communicate with the Minister to say to him 'You don't understand – this is my husband.'

Christine Delpero, spouse of a veteran, private meeting, 2021.

4.90 The Productivity Commission said the system is 'not fit for purpose'. I agree. But trying to make the system work by simplifying or harmonising the current legislative framework, and doing it through a process that is, in the Australian Government's words, 'evolutionary' and according to a 'legislative harmonisation plan over time,'[70] will not be enough. The entire legislative framework needs to be fundamentally reimagined, and transformed from its current 'illness' model to a modern 'wellness' model. This transformation needs to be done sooner, rather than later, if we want to improve the wellbeing of veterans. Serious focus also needs to be on the processes and procedures used to give effect to the legislation. The current experience is that they are cumbersome, burdensome and harmful to the mental and physical wellbeing of veterans.

The process is a big part of the problem. This adversarial nature of every step around gaining support … or having my condition accepted. Illness, illness, illness all the time, and there is not enough focus on how do I design a life worth living going forward with what is happening to me or what control am I going to take about what the next stage of my life looks like?

Veteran support organisation representative, round table, 2020.

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69 Department of Veterans' Affairs, *Interim Government Response to the Report of the Productivity Commission: A Better Way to Support Veterans* (Canberra, Commonwealth of Australia, 2020): 2.

70 Ibid.

Wellbeing reform

4.91 Australia has previously been through fundamental reform to broken support systems, recently with the introduction of the NDIS. In 2008, disability advocates made a submission to the Australia 2020 Summit, a convention to shape the long-term strategy for the nation's future, where they stated:

> *The time is right to reform the disability sector: to shift from the current crisis-driven welfare system to a planned and fully-funded National Disability Insurance Scheme that will underwrite sustained, significant long-term improvements in meeting the needs of people with disabilities and their families.*[71]

4.92 The veterans' compensation and rehabilitation system is at a similar junction. The time is right to reform the veterans' support sector: to shift from the current illness-focused compensation and rehabilitation system to a planned and fully funded wellness-focused system that focuses on meeting the lifetime needs of veterans and their families.

4.93 The NDIS shows us that this can be done. It provides a blueprint for a system that gives agency to people to decide the best approach for their own wellbeing and aims to provide certainty of funding for all people who are eligible, regardless of how their disability arose. The NDIS experience also provides a wide range of learnings about how to implement such a model. A similar approach could be taken for our veterans: no matter what they need to support their wellbeing, no matter how they were injured by military service or how they may be debilitated, Australia should support them.

71 Bruce Bonyhardy & Helen Sykes, 'Disability reform: From crisis welfare to a planned insurance model', *Submission to Australia 2020 Summit* (2008): 2.

Conclusion

4.94 To uphold the social contract for our veterans, we owe it to them to provide a fully funded, wide-ranging system that supports their lifetime wellbeing, gives them agency over their support needs, and does not require them to focus on their illness in order to get adequate compensation or support. The system should empower veterans to prosper, rather than limit their opportunities to re-engage with and contribute to society. It is time to put the words of the Australian Defence Force Veterans' Covenant into action: *'For what they have done, this we will do'*.

> *Our core focus should be someone flourishing in life, you know, as best they can. And whatever systems and supports are needed from DVA to enable that should absolutely be there.*
>
> *Ex-service organisation representative, round table, 2020.*

Recommendations

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.

Recommendation 4.3

- 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.

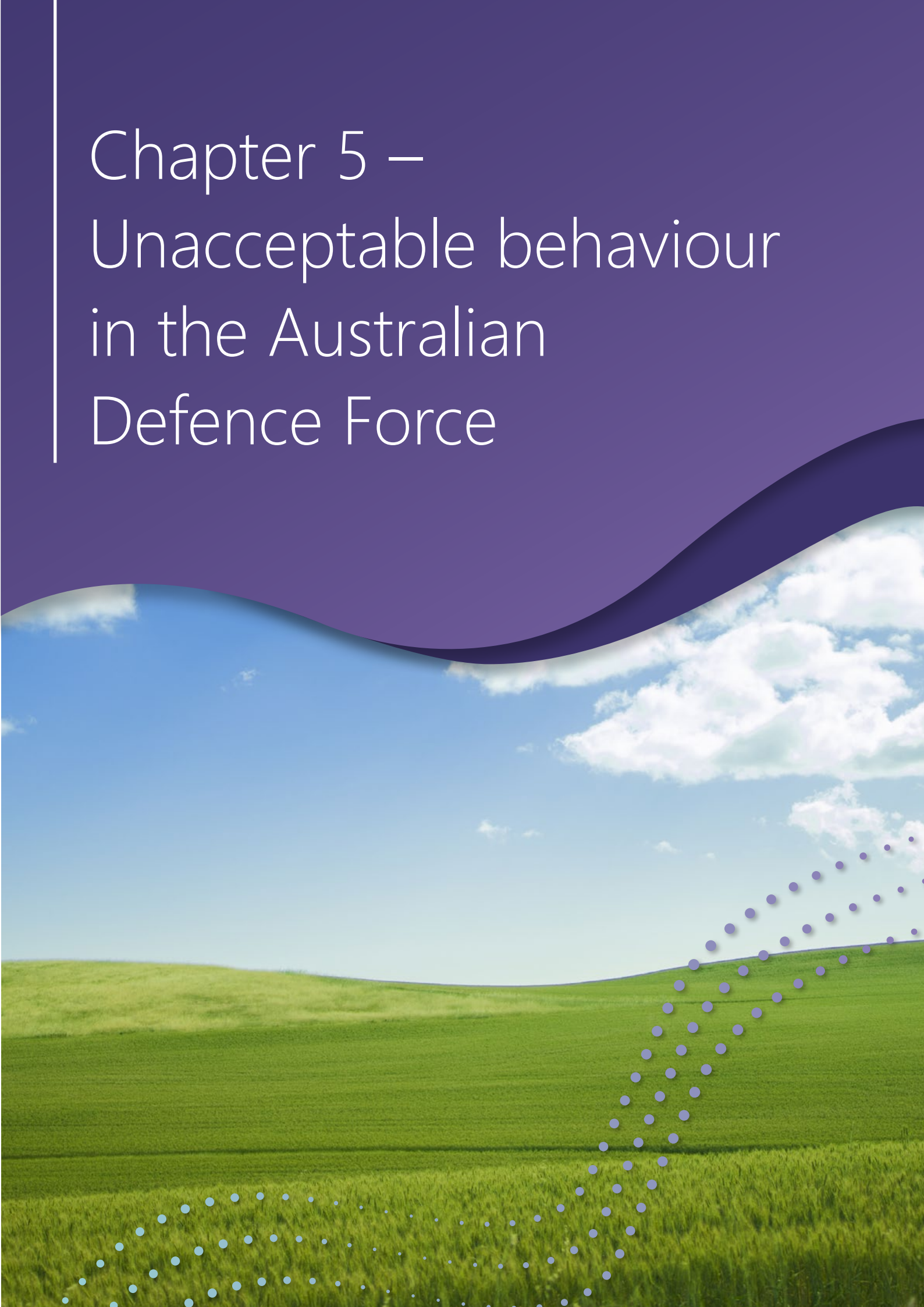
Recommendation 4.4

- 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

- The Australian Government should amend the *Privacy Act 1988* (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.

Chapter 5 – Unacceptable behaviour in the Australian Defence Force



Introduction

5.1 From the research and what I have heard through my engagements, bullying, sexual and physical abuse, and other forms of unacceptable behaviour experienced while serving in the military can contribute to suicidal behaviour. Recurring allegations of serious abuse in the Australian Defence Force (ADF) have resulted in a number of reviews and inquiries focused on institutional abuse and ADF culture.

5.2 Alarmingly, these reviews have consistently found numerous incidences of abuse and under-reporting of abuse in the ADF, although this has fluctuated over time and at different locations. The reviews have highlighted allegations of sexual and physical abuse, hazing and bastardisation (particularly to initiate new recruits), sexual harassment, and bullying and harassment. They have also found issues with Defence's management of complaints of abuse, including complainants facing retribution and being forced to continue to work alongside alleged perpetrators, and failings in the application of administrative and judicial processes – all of which can further contribute to mental ill health and under-reporting of abuse.[1]

5.3 While there is limited research directly examining the correlation between increased risk of suicide and institutional abuse within the military, particularly the ADF,[2] trauma and post-traumatic stress are known risk factors for poorer mental health, mental ill health[3,4] and suicidal behaviour,[5,6] and have been linked to experiences of sexual abuse,[7] bullying and hazing.[8]

1 Lindsey Monteith, Nazanin Bahraini, Bridget Matarazzo, Kelly Soberay, et al., 'Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma', *Journal of Clinical Psychology* 72, no. 7 (2016): 743.

2 See for example Trish Dollisson, 'Work shouldn't hurt', *Australian Defence Force Journal* (2013): 63–7.

3 Betsy O'Brien & Leo Sher, 'Military sexual trauma as a determinant in the development of mental and physical illness in male and female veterans', *International Journal of Adolescent Medicine & Health* 25, no. 3 (2013): 269.

4 Morten Nielsen, Tone Tangen, Thormod Idsoe, Stig Matthiesen, et al., 'Post-traumatic stress disorder as a consequence of bullying at work and at school. A literature review and meta-analysis', *Aggression & Violent Behaviour* 21 (2015): 17.

5 Liana Leach, Carmel Poyser & Peter Butterworth, 'Workplace bullying and the association with suicidal ideation/thoughts and behaviour: A systematic review', *Occupational & Environmental Medicine* 74, no. 1 (2017): 77–8.

6 Ståle Einarsen & Morten Nielsen, 'Workplace bullying as an antecedent of mental health problems: A five-year prospective and representative study', *International Archives of Occupational & Environmental Health* 88, no. 2 (2014): 140.

7 Lindsey Monteith, Ryan Holliday, Alexandra Schneider, Jeri E Forster, et al., 'Identifying factors associated with suicidal ideation and suicide attempts following military sexual trauma', *Journal of Affective Disorders* 252 (2019): 300.

8 JaeYop Kim, JoonBeom Kim & SooKyung Park, 'Military hazing and suicidal ideation among active duty military personnel: Serial mediation effects of anger and depressive symptoms', *Journal of Affective Disorders* 256, no. 1 (2019): 79.

Unacceptable behaviour and suicidality

5.4 Defence uses the term 'unacceptable behaviour' to cover 'unreasonable conduct at work or in any situation that may be connected to Defence that is offensive, belittling, abusive or threatening to another person or adverse to moral, discipline or workplace cohesion'.[9] Unacceptable behaviour includes:

- harassment
- workplace bullying
- sexual misconduct (including sexual harassment and abuse)
- discrimination
- abuse of power
- inappropriate workplace relationships and conflicts of interest
- violent behaviour.[10]

5.5 There is a lack of data regarding the link between unacceptable behaviour in the ADF and suicidality, and this needs to be addressed immediately. Despite the lack of specific research, I am able to draw upon the broader international literature, which indicates a correlation between unacceptable behaviour and suicidal ideation.[11] Research into the US military similarly indicates a correlation between bullying,[12] sexual abuse[13] and other victimisation experienced while serving,[14] and suicidal ideation. Workplace bullying and sexual abuse have also been found to correlate with many of the risk factors for suicide, including poorer mental health, post-traumatic stress, depression and anxiety.[15,16,17]

9 Department of Defence, 'Unacceptable behaviour', https://www1.defence.gov.au/about/complaints-incident-reporting/unacceptable-behaviour, accessed on: 25 June 2021.

10 Department of Defence, 'Unacceptable behaviour'.

11 Morten Nielsen & Ståle Einarsen, 'What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research', *Aggression and Violent Behaviour* 42 (2018): 75.

12 Gavin Crowell-Williamson, Martina Fruhbauerova, Christopher DeCou & Katherine Comtois, 'Perceived burdensomeness, bullying, and suicidal ideation in suicidal military personnel,' *Journal of Clinical Psychology* 75, no. 12 (2019): 2147.

13 Lindsey Monteith, Nazanin Bahraini, Bridget Matarazzo, Kelly Soberay, et al., 'Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma': 749–50.

14 Laurel Hourani, Jason Williams, Pamela Lattimore, Jessica Morgan, et al., 'Workplace victimization risk and protective factors for suicidal behavior among active duty military personnel', *Journal of Affective Disorders* 236 (2018): 45.

15 Morten Nielsen & Ståle Einarsen, 'What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research': 75.

16 Bart Verkuil, Serpil Atasayi & Marc Molendijk, 'Workplace bullying and mental health: A meta-analysis on cross-sectional and longitudinal data', *PLOS One* 10, no. 8 (2015): 9.

17 Melanie Hom, Ian Stanley, Sally Spencer-Thomas & Thomas Joiner, 'Women firefighters and workplace harassment: Associated suicidality and mental health sequelae,' *The Journal of Nervous and Mental Disease* 205, no. 12 (2017): 916.

5.6 For example, one study of US Marines who had attempted or died by suicide found that traumatic events experienced in childhood, particularly sexual abuse, as well as sexual trauma experiences during recruit training, had a strong association with suicide attempts.[18] Other studies have also found that men and women who were sexually abused while serving had higher levels of suicidality.[19,20]

5.7 Another study found that among veterans who had been sexually assaulted during US military service, those who had a greater sense of 'institutional betrayal' – that is, 'failure of an institution to prevent or respond supportively to wrongdoings committed by individuals within the context of the institution'[21] – were more likely to attempt suicide. Institutional betrayal was an issue spoken about at length during my research symposium, *Prevention through Understanding*.[22,23]

5.8 Further, emerging research suggests that moral injury ('the bio-psycho-social-spiritual distress that occurs following a violation or betrayal of one's moral compass'[24]) can be a risk factor for suicidal behaviour in military personnel. Moral injury may result from institutional abuse – for example, it may arise after failing to report a sexual assault committed against oneself or a fellow service member.[25] This can also be exacerbated by the institutional betrayal outlined above – feeling like the system has let you down. While moral injury is an emerging topic of research, it appears that it can increase the risk of suicidality.[26,27,28]

18 Jaimie Gradus, Jillian Shipherd, Michael Suvak, Hannah Giasson, et al., 'Suicide attempts and suicide among marines: A decade of follow-up', *Suicide & Life-Threatening Behaviour* 43, no. 1 (2013): 47–8.

19 Amie Schry, Rachel Hibberd, H Ryan Wagner, Jessica Turchik, et al., 'Functional correlates of military sexual assault in male veterans', *Psychological Services* 12, no. 4 (2015): 390.

20 Rachel Kimerling, Kerry Makin-Byrd, Samantha Louzon, Rosalinda Ignacio, et al., 'Military sexual trauma and suicide mortality', *American Journal of Preventative Medicine* 50, no. 6 (2016): 688.

21 Lindsey Monteith, Nazanin Bahraini, Bridget Matarazzo, Kelly Soberay, et al., 'Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma': 744.

22 Kay Danes OAM, 'Pleading positive reform: An analysis of suicide risk, self-harm, and reputational peril impacting serving Australian Defence Force members', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

23 Nikki Jamieson, 'Moral trauma and veteran mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

24 Nikki Jamieson, 'Invisible wounds and suicide: Moral Injury and veteran mental health', *International Journal of Mental Health Nursing* 29 (2020): 105.

25 Syracuse University, 'What is moral injury?' https://moralinjuryproject.syr.edu/about-moral-injury/, accessed on: 30 March 2021.

26 Phillip Held, Brian Klassen, Alyson Zalta & Mark Pollack, 'Understanding the impact and treatment of moral injury among military service members', *Focus* 15, no. 4 (2017): 399.

27 Blair Wisco, Brian Marx, Casey May, Brenda Martini, et al., 'Moral injury in US combat veterans: Results from the National Health and Resilience in Veterans Study', *Depression and Anxiety* 34 (2017): 399.

28 Victoria Williamson, Dominic Murphy, Sharon Stevelink, Shannon Allen, et al., 'The impact of moral injury on the wellbeing of UK military veterans,' *BMC Psychology* 73 (2021): 5.

5.9 While there are gaps in the data and research for the ADF, given that discrimination is typically more prevalent among certain demographic groups that are already over-represented in suicide deaths – for example, LGBTIQA+ people[29] and Aboriginal and Torres Strait Islander peoples[30,31,32] – I am particularly aware of the need to better understand specific suicide risks relating to experiences of unacceptable behaviour for these populations in the ADF.

5.10 Defence policies and attitudes in the ADF have historically fostered an environment where homosexuality has been vilified. Research on the Australian Army suggests some homosexual men and women hid their sexuality to avoid being discriminated against, particularly due to fears that knowledge about their sexual orientation could negatively impact their career prospects.[33] Similarly, a 2014 report on abuse in the ADF indicates many ADF members were bullied, sexually harassed or abused because they were perceived to be homosexual.[34]

5.11 Research into abuse in the military has considered how various factors contribute to a culture of institutional abuse, including the role of leadership, obedience to the chain of command, and a hyper-masculine environment.[35] It is also thought that the culture of mateship and loyalty in the ADF can cause people to be complicit in abuse, with some being reluctant to 'dob' on colleagues who have perpetrated abuse.[36] Goyne and colleagues also suggest that perpetrating abuse might have been considered a measure of one's aptitude as a soldier, arguing that:

> *[in] the past, perpetrators of abuse have been mistakenly cast as better warriors because they showed a willingness to use violence against other men.*[37]

29 Marci Hertz, Ingrid Donato & James Wright, 'Editorial – Bullying and suicide: A public health approach,' *Journal of Adolescent Health* 53 (2013): S1.

30 National Suicide Prevention Adviser, 'Connected and compassionate', *Final Advice* (Canberra, Commonwealth of Australia, 2020): 6.

31 Naomi Priest, Anne Kavanagh, Laia Becares & Tania King, 'Bullying victimization and racial discrimination among Australian children', *Australian Journal of Public Health* 106, no. 10 (2016): 1883.

32 Naomi Priest, Anne Kavanagh, Laia Becares & Tania King 'Cumulative effects of bullying and racial discrimination on adolescent health in Australia,' *Journal of Health and Social Behaviour* 60, no. 3 (2019): 351.

33 Dominic Lopez, 'Brothers and sisters in arms: Experiences of gay soldiers in the Australian Army', *Australian Army Journal* 10, no. 3 (2013): 216.

34 Defence Abuse Response Taskforce, *Report on Abuse in Defence* (Canberra, Commonwealth of Australia, 2014): 181, 203, 213, 258 & 305.

35 Jessica Turchik & Susan Wilson, 'Sexual assault in the US military: A review of the literature and recommendations for the future', *Aggression and Violent Behaviour* 15 (2010): 270–1.

36 Anne Goyne, Dave Ashley, Guy Forsyth, Lisa Macnaughtan, et al., 'Breaking point: Antecedents to change in the Australian Defence Force', in *Negative Leadership: International Perspectives*, ed. Daniel Watola & Dave Woycheshin (Ontario, Canada Defence Academy Press, 2016): 245.

37 Anne Goyne, William Coates, Guy Forsyth, Lara Fowler, et al., 'Abuse of power and institutional violence in the ADF: Culture transformed?', *Australian Defence Force Journal* 198 (2015): 78.

5.12 I must stress the critical importance of positive leadership in cultivating a culture where unacceptable behaviour is not tolerated. In strictly hierarchical organisations like the ADF, good leadership is even more important, given complaints of unacceptable behaviour are typically dealt with by the chain of command in the first instance. Positive leadership is particularly important, given that:

> *[w]hile institutional violence and abuse of power are acts of commission, it is acts of omission by leaders and peers that enable them to continue ...*[38]

5.13 Historically, a culture of abuse has been able to percolate in the ADF due, in part, to failings in the chain of command, including through inaction by superiors when responding to complaints of abuse and retribution against those who complained about unacceptable behaviour. As I outline in the next section, many of the past reviews indicate that where a person is in a position of power over others, even if that rank is otherwise comparatively low, that power can be abused, to the detriment of others.[39]

38 Anne Goyne, Dave Ashley, Guy Forsyth, Lisa Macnaughtan, et al., 'Breaking point: Antecedents to change in the Australian Defence Force': 251–2.

39 Anne Goyne, William Coates, Guy Forsyth, Lara Fowler, et al., 'Abuse of power and institutional violence in the ADF: Culture transformed?': 74.

Past reviews into abuse in the ADF

5.14 Various reviews have been conducted into institutional abuse within the ADF. Some of the more recent reviews, conducted between 2011 and 2016, arose from the so-called 'Skype incident' in 2011. In this incident, a first-year female Australian Defence Force Academy (ADFA) cadet was allegedly filmed, without her consent, having sex with a male colleague, and the footage was sent via Skype to other ADFA cadets.[40] Media coverage of the incident also prompted other Defence personnel to make complaints of sexual and other abuse to the office of the then Minister for Defence, the Hon Stephen Smith MP.[41]

> *I'm trying to paint the picture of the culture, it's so ... it's like molasses, this culture of abuse of just 'You will submit to this.' And the more of a sense of justice you have, the more pain you're in. Any sense of justice, you're going to be in absolute misery in this system.*
>
> *In fact it's worse than that, because if you push back on injustice, even blatant injustice, the system will crush you.*
>
> *Veteran, private meeting, 2021.*

5.15 Some of the most recent and influential of the reviews conducted into institutional abuse within the ADF are the:

- DLA Piper Review of allegations of sexual and other abuse in Defence
- Review into the Treatment of Women in the Australian Deference Force
- those by the Defence Abuse Response Taskforce (DART).

DLA Piper Review

5.16 The Australian Government engaged law firm DLA Piper in 2011 to undertake what became known as the 'DLA Piper Review'. The DLA Piper Review considered allegations of abuse:

- referred from Minister Smith's office
- raised in the media
- made directly to DLA Piper before 30 September 2011
- where the alleged abuse was perpetrated by Defence personnel in connection with their workplace or in the conduct of their duties.

5.17 The DLA Piper Review received 1,114 complaints, and of these, allegations from 847 different people were found to be in scope. Many complaints raised more than one allegation of abuse. The allegations related to various types of abuse – sexual, physical, sexual harassment, and bullying and harassment – across the 3 services, spanning from the 1950s through to 2011, and included the abuse of both minors and adults. People also raised allegations of inadequate or inappropriate responses from the ADF.[42]

40 Department of Defence, 'Defence values'.

41 DLA Piper, *Report of the Review of Allegations of Sexual and Other Abuse in Defence* (Canberra, Commonwealth of Australia, 2011): xxv.

42 DLA Piper, *Report of the Review of Allegations of Sexual and Other Abuse in Defence*: xix.

5.18 The DLA Piper Review found various systemic issues within the ADF relating to institutional abuse. These included substantial levels of abuse, under-reporting (likely due to a culture of discouraging reporting and poor management of complaints of abuse), and inadequate responses to complaints of abuse. It found there was little evidence to suggest that perpetrators had been held to account for abuse and there may be serial perpetrators in the ADF.[43]

5.19 The DLA Piper Review recommended that a suite of options be adopted to afford reparations to people affected by abuse, which led to the establishment of the Defence Abuse Response Taskforce (discussed below).[44]

Review into the Treatment of Women in the ADF

5.20 Another of the reviews into Defence culture announced by the Minister for Defence in April 2011 was the Review into the Treatment of Women in the ADF. The Review was conducted by the Australian Human Rights Commission, led by the then Sex Discrimination Commissioner, Elizabeth Broderick. It examined (among other matters) workplace equality and safety in Defence, and initiatives required to improve the pathways to increase female representation in senior ranks and ADF leadership.[45]

5.21 The Review into the Treatment of Women in the Australian Defence Force produced 3 reports.[46] It recommended establishing a hotline for people to confidentially report their experiences of sexual harassment, discrimination or abuse; a database to record, track and manage complaints and incidents of unacceptable behaviour; and a dedicated Sexual Misconduct Prevention and Response Office (SeMPRO), with the ADF to investigate mechanisms to enable ADF members to confidentially report sexual abuse to SeMPRO.[47]

Defence Abuse Response Taskforce

5.22 Following the DLA Piper Review, the Minister announced the establishment of the Defence Abuse Response Taskforce (DART) in November 2012, as part of a public apology to people who experienced abuse in Defence.[48]

5.23 The DART operated from 26 November 2012 until 30 June 2016, and was led by retired Western Australian Supreme Court Judge, Major General (ret'd) the Hon Leonard 'Len' Roberts-Smith RFD QC (and subsequently by Mr Robert Cornall AO, when Mr Roberts-Smith finished in the role).[49] The DART was staffed by officers of the Attorney-General's Department.

43 Ibid: vii–x.

44 Ibid: xix.

45 Australian Human Rights Commission, *Review into the Treatment of Women in the Australian Defence Force*, https://humanrights.gov.au/our-work/sex-discrimination/projects/review-treatment-women-australian-defence-force?_ga=2.265296652.2052406346.1614744743-1070419407.1600140764, accessed on: 31 March 2021.

46 Australian Human Rights Commission, Key facts: Audit report: *Review into the Treatment of Women at ADFA*, https://humanrights.gov.au/sites/default/files/key-facts.pdf?_ga=2.267877389.2052406346.1614744743-1070419407.1600140764, accessed on: 31 March 2021.

47 Australian Human Rights Commission, *Report on the Review into the Treatment of Women in the Australian Defence Force*, https://humanrights.gov.au/our-work/sex-discrimination/report-review-treatment-women-australian-defence-force, accessed on: 31 March 2021.

48 Department of Defence, 'Govt responds to review into allegations of abuse in Defence,' 2012, https://webarchive.nla.gov.au/awa/20130409190909/http://www.defence.gov.au/defencenews/stories/2012/nov/1126.htm, accessed on: 20 April 2021.

49 Australian Government, 'Defence Abuse Response Taskforce Terms of Reference', https://www.dlapiper.com/~/media/Files/Other/2014/torsigned.pdf, accessed on: 20 April 2021.

5.24 According to the DART's *Report on Abuse in Defence*, 'the primary focus of the Taskforce [was] to provide practical outcomes to those who came forward with a complaint of abuse in Defence'.[50] The DART offered 5 potential outcomes for complainants:

- a reparation payment of up to $50,000 in tangible recognition of the abuse
- referrals to police, if it was assessed that a criminal offence may have occurred
- referrals to the Chief of Defence Force (CDF) for possible administrative or disciplinary action, or referral to military justice authorities
- Restorative Engagement – providing a facilitated restorative meeting between a person who has experienced abuse and a senior representative from Defence, to enable their experience of abuse to be meaningfully heard and acknowledged in a non-adversarial setting
- counselling.[51]

5.25 The DART reviewed complaints of abuse alleged to have occurred prior to 11 April 2011, where the abuse was perpetrated by Defence personnel, against Defence personnel, in connection with their employment. The DART received 2,439 complaints, 1,751 of which were assessed as fully or partially within the Terms of Reference.[52] The DART assessed cases using the evidentiary threshold of 'plausibility', which is lower than the criminal and civil standards of proof used within the judicial system: 'beyond reasonable doubt' and 'balance of probabilities'.[53]

5.26 The DART provided 12 reports to the Australian Government over the course of its operation, comprising annual interim reports, and specific reports on abuse at ADFA and HMAS Leeuwin. It made various recommendations to the Australian Government to improve the culture in Defence to prevent institutional abuse. The recommendations included providing training on identification and proactive management of abuse (regardless of whether a complaint has been made), and improving reporting mechanisms. The DART also recommended that SeMPRO have an education and training role and report directly to the CDF and that Defence develop and implement processes to enable people raising allegations of abuse to have their complaints responded to appropriately.[54]

5.27 These reviews into institutional abuse reveal a concerning, entrenched pattern of unacceptable behaviour in the ADF, which can have longstanding, negative consequences. Many of the people I have heard from experienced abuse that may have been captured by these previous reports. However, I remain concerned about the number of contemporary reports I have heard about cultural problems and unacceptable behaviours in the ADF, and on the impacts this is having on mental health and suicidality.

5.28 It is crucial that Defence continues to take action to foster a culture where unacceptable behaviour is not tolerated, members are supported to thrive and, when there is misconduct, reporting mechanisms work.

50 Defence Abuse Response Taskforce, *Report on Abuse in Defence* (Canberra, Commonwealth of Australia, 2014): 9.

51 Defence Abuse Response Taskforce, *Defence Abuse Response Taskforce: Final Report* (Canberra, Commonwealth of Australia, 2016): 14–21.

52 Defence Abuse Response Taskforce, *Report on Abuse in Defence*: 74.

53 Defence Abuse Response Taskforce, *Defence Abuse Response Taskforce: Final Report*: 13.

54 Ibid: 7–8.

Cultural change in Defence

Pathway to Change

5.29 In March 2012, the Minister for Defence, Secretary of Defence and CDF jointly announced a cultural change strategy for Defence: *Pathway to Change: Evolving Defence Culture*.[55] This strategy was developed in response to the recommendations made in the multiple reviews into Defence and ADF culture announced in 2011, including the DLA Piper Review and Review of the Treatment of Women in the ADF. *Pathway to Change* was developed to implement the necessary cultural changes.[56] Later, findings and recommendations from the DART also influenced the implementation of the strategy.

5.30 The strategy emphasised sustained effort in the following 6 areas, which were intended to serve as key levers for cultural change:

- leadership and accountability (what's modelled)
- values and behaviours (what's expected)
- right from the start (what's inculcated)
- practical measures (what's experienced)
- corrective processes (how misconduct is handled)
- structure and support (what enables).[57]

5.31 One of the 'key actions' outlined in the strategy was to '[a]ddress the backlog of grievances, and simplify responses to and management of unacceptable behaviour to make corrective processes faster and more transparent.'[58]

5.32 At the conclusion of the 5-year implementation period for *Pathway to Change*, Defence released its latest version of the strategy: *Pathway to Change: Defence Culture 2017–2022*. The latest strategy includes the following cultural reform priorities:

- leadership accountability
- capability through inclusion
- ethics and workplace behaviours
- health, wellness and safety
- workplace agility and flexibility
- leading and developing integrated teams.[59]

5.33 As part of the 2017–22 strategy, all Defence personnel (both ADF members and employees of the Department of Defence) are also required to complete 'Workplace Behaviour Mandatory Awareness' training, which covers acceptable workplace behaviours, options for resolving unacceptable behaviour and avenues for advice and support.[60]

55 Department of Defence, 'Defence values', https://www1.defence.gov.au/about/values, accessed on: 25 June 2021.

56 Ibid.

57 Department of Defence, *Pathway to Change: Evolving Defence Culture* (Canberra, Commonwealth of Australia, 2012): 5.

58 Ibid: 24.

59 Department of Defence, 'Defence cultural intent statement: Respectful, trusted and proven to deliver', https://www1.defence.gov.au/sites/default/files/2021-06/defence-cultural-intent-statement.pdf, accessed on: 25 June 2021.

60 Australian National Audit Office, *Defence's Implementation of Cultural Reform* (Canberra, Commonwealth of Australia, 2021, Report No. 38 2020–21): 44.

Evaluation of *Pathway to Change*

5.34 While Defence has been making efforts to improve its culture, I remain concerned that the 2021 Australian National Audit Office (ANAO) audit of Defence's implementation of *Pathway to Change* found that, 'Defence is unable to provide assurance of the effectiveness of its *Pathway to Change: Evolving Defence Culture 2017–2022* cultural reform strategy.'[61] It noted that Defence did not evaluate the first *Pathway to Change* strategy, which meant it was unable to determine the extent to which the desired behavioural and cultural reforms had been achieved.[62]

5.35 For the latest *Pathway to Change* strategy, the audit found that Defence does not have adequate evaluation arrangements in place to assess the effectiveness of the strategy. The ANAO found that, 'Defence has not established effective monitoring and reporting arrangements for the strategy, and is not yet able to demonstrate at the enterprise level that intended outcomes are being achieved through its implementation of the strategy.'[63]

5.36 I was pleased to see that despite the lack of an effective evaluation approach, the audit found that Defence has made progress in achieving cultural reform, including by increasing the diversity of its workforce, implementing performance frameworks, and improving the capture of data about how confident members are in their supervisors' ability to manage performance. Defence has also implemented a 'comprehensive approach to workplace behaviour, with robust systems and processes in place to safely resolve incidents of unacceptable behaviour, which hold all Defence personnel to account for poor behaviours should they occur.'[64]

5.37 According to the ANAO, Defence's internal documentation indicates that further work needs to be done in relation to unacceptable behaviour, although there has been 'demonstrable change' in Defence's training establishments, where there has been a reduction in the incidents of unacceptable behaviour.[65] However, the audit also found that Defence did not develop a baseline from which to measure progress in addressing unacceptable behaviours.[66]

5.38 While Defence is undertaking work to improve data capture and analysis in relation to unacceptable behaviour, the ANAO report notes that 'Defence does not currently analyse unacceptable behaviour category trends in relation to unacceptable behaviour reported in complaints and incident management system.'[67] This represents a missed opportunity to understand patterns of unacceptable behaviour and reporting of incidents.

61 Ibid: 6.

62 Ibid: 31.

63 Ibid: 6.

64 Ibid: 11.

65 Ibid: 29.

66 Ibid.

67 Ibid: 31.

5.39 The ANAO recommended Defence establish:

- arrangements to receive assurance from Group Heads and Service Chiefs on their implementation of *Pathway to Change: Evolving Defence Culture 2017–2022*
- measurable outcomes for *Pathway to Change: Evolving Defence Culture 2017–2022* and a set of performance criteria that are accurate, reliable and complete, as a basis for assessing the performance of the strategy.[68]

Both of these recommendations have been accepted by Defence.

5.40 It is imperative that Defence implements the ANAO's recommendations. Ongoing monitoring and evaluation is crucial to ensuring that what Defence is doing to reform its culture is actually achieving the desired outcomes. A better evidence base is needed to see what is working and what is not. As it currently stands, the data and what I am hearing indicate unacceptable behaviour and issues with complaints management are still problems in the ADF.

68 Ibid: 10.

Unacceptable behaviour reporting mechanisms

5.41 I am encouraged that Defence has taken actions to improve unacceptable behaviour reporting mechanisms and complaints processes based on the recommendations of past reviews and the *Pathway to Change* strategies. It would be particularly beneficial if better data is collected and made available from within the Defence systems in relation to these issues. Based on what I have heard, it is critical that the chain of command is equipped with the skills to proactively manage unacceptable behaviour, to support people who have experienced abuse, and to quickly and meaningfully address complaints of abuse.

5.42 It is also encouraging that now, in addition to reporting complaints of abuse to the chain of command, ADF members who experience or are a party to unacceptable behaviour can seek confidential advice from a Workplace Behaviour Adviser. Commanders, managers and supervisors can also seek advice and guidance from 1800 DEFENCE, a Workplace Behaviour Adviser, a Workplace Behaviours Network Coordinator at a base or establishment, or human resources.

5.43 Advice and support in relation to complaints of sexual misconduct is also provided through SeMPRO.

Sexual Misconduct Prevention Response Office (SeMPRO)

5.44 The establishment of SeMPRO was one of the recommendations of the Review into the Treatment of Women in the ADF. SeMPRO was launched in July 2013.[69]

5.45 SeMPRO's role is threefold – preventing sexual misconduct through education and training; assisting the organisational response to sexual misconduct, including through incident management, advice and training; and providing trauma-informed support and case management to people affected by sexual misconduct.[70]

5.46 SeMPRO offers 'confidential case management, support, information and advice to anyone who has been impacted by sexual misconduct in Defence'.[71] This includes providing advice to commanders, managers and other personnel to manage reported incidents. Individuals who contact SeMPRO can choose to remain anonymous. If they wish to report sexual misconduct, they are supported through reporting the misconduct and any subsequent investigation and legal proceedings.[72]

69 Minister for Defence, 'Press conference: Launch of SeMPRO,' 23 July 2013, https://webarchive.nla.gov.au/awa/20130904060956/http://www.minister.defence.gov.au/2013/07/23/minister-for-defence-press-conference-launch-of-sempro/, accessed on: 30 June 2021.

70 Department of Defence, *Sexual Misconduct Prevention and Response Office: SeMPRO Annual Report FY 2019–20* (Commonwealth of Australia, Canberra, 2020): 6, 20 & 21.

71 Department of Defence, 'Sexual Misconduct Prevention and Response Office', https://www1.defence.gov.au/about/complaints-incident-reporting/sempro, accessed on: 30 June 2021.

72 Ibid.

Commonwealth Ombudsman

5.47 The Defence Force Ombudsman (the Ombudsman), in the Commonwealth Ombudsman's Office, provides an independent mechanism to receive reports of serious abuse perpetrated in Defence. The scope of the Ombudsman's work covers:

- sexual abuse
- serious physical abuse
- serious bullying and harassment.

It must also involve 2 or more people who were Defence personnel at the time the abuse occurred.[73]

5.48 The Ombudsman offers:

> *a free and confidential way for Defence members and former members to report serious abuse for those who feel unable, for whatever reason, to access Defence's internal mechanisms.*[74]

5.49 The Ombudsman's role was established to complement, not duplicate, the work of the DART. As such, it cannot respond to complaints of abuse already addressed by the DART, but can consider other allegations of serious abuse, including abuse that occurred after the cut-off date for allegations of abuse considered by the DART (11 April 2011).[75]

5.50 A reparation payment of up to $70,000 is offered through the Ombudsman. To be eligible, the abuse must have occurred on or before 30 June 2014 and must have been reported to the Ombudsman on or before 30 June 2023 (although it is necessary to advise the Office of the Commonwealth Ombudsman of the intention to submit a report of abuse by 30 June 2022). The Ombudsman may recommend a reparation payment comprising the following:

- up to $45,000 to acknowledge the 'most serious' forms of abuse
- up to $20,000 to acknowledge other abuse involving unlawful interference accompanied by some element of indecency
- an additional payment of $5,000, where the Ombudsman is satisfied that Defence mismanaged the incident of abuse.[76]

5.51 Reportees can also choose to participate in a Restorative Engagement Program, where they can tell a senior Defence representative about their experience(s) of abuse in a private, facilitated meeting.[77]

73 Commonwealth Ombudsman, 'Reporting abuse in Defence', 2015, https://webarchive.nla.gov.au/awa/20170218212251/http://www.ombudsman.gov.au/about/australian-defence-force/reporting-abuse-in-defence, accessed on: 20 April 2021.

74 Commonwealth Ombudsman, 'Reporting abuse in Defence', https://www.ombudsman.gov.au/How-we-can-help/australian-defence-force/reporting-abuse-in-defence, accessed on: 31 May 2021.

75 Ibid.

76 Ibid.

77 Commonwealth Ombudsman, 'Reporting abuse in Defence'.

Contemporary context

Prevalence of unacceptable behaviour

5.52 While the data seem to show there are fewer incidences and that there are improvements in complaint handling, there are still a significant number of people indicating they have experienced or otherwise been a party to abuse. This is not acceptable.

5.53 What is also concerning to me is that the latest data show no action is being taken in response to many experiences of unacceptable behaviour, and where action is taken, complainants report low satisfaction with formal complaint handling.

5.54 Similar issues were noted in the report *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life*, published in July 2021 by the UK Parliament's Defence Sub-Committee on Women in the Armed Forces. The report found that the UK Ministry of Defence and Services are failing to protect female personnel and to help servicewomen reach their full potential.[78] It was found that 62% of female veterans and 58% of currently serving women reported experiencing bullying, harassment and discrimination during their careers.[79] Additional issues noted in the report included a lack of faith in the complaints system, and serious problems with how the UK military handles sexual assault and harassment.[80]

5.55 Defence and DVA should review and analyse the findings of the UK Defence Sub-Committee report and investigate whether there are parallels in the experiences of Australian ADF members and veterans. Similarly, consideration should be given to how potential initiatives to improve experiences for UK military personnel and veterans can be applied to the Australian context.

Defence data

5.56 Defence's Annual Report indicates that in 2019–20, 1,098 complaints were made regarding unacceptable behaviour in Defence. The number of complaints has steadily increased over the past 5 years, increasing from 812 in 2015–16.[81]

5.57 According to Defence's latest Workplace Behaviours Survey, in 2020, 32% of ADF members surveyed experienced 'unacceptable behaviour'. This was a 1% reduction since the 2018 survey results.[82] Bullying was the most commonly reported unacceptable behaviour, followed by abuse of power.[83]

5.58 In the 2020 survey, 60% of ADF respondents agreed with the statement, 'incidents of unacceptable behaviour are managed well in the workplace,' with 15% of those who indicated they had experienced unacceptable behaviour disagreeing with the statement and the remaining 25% indicating a neutral response.[84]

78 House of Commons Defence Committee, *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life* (London, House of Commons, 2021): 78.

79 Ibid: 4.

80 Ibid.

81 Department of Defence, *Annual Report 19–20* (Canberra, Commonwealth of Australia, 2020): 141.

82 Defence, RFI-21-ADF-04-2021, *Overview of Workplace Behaviours Survey*, 3 June 2021: 1.

83 Ibid: 2.

84 Ibid: 1.

5.59 67% took action in response to incidents of unacceptable behaviour: 22% made a complaint; 33% either had their supervisor deal with the issue or self-managed it; 18% sought advice and 27% took no action.[85]

5.60 Based on the latest available data (from 2019), there still appears to be low satisfaction with formal complaint handling for unacceptable behaviour, with 40% of respondents indicating that the issue was taken seriously, 23% indicating their complaint was resolved in reasonable amount of time, and 15% indicating the outcome seemed fair.[86]

5.61 This shows a significant portion of experiences of unacceptable behaviour are still not being acted upon. Of those incidents where a formal complaint has been made, it is unacceptable that fewer than half of complainants thought the issue was taken seriously.

5.62 Unacceptable behaviour is serious. Proper complaint management is integral to preventing bullying and other misconduct, and to creating lasting cultural change. If people do not have confidence in reporting mechanisms, or worse, if they fear retribution for complaining about unacceptable behaviour, they will not speak up when there is a problem. That is the opposite of what is needed. Unacceptable behaviour should be proactively, promptly addressed and ADF members should be confident that they will not be punished for reporting abuse.

SeMPRO data

5.63 In 2019–20, SeMPRO supported 368 new clients, comprising:

- 125 'support and case management clients' – people impacted by sexual misconduct
- 235 'advice clients' – commanders, managers and other Defence personnel seeking advice to help them to respond to sexual misconduct reports and disclosures and fulfil their duty of care requirements
- 8 'debriefing clients' – personnel exposed to sensitive material at work and friends, partners, family members and colleagues of personnel impacted by sexual misconduct.[87]

> *Over the last 10 years, I've seen a few CDFs talk about how they were going to be the person to stamp [sexual abuse in the military] out and, yet, culturally it's rife.*
>
> *Veteran support organisation representative, round table, 2021.*

5.64 SeMPRO's number of new clients has steadily increased since its establishment in 2013, with the majority of people being 'advice' clients seeking assistance for an incident that occurred within the previous 12 months.[88]

85 Ibid: 2.

86 Defence, RFI-21-ADF-04-2021, *Annual Workforce Climate Report 2019*, 3 June 2021: 31.

87 Department of Defence, *Sexual Misconduct Prevention and Response Office Annual Report FY 2019–20*: 8.

88 Ibid: 8, 13.

5.65 Although these data suggest sexual misconduct is still prevalent in the ADF, it is pleasing to see that people – particularly in the chain of command – are seeking advice from SeMPRO to help ensure they deal with sexual misconduct in an appropriate and trauma-informed way. Based on what I have heard and on the research, confidential advice and reporting mechanisms that are separate from the chain of command are absolutely essential for addressing unacceptable behaviour.

5.66 Defence should continue to monitor the effectiveness of mechanisms like SeMPRO and consider how other unacceptable behaviour reporting mechanisms can better provide confidential ways to address complaints when it is not possible to go through the chain of command.

Commonwealth Ombudsman data

5.67 Since the Ombudsman took over responsibility for reports of serious abuse in Defence in December 2016, it has received 2,451 reports of abuse.[89]

5.68 Of the 1,646 complaints assessed to date, 1,402 have been assessed to be wholly or partially within jurisdiction of the Ombudsman. Of those:

- 878 reports involved sexual abuse
- 846 reports involved serious abuse
- 1,081 reports involved serious bullying and harassment.[90]

5.69 It is worth noting that these numbers cannot tell the full story. Some of these statistics relate to historical reports of abuse. The number of people making reports to the Ombudsman could also indicate a willingness to come forward and report abuse, which is a good thing. However these data, when considered together with the number of people indicating they have recently experienced unacceptable behaviour in Defence, and with the number of those who have sought help from SeMPRO, indicate unacceptable behaviour is still prevalent in the ADF.

Lived experiences of abuse

5.70 I have heard about how experiences of sexual abuse, bullying and the mishandling of complaints of abuse in the ADF can contribute to suicidal thoughts and behaviours. In private meetings, ADF members and veterans have shared with me their experiences of unacceptable behaviour and how their mental health suffered as a result. One of the most horrific experience reported to me was in relation to the death by suicide of Teri Bailey.

89 Commonwealth Ombudsman, 'Reporting abuse in Defence'.

90 Commonwealth Ombudsman, 'Reporting abuse in Defence: Report statistics to 30 June 2021', https://www.ombudsman.gov.au/__data/assets/pdf_file/0014/112109/FINAL-Defence-Force-Ombudsman-Reporting-abuse-in-Defence-Statistics-to-30-June-2021-A2186639.pdf, accessed on: 12 July 2021.

5.71 Teri Bailey was only 25 years old when she died by suicide. I heard how Teri dislocated her knee 3 times after joining the Navy at the age of 18, then experienced severe bullying associated with her decision to have surgery. She was subject to physical, sexual and psychological abuse during her time in the Navy, and when she reported these experiences, her complaints were ignored, and she was threatened and subjected to further bullying. I heard of the need for mechanisms for ADF members to report abuse while at sea or on base: Teri's family raised the concept of 'Bailey's Box', which they envisage as a process whereby each ADF member could anonymously report experiencing or witnessing abuse (see below quote). It is stories like Teri's that highlight the importance of establishing a mechanism to enable reports to be made outside the chain of command.

> *There could be an anonymous process by which every ADF member has to fill out a tick box form stating whether they have experienced or witnessed different forms of abuse, and then place this form in a locked box. The locked box would be collected by a civilian. This would be known as 'Bailey's Box'.*
>
> *Alan Bailey, private meeting, 2021.*

5.72 Another person described how they were sexually assaulted by an ADF member. They told me how the sexual assault and the fact it was reported was spread throughout their base, which led to bullying and ostracism, with them ultimately being pushed out of the ADF. These experiences have continued to impact their mental health, leading to suicidal thoughts and behaviour.

5.73 Another person described how they already lived with post-traumatic stress disorder before they were deployed as a result of sexual and physical abuse during their training. They also experienced and witnessed harassment, bullying and discrimination, particularly homophobia, sexism and racism. They told me how their experiences in the ADF, particularly the abuse they experienced, caused them to have suicidal thoughts.

5.74 The role of the chain of command in perpetrating unacceptable behaviour is also concerning to me. This was illustrated, for example, in recent media reports about an army cadet who was allegedly sexually assaulted by another cadet, was forced to continue to serve in the same platoon as the alleged perpetrator, and whose identity was revealed to her fellow cadets when the case was publicly reported on.[91,92]

> *Why would they [talk to the chain of command], why would they? It's not safe, and it will more than likely end your career. You become the target, you become the problem.*
>
> *Veteran who served when 16 years old, private meeting, 2021.*

91 Aidan Wondracz, 'Army recruit allegedly raped by fellow cadet has identity outed to 102 other trainees by senior staff in a shocking bungle at scandal-plagued unit', *Daily Mail Australia*, 27 June 2021, https://www.dailymail.co.uk/news/article-9729559/Defence-cadet-allegedly-raped-outed-senior-staff-fellow-peers.html, accessed on: 9 July 2021.

92 Anton Rose, 'Investigation into scandal-ridden unit 'just a survey'', *The Daily Telegraph*, 4 July 2021, https://www.dailytelegraph.com.au/news/nsw/amry-investigating-allegations-at-holsworthy-barracks-by-email/news-story/f7b8c63b0f528e25622fd0a10c237627, accessed on: 9 July 2021.

5.75 Positive leadership in the ADF is crucially important for shaping good organisational culture, with various negative effects associated with 'toxic leadership' and abuse of power. Given that any military organisation, including the ADF, relies heavily on the structure of the chain of command, the consequences of toxic leadership and abuse of power can be compounded by the rigidity of reporting lines and the inability to confidentially complain about unacceptable behaviour without fear of retribution.

5.76 I have heard about how people's lives have been made difficult by senior staff, including that they have been targeted for having a physical injury, with no recourse to address the behaviour because of the reporting lines. I have heard about mistreatment, bullying and other negative consequences for complaints, and that this retribution has been particularly perpetrated by commanding officers. These insights are consistent with reports made to the DART, which include a number of complaints about individuals being labelled 'malingerers' (a derogatory term often used to describe people who were injured, ill or otherwise unable to meet relevant performance standards)[93] and bullied as a result.

5.77 There can also be times when commanding officers are not equipped with the skills and knowledge to appropriately respond to complaints of abuse. When an individual I spoke to broke down in front of their commanding officer as a result of sexual abuse and harassment experienced in the ADF, they did not know how to help. There was a lack of compassion and merely a direction to speak to the doctor.

93 Defence Abuse Response Taskforce, *Report on Abuse in Defence*: xii.

Conclusion

5.78 While Defence appears to be taking positive steps to reduce and address unacceptable behaviour, the verified data and what I am hearing indicate that much more needs to be done. Although there has been limited academic attention paid to how unacceptable behaviour in the ADF contributes to suicidal behaviour, broader research and the lived experience people have shared with me indicate the need to consider institutional abuse in the context of ADF member and veteran deaths by suicide.

5.79 Better data collection, and ongoing monitoring and evaluation is required to ensure that these types of behaviours cease to exist within the ADF. As a starting point, there needs to be a thorough evaluation of Defence's approaches to unacceptable behaviour. This should include ensuring that all aspects of the chain of command are fostering an environment where unacceptable behaviour is not tolerated. Where it does occur, unacceptable behaviour should be proactively managed, rather than obliging individuals who are being abused to make a complaint. The evaluation should examine why there appears to be a perception that complaints are not managed satisfactorily, including investigating whether issues highlighted in past reviews, such as perceived or actual retribution, ostracism and negative impacts on complainants' careers, are still occurring.

5.80 An independent evaluation would also give the opportunity to highlight any changes that are working, and that can be replicated. It would also provide a baseline from which Defence can continue to measure what is working and what is not, so further adjustments can be made to prevent unacceptable behaviour and related mental ill health in the future.

Recommendations

Recommendation 5.1

- 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.

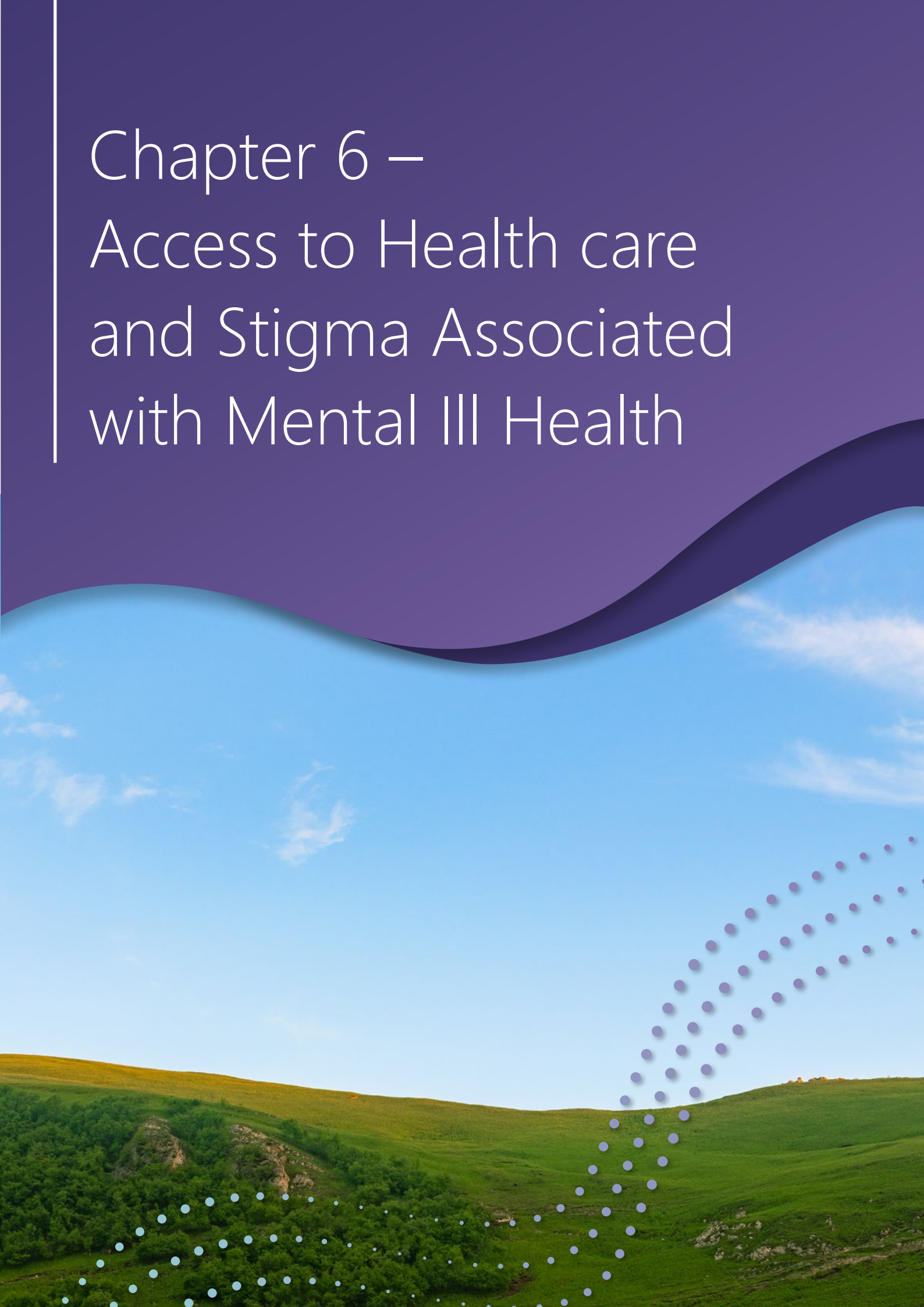
Recommendation 5.2

- 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 5.3

- Defence and the Department of Veterans' Affairs should review and analyse the findings of the UK Defence Sub-Committee report *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life*, 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.

Chapter 6 – Access to Health care and Stigma Associated with Mental Ill Health



Introduction

6.1 The manner in which a person accesses health care depends on whether they are an Australian Defence Force (ADF) member or a veteran. I have spoken to ADF members, veterans, their families, advocacy groups and medical professionals, and have heard of the challenges people face when trying to access health care, and the flow-on effects this can have on their mental health and risk of suicide. This is the focus of this chapter.

Civilian healthcare system

6.2 The Australian healthcare system is designed to provide safe and affordable health care for all Australians.[1] The healthcare system has a public component, which is available to all Australians and is funded by the Australian Government, and a private component which operates on an opt-in basis. This system means that health services are delivered through the government and non-government sectors. These sectors work together to provide for Australians' healthcare needs, incorporating education, prevention, screening, diagnosis, treatment, rehabilitation and palliative care.[2]

Defence healthcare system

6.3 Permanent ADF members who are in Service Category 6 and 7 or on continuous full-time service (ServOpC or, in some instances, ServOpD), and some reservists on full-time service or exercises, have access to health care provided through the ADF.[3] The ADF also provides limited funding for recognised family members to access basic health care, including unlimited GP services with an allocated Medicare Benefits Schedule item number, and $400 per dependant for specialist services, diagnostic and radiology services, and allied services.[4] Defence provides free health care to all permanent ADF members, both on and off base. This includes medical and dental treatment, mental health services, ambulance transport and hospitalisation.[5] While ADF members do not need a Medicare card to access Defence health care, some may elect to hold a Medicare card or private health insurance and utilise services outside of the Defence healthcare system.[6]

6.4 The separation of the Defence healthcare system and the civilian healthcare system means that there is a need to ensure the health system literacy of ADF members who are transitioning out of the ADF; particularly with respect to understanding the differences between the systems. It is also important to ensure there are appropriate links between the systems to enable continuity of care for transitioning ADF members and those in service who opt for a mixed approach.

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1 Department of Health, 'The Australian health system', 2019, https://www.health.gov.au/about-us/the-australian-health-system, accessed on: 24 March 2021.

2 Australian Institute of Health and Welfare, 'How does Australia's health system work?' (Canberra, 2018, Australia's health series no. 16): 1.

3 Department of Veterans' Affairs, 'Claims for reservists', 2020, https://www.dva.gov.au/financial-support/compensation-claims/claims-reservists, accessed on: 8 July 2021.

4 Department of Defence, 'Eligible services: ADF Family Health Program', 2020, https://adffamilyhealth.com/eligible-services/, accessed on: 8 July 2021.

5 Department of Defence, 'Defence Member and Family Support', 2021, https://www.defence.gov.au/DCO/Family/health.asp, accessed on: 8 July 2021.

6 Ibid.

DVA healthcare system

6.5 Following discharge from permanent ADF service, including after transferring into the reserves, veterans are no longer able to access the Defence healthcare system and must instead rely on the civilian system. Depending on their individual situation, veterans may be able to access some healthcare supports and services through the Department of Veterans' Affairs (DVA) for any medical condition relating to their service.[7] DVA also provides veterans, including former reservists who have served one day of continuous full-time service, with access to non-liability health care for free mental health treatment, regardless of whether their conditions were caused by service.[8] Reservists who have not served one day of continuous full-time service can receive free mental health treatment for any mental health condition under non-liability health care if they have rendered Reserve Service Days with Disaster Relief Service or Border Protection Service, or have been involved in a serious service-related training accident.[9] In limited circumstances, a veteran may be eligible for free non-liability healthcare treatment for cancer (malignant neoplasm) and pulmonary tuberculosis.[10] All ADF members and veterans – including reservists – with at least one day of continuous full-time service are eligible. Some reservists without full-time service may also be eligible in certain cases.[11] See Chapter 4 – Department of Veterans' Affairs Legislation and Practice for further information on the legislation and eligibility governing the DVA compensation system.

6.6 DVA also funds access to Open Arms – Veterans & Families Counselling, a free and confidential, 24/7 national counselling service for Australian veterans, ADF members and their families.[12] Open Arms employs counsellors who are familiar with the military culture and unique challenges facing ADF members and veterans.[13]

7 Department of Veterans' Affairs, 'Free mental health care for veterans', 2021, https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/free-mental-health-care-veterans, accessed on: 16 March 2021.

8 Ibid.

9 Department of Veterans' Affairs, 'Claims for reservists'.

10 Department of Veterans' Affairs, 'Cover for cancer and tuberculosis care', 2021, https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc/cover-cancer-and, accessed on: 8 July 2021.

11 Department of Veterans' Affairs, 'Free mental health care for veterans'.

12 Open Arms, 'Current serving', 2019, https://www.openarms.gov.au/who-we-help/current-serving, accessed on: 8 July 2021.

13 Department of Veterans' Affairs, 'Open Arms: Helping families', 2019, https://www.dva.gov.au/newsroom/vetaffairs/vetaffairs-vol-35-no4-summer-2019/open-arms-helping-families, accessed on: 8 July 2021.

6.7 In 2019–20, DVA spent $4.1 billion on health and wellbeing programs and $6.5 billion on providing compensation and support.[14] Despite this significant expenditure, from my discussions with the veteran community, I have heard of issues in accessing healthcare services and supports through DVA, including the lack of continuity of care between the Defence and DVA healthcare systems, the inherent disincentive in the DVA fee schedule for providers to treat veterans, and the lengthy and complex DVA claims process. Veterans have told me of the sense of betrayal they feel when they are let down by the system that is supposed to support them, and how the challenges they face with the DVA system can have a negative effect on their mental health.[15] This can create a vicious cycle – where individuals, who may be in distress, are reaching out to DVA to obtain access to services, only to find the challenges of accessing Defence health care amplify their distress, potentially contributing to the risk of suicide.

14 Department of Veterans' Affairs, *Annual Report 2019–2020* (Canberra, Commonwealth of Australia, 2020): i.

15 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables, accessed on: 8 July 2021.

Challenges in accessing Defence health care

Defence culture and stigma associated with mental ill health

6.8 Stigma associated with mental ill health within the ADF has been raised in both my engagement with the community and across previous reviews into the ADF, including in the 2019 *Inquiry into Transition from the Australian Defence Force*.[16] 'Stigma' is defined by the World Health Organization as 'a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society'.[17] Stigma in relation to mental ill health can act as a barrier to prevent a person accessing medical support, which in turn can contribute to the risk of suicide.

6.9 From my discussion with key mental health researchers and also from my engagement with the community, I understand that stigma is multidimensional and that it includes both internalised stigma and perceived stigma. 'Internal stigma' refers to the shame and expectation of discrimination that prevents people from talking about their experiences and stops them seeking help.[18] 'Perceived stigma' refers to the experience of unfair treatment by others.[19]

> *I believe that most members who are still in service and feel they are suffering from mental health issues don't come forward as they are afraid for their future. The fear of the stigma surrounded by mental health [sic] influences greatly on people's decision whether they seek help or not. The fear of job loss, how they will be treated by their superiors and peers weighs heavily.*
>
> *Veteran support organisation representative, round table, 2021.*

6.10 A key issue with perceived stigma that I have both read about in past reviews and heard about through my engagement with the Defence and veteran communities is the reluctance to seek help due to fears of it affecting an individual's career. For example, I have heard countless stories of ADF members who chose not to seek help due to the requirement that they must remain deployable to stay in the ADF; and their fears that seeking help will

16 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (Canberra, Commonwealth of Australia, 2019): 42–5.

17 World Health Organization, *The World Health Report: Mental Health: New Understanding, New Hope* (Geneva, World Health Organization, 2001): 16.

18 Alison Gray, 'Stigma in psychiatry', *Journal of the Royal Society of Medicine*, 95, no. 2 (2002): 72–6.

19 Ibid.

negatively impact, and possibly terminate, their career.[20,21,22,23,24] Additionally, I have heard that stigma associated with mental ill health is prominent throughout the ADF chain of command,[25] with ADF members being dismissed, ostracised or accused of malingering when they voice concerns about their mental ill health.[26,27] I have also heard of reports of Officers, Warrant Officers and Senior Non-Commissioned Officers being reluctant to report mental health issues, as they can be seen as being unfit to appropriately manage their soldiers;[28] and I have heard of troubling responses from the chain of command when ADF members raised concerns regarding poor mental health and suicidal ideation. These have included the chain of command dismissing such concerns or providing only limited support to ADF members, which have had further negative impacts on individuals' mental health and contributed to suicidal ideation.

6.11 I have heard of the benefits that peer support can provide in relation to addressing stigma associated with mental ill health. However, I have also heard that there is currently a lack of evidence supporting the use of peer support, although I understand that there is research being undertaken in this field. It is important for this research to be considered in any future work concerning peer support. From my discussions with key researchers of stigma associated with mental ill health, I have heard that due to the complexity and multidimensional nature of stigma, evaluation of potential interventions to address stigma is of vital importance. Subject to the results of these research projects, the implementation of a de-stigmatisation program within the ADF could help to normalise early access to mental health services, which is a known protective factor against suicide. This program could provide peer support to help normalise help seeking within the ADF, and incorporate case studies of Defence members who have experienced mental health concerns and still been able to redeploy and progress their careers. If this program is thoroughly researched and evaluated prior to implementation, it has the opportunity to create social change within the ADF and help to reduce the risk of suicide.

20 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge* (Canberra, Commonwealth of Australia, 2009): 94, 186.

21 Alexander McFarlane, Stephanie Hodson, Miranda Van Hooff & Chris Davies, *Mental Health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study* (Canberra, Department of Defence, 2011): xxviii; 153–7.

22 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families* (Canberra, National Mental Health Commission, 2017): 44.

23 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

24 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables, accessed on: 8 July 2021.

25 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

26 David Dunt, *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*: 94.

27 Alexander McFarlane, Stephanie Hodson, Miranda Van Hooff & Chris Davies, *Mental Health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full Report*: 153–7.

28 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

I suppose as a veteran you're really good at shutting people out. You're really good at wearing a mask and saying 'no, no, no, I'm fine. I'm good'. And you get so used to wearing that mask that to take it off is scary and it's really uncomfortable and you don't want to do it, so you don't do it. And pretty much you're beyond winding yourself back to ask for help anymore.

Ex-service organisation representative, round table, 2021.

Provision of care

6.12 Through my discussions with organisations that represent ADF members and veterans, I have learnt of injured and unwell personnel being placed in 'holding units'.[29] Anecdotal evidence suggests that the leaders of such units are often assigned to these roles due to under-performance.[30] They are thoroughly unmotivated, which contributes to an inappropriate environment for recovery. Some ADF members feel ostracised and removed from the sense of family within the ADF when placed in holding unit.[31] I have also heard of an example where an ADF member was placed in a holding unit, and this potentially contributed to their death by suicide.[32]

There's some fundamental – you know, there's practical consequences. It's not just about how you feel, about being separated from the tribe because you're now broken, there's also practical consequences, things like missing out on a deployment. I mean, and that in itself feels dirty and shameful. There's missing out on promotion courses. There's being posted to a unit that is a lower readiness. Sort of being sidelined. So there's – terminating your career. So there's some really practical consequences of it.

Ex-service organisation representative, round table, 2020.

29 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

30 Ibid.

31 Ibid.

32 Ibid.

6.13 It is apparent to me that great importance rests on these holding units being genuinely focused on rehabilitation or preparation for transition out of the ADF. Fostering meaningful career development, both within and out of the ADF, is vital for recovery. These units should be led by strong leaders who are supportive and encouraging of personnel finding career opportunities suitable to their ongoing illness or injury. Investigating these units should be a feature of ongoing work to ensure that those who are injured or ill are supported to minimise the risk of suicide. Defence should be placing greater importance on developing options for personnel who may be medically discharged to enable and support career progression and identify career pathways. This may include the development of specialist rehabilitation units – where personnel are posted instead of being medically discharged – to enable and support career progression. However, a scoping study is needed to ensure that this would be the most beneficial option.

6.14 I acknowledge that there are already units designated 'rehabilitation units', but from my engagement with the community it is apparent that there is a strong belief that there is little or no investment in genuine rehabilitation in these units, with ADF members often having little or nothing to do each day other than a few hours of exercise or physiotherapy.

6.15 I have heard stories through private meetings about how medical practitioners treating ADF members can be civilians with no apparent specialisation in treating military personnel, which can impact their ability to treat mental ill health in Defence personnel. This highlights the importance of ensuring that there are clinical psychologists employed in all ADF bases or formation headquarters and that all practitioners treating ADF members have an understanding of military service and its effect on those who serve.

Challenges accessing DVA health care

Lack of continuity between DVA and Defence

6.16 Continuity of care between DVA and Defence has been a recurring issue raised during my engagement with the veteran community, with particular importance placed on ADF members who have been accessing mental health and suicide prevention supports through the Defence healthcare system prior to transitioning out of the ADF.[33] Inability to access mental health services is a risk factor for suicide, and needs attention in order to mitigate this risk factor (see Chapter 2 – Prevalence, Risk and Protective Factors for further detail on risk factors for suicide). Currently, when a person leaves the ADF they are required to contact DVA if they want to receive subsidised health care in relation to injuries and illnesses resulting from their service, including mental health supports, which is problematic for the reasons discussed below.

> *If you've seen someone prior and you want to continue to see that person, you won't be able to get your full fee subsidised by DVA.*
>
> *State government official, round table, 2021.*

6.17 First, the lack of continuity of care can have significant detrimental impacts on someone experiencing poor mental health and needing ongoing continuous care with a practitioner they trust, have built rapport with and have developed a treatment plan with. I have been informed that finding the right mental health supports can often take time; for example, individuals may need to meet multiple psychologists before they find one they 'connect' with and who is able to successfully treat their mental health concerns. This highlights the difficulty faced by veterans needing to find new healthcare providers upon transition – a known challenging period with a higher risk of suicide.

> *If you're suffering with mental health, and the military already recognised it and discharged you for it, you then need to tell the story over, and over, and over, and over again, which puts them at risk.*
>
> *Ex-service organisation representative, round table, 2020.*

33 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

6.18 Other factors highlighting the importance of continuity of care upon transition include the low health literacy rates of many transitioning ADF members and the complexity of the DVA healthcare system. Veterans who joined the ADF at a very young age may lack the necessary skills and knowledge to locate appropriate supports and services once they transition.[34] After leaving the ADF, a person is faced with different healthcare systems – the civilian system (including Medicare-funded and private healthcare systems) and DVA-funded support. The confusion and distress caused by a lack of understanding of these different systems is then compounded by the complexity and lengthy delays of the DVA claims system; and I have heard at great length how they have the potential to affect individuals' ability to access healthcare services.[35]

6.19 These challenges highlight the need for Defence and DVA to develop and implement processes to ensure continuity of care between ADF-provided health care and civilian health care for transitioning ADF members. These could 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 continue accessing that health care on a temporary or an ongoing basis.

6.20 Under the current model, DVA is a major purchaser of healthcare treatment. This model differs from that used by DVA's historical predecessor, the Repatriation Department, which was a major provider of health care for veterans. The repatriation system was guided by a principle of 'preference', whereby returned personnel received 'preferential treatment' so as not to be disadvantaged by their service and sacrifice. This principle was reflected in the establishment of a separate repatriation mental health hospital system. The Repatriation Department took on responsibility for subsequent care that occurred following discharge.[36] This not only ensured continuity of care post transition, but also allowed medical practitioners to focus on and develop expertise in the areas of most relevance to veteran health. Today this can be seen occurring in certain state-led facilities, such as the Concord Repatriation General Hospital and the Jamie Larcombe Centre, which both provide medical services – including mental health supports – to the veteran community.[37,38] Further work is needed to evaluate the effectiveness of providing these unique specialist centres for veterans, but all reports from my discussions with state and territory government officials and individuals with lived experience indicate a very high level of satisfaction with them.

34 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

35 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

36 Philip Payton, *Repat: A Concise History of Repatriation in Australia* (Brisbane, Department of Veterans' Affairs, 2018).

37 New South Wales Government, Health, Sydney Local Health District, 'Veterans' services – About us', 2020, https://www.slhd.nsw.gov.au/concord/v_about.html, accessed on: 8 July 2021.

38 Government of South Australia & SA Health, 'Jamie Larcombe Centre: Veterans mental health precinct', 2021, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/mental+health+services/jamie+larcombe+centre+veterans+mental+health+precinct, accessed on: 8 July 2021.

Availability and accessibility of practitioners who treat veterans

6.21 As discussed in Chapter 2 – Prevalence, Risk and Protective Factors, both the National Suicide Prevention Adviser and the Royal Commission into Victoria's Mental Health System have highlighted shortcomings in the civilian mental health system:[39,40]

> *The research described a common and distressing scenario where, precisely when people are highly distressed and in need of a compassionate response, our health system and other related systems provide disjointed care that is lacking in empathy, hard to navigate, or simply not available at all. The unintended consequence of this is that responses can do more harm than good, perpetuating a vicious cycle where individuals in distress can only access support when in crisis – at which point they are judged for not seeking help earlier.*[41]

6.22 I have heard how issues that exist in the civilian healthcare system – such as the strain on the health workforce, poor access to mental healthcare professionals in rural and remote areas, and the lack of appropriate local services – are often disproportionately impacting veterans.[42] I have heard, for example, of veterans needing to travel significant distances to receive treatment due to the shortage of practitioners treating DVA patients in their geographic areas.[43] These factors each contribute to potential suicide risk for veterans, and I am hearing that it is often their combined effect that has contributed to death by suicide among this cohort.

6.23 In addition to the veteran community experiencing the challenges of the strain on the civilian healthcare system, I have also heard of issues arising from the disparity between the DVA fee schedule and the fees that healthcare providers would otherwise charge clients – either through the private system or through other Australian Government schemes, such as the National Disability Insurance Scheme (NDIS). These issues may result in veterans being at a disadvantage when trying to find experienced and highly skilled clinicians who will treat them.

> *I am better to be treated under Defence health than under my DVA card because the incentives to the healthcare providers are higher under the private health system.*
>
> *Ex-service organisation representative, round table, 2020.*

39 National Suicide Prevention Adviser, 'Connected and compassionate: Implementing a national whole of governments approach to suicide prevention', *Final Advice* (Canberra, Commonwealth of Australia, 2020).

40 Royal Commission into Victoria's Mental Health System, 'Summary and recommendations', Final Report (Melbourne, 2021, Parl. Paper No. 202, Session 2018–21).

41 National Suicide Prevention Adviser, 'Compassion first: Designing our national approach from the lived experience of suicidal behaviour', *Final Advice* (Canberra, Commonwealth of Australia, 2020): 29.

42 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

43 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families*: 48.

6.24 Under the current system, DVA provides veterans with access to mental health services (and other healthcare services) at no cost.[44] DVA provides payments to healthcare providers when they treat veteran clients. These payments are set by DVA through its fee schedules, which vary for different healthcare professionals. Table 6.1 sets out the fee schedule for relevant mental healthcare providers.[45]

Table 6.1. DVA fee schedule for relevant mental healthcare providers, as at 1 February 2021

Provider type	Fee
Clinical psychologist	$212.00[i]
Neuropsychologist	$698.25[ii] (maximum limit)
Psychologist	$144.35[iii]
Social worker	$82.20[iv]
Social worker (mental health)	$116.15[v]

i. Consultation 50+ minutes – in rooms, face-to-face
ii. Assessment, 1–4 hours
iii. Consultation 50+ minutes – in rooms, face-to-face
iv. Face-to-face
v. Consultation 50+ minutes – in rooms, face-to-face

6.25 Through my consultation with the veteran and healthcare communities, I have heard of multiple examples of the disparity between the DVA fee schedule and the fee that providers would otherwise charge to clients.[46] For example, the Australian Psychological Society recommends that for 2019–20, a standard 45–60-minute consultation with a psychologist is charged at $260.00,[47] which is higher than the $212.00 DVA fee for a clinical psychologist. Further, the NDIS sets a maximum price that a participant can be charged for an hour with a psychologist. This price limit changes depending on the location of the person – with the lower limit of the maximum being $214.41 in New South Wales, Victoria, Queensland and the Australian Capital Territory, and the upper limit being $352.25 in very remote areas.[48]

44 Department of Veterans' Affairs , 'Free mental health care for veterans'.

45 Department of Veterans' Affairs, 'Dental and allied health fee schedules,' 2021, https://www.dva.gov.au/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee-schedules, accessed on: 24 March 2021.

46 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

47 Australian Psychological Society, 'Psychologist fees,' 2021, https://www.psychology.org.au/for-the-public/about-psychology/what-it-costs, accessed on: 24 March 2021.

48 National Disability Insurance Scheme, 'Pricing arrangements', 2021, https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits, accessed on: 28 June 2021.

6.26 In 2019, DVA commissioned an independent review to examine its medical and allied health provider fees, in response to recommendation 16.3 of the Productivity Commission's report.[49] I requested a copy of the independent report; however, I was advised that DVA was not in a position to provide this, as it contained sensitive and complex material.[50] I have been told that despite this review, the DVA fee schedule is still inconsistent with the Australian Medical Association (AMA) fees.[51]

6.27 DVA has told me that in circumstances where an allied health provider does not accept the fee in the DVA schedule, DVA will work with clients to identify alternative arrangements to ensure that care is maintained. Additionally, it has told me that it can consider a request from the provider to fund clinically necessary services at a rate above the DVA fee.[52] However, what I am hearing from both stakeholders and healthcare professionals is that the disparity in these amounts means that healthcare providers may have a financial disincentive to see veteran clients – resulting in veterans being at a disadvantage when competing for scarce resources, and being unable to find experienced and highly skilled clinicians who will treat them, despite DVA informing them that they will be able to access free health care.

6.28 Additionally, I have been informed that the increased reporting expectations for DVA clients discourages psychiatrists from accepted veterans as patients.[53] During round table discussions with DVA, officials informed me that healthcare providers often feel they have a duty of care to provide services to veterans, despite not receiving the same fees, and that DVA is to an extent relying on their goodwill.[54] I do not accept this as a sustainable approach; nor does it appear to be an effective approach, with many within the veteran and healthcare communities informing me of the challenges they are experiencing due to the fee disparity.

6.29 Inability to access health care is a risk factor for suicide and needs urgent attention. The Australian Government needs to amend the DVA fee schedule for mental healthcare providers, as well as for all other healthcare providers, to align these with both the AMA fee lists and other Australian Government schemes, such as the NDIS, to ensure that veterans are not at a disadvantage in competing for already scarce healthcare services and resourcing.

49 Productivity Commission, 'Volume one', *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 72.

50 Department of Veterans' Affairs, RFI-09-DVA-03-2021, 16 July 2021: 9.

51 Royal Australian and New Zealand College of Psychiatrists, RFI-18-RANZCP-04-2012, 28 May 2021.

52 Department of Veterans' Affairs, RFI-09-DVA-03-2021, 16 July 2021: 9.

53 Ibid.

54 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables, accessed on: 8 July 2021.

A wellness approach to treatment

6.30 As discussed in Chapter 4 – Department of Veterans' Affairs Legislation and Practice, DVA's current model of compensation and rehabilitation is premised on a veteran being ill, injured or disabled by reason of their service. The legislation requires a veteran to prove both their illness and their service. I have heard that this focus on illness, rather than wellness, does not encourage a person to recover,[55] and that there needs to be a focus on 'reablement', rather than rehabilitation.[56] This can be compared to the NDIS, where a participant is allocated a budget that they use to achieve the goals set out in their plan. Support provided through the NDIS is aligned with the NDIS Outcomes Framework, which has been developed to measure goal attainment for individual participants, and includes a range of factors such as daily living, health and wellbeing, lifelong learning, work and relationships. This system provides both agency and control to participants in deciding the best approach for their own wellbeing, placing people with disability at the centre of decision-making.[57]

> *The current mental health treatment on offer is medicate, hospitalise, repeat. Each time increasing medication. Natural therapies barely rate a mention. While natural therapies might not be the mainstream approach, there is plenty of evidence to demonstrate their success. The choice of natural therapies should be made available for those who would like to take an alternative approach to their wellness.*
>
> *Veteran who served when 16 years old, private meeting, 2021.*

6.31 Further, I understand that the DVA compensation system needs to be more responsive to the changing needs and circumstances of veterans, which require more flexibility both in supports and the way they are provided.[58] However, it is clear from the conversations I have had with veterans that this is not always occurring. For example, I have heard of the benefits that can be derived from alternative therapies and innovative holistic rehabilitation programs;[59,60] however, DVA does not provide funding for the vast majority of these therapies and programs,[61] many of which have been developed specifically for veterans. A true wellness approach by DVA would provide veterans with access to all types of therapies, with a focus on a holistic healing and recovery, rather than a funding model that remunerates episodic treatment only through mainstream medicine.

55 Productivity Commission, *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 18.

56 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

57 National Disability Insurance Agency, 'What principles do we follow to create your plan?', 2021, https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/what-principles-do-we-follow-create-your-plan, accessed on: 8 July 2021.

58 Productivity Commission, *A Better Way to Support Veterans*: 5.

59 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

60 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

61 Department of Veterans' Affairs, 'Alternative therapies', 2021, https://beta.dva.gov.au/health-and-treatment/injury-or-health-treatments/health-services/alternative-therapies, accessed on: 8 July 2021.

Veteran and Defence specialisation and cultural competency

6.32 It is evident through insights I have gained from my engagement with the ADF member and veteran communities, that the civilian healthcare system is not sufficiently equipped to support the mental health needs of the Australian population, including both and ADF members and veterans. This includes a lack of professionals who specialise in veteran care, and a lack of cultural competency among healthcare professionals.[62] This is an area that requires further investigation, and Defence should explore options to offer psychology, social work and chaplaincy degrees at the Australian Defence Force Academy or through scholarships to increase the availability of practitioners who specialise in Defence and veteran fields.

> *I talk to a lot of clinicians who work with veterans and having that very deep experience of working with a military culture and understanding and that rapport with the individual is really critical, so having person-centred care is really important and so is – someone goes to see a GP in crisis, if that GP doesn't really have competence in military understanding they might not recognise the fact that that person has punched a hole in the wall suggests that they're right on the edge. So, the types of indicators that someone's distressed might be very different.*
>
> *Academic, round table, 2021.*

6.33 I have heard that some individuals' experience of the public healthcare system is that it was only willing to treat patients who were passive and accepting of help. This is not always conducive towards assisting veterans experiencing a mental health crisis, who may sometimes act aggressively and refuse help.[63] Even when public healthcare professionals are willing to treat such veterans, the lack of specialised training among healthcare professionals in caring for irritable and angry patients can result in amplifying a patient's distress.[64]

6.34 When a veteran is experiencing a mental health crisis, I have been told that they are frequently sent to emergency departments, as there is nowhere else for them to go.[65] Emergency departments are, however, often unsuitable for veterans or ADF members experiencing a mental health crisis. I have heard that emergency response staff often have pre-conceived notions about veterans and behavioural risks associated with them, resulting in their treatment of veterans being more risk averse and not necessarily appropriate for the individual.[66]

62 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

63 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

64 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

65 Ibid.

66 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

6.35 Additionally, I have heard about the challenges that Aboriginal and Torres Strait Islander veterans experience when accessing healthcare services – a combination of those challenges faced by the Indigenous community and the veteran community.[67] The Indigenous veteran community has raised with me the importance of culturally appropriate and responsive mental health and suicide prevention services, highlighting the need to consider the multilayered trauma experienced by Aboriginal and Torres Strait Islander communities.[68] Further, I have heard about the importance of ensuring that ADF members and veterans who identify as Aboriginal or Torres Strait Islander do not 'fall through the cracks', due to their lower representation within the ADF, and that they have adequate access to healthcare services.[69] It was also drawn to my attention that many Aboriginal and Torres Strait Islander veterans do not access their entitlements through DVA due to a combination of challenges. These include their feelings of being marginalised, the lack of culturally sensitive healthcare services available and the past trauma they have encountered with government agencies.[70]

> *EDs [emergency departments] need more supports … a lot of our people [ex-serving Aboriginal and Torres Strait Islander people] leave the Emergency Department without being seen, because they're sitting there, sitting there, sitting there, they're experiencing either structural, systemic or causal racism and we know that racism is a big issue in services and why families are not reaching out for those supports in the prevention space.*
>
> *National mental health organisation representative, round table, 2021.*

6.36 Given the lack of healthcare providers with established veteran and military-specific experience and knowledge, and the broader lack of veteran and military cultural competency within the civilian healthcare system, thought should be given to whether veteran health should be established as a Primary Health Network (PHN) priority area. This could require PHNs to raise their level of awareness and capacity to deliver services to veterans and ADF members, and work to develop and foster relationships with veterans, community veteran support organisations and other relevant organisations. PHNs could also be required to plan, deliver and commission veteran and military-specific supports to service their local area.

67 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

68 Ibid.

69 Ibid.

70 Ibid.

6.37 There are 31 PHNs in Australia, which are funded by the Australian Government. PHNs coordinate different parts of the healthcare system, provide support to local healthcare services (e.g. hospitals, health centres and healthcare professionals), assess the healthcare needs of their local area, and also provide extra services required in their region, including after-hours services and mental health services.[71] PHNs work directly with primary care providers, including GPs, secondary care providers and hospitals to facilitate improved patient outcomes. There are seven key priorities for targeted work by the 31 PHNs:

- Mental health
- Aboriginal and Torres Strait Islander health
- Population health
- Health workforce
- Digital health
- Aged care
- Alcohol and other drugs.

71 Department of Health, 'The Australian health system', 2019, https://www.health.gov.au/about-us/the-australian-health-system, accessed on: 24 March 2021.

Conclusion

6.38 Through my work as interim National Commissioner, I have become increasingly concerned with the number of barriers ADF members and veterans face when trying to access health care. I have heard of the stigma associated with mental ill health within the ADF acting as a barrier to people accessing early mental health treatment, and of injured or unwell personnel being downgraded to 'holding units', which I have been told were typically led by under-performing staff.

6.39 Both ADF members and veterans have told me of their experiences being treated by medical practitioners with no understanding of or specialisation in the issues facing military personnel, which have resulted in poor outcomes for individuals.

6.40 The lack of continuity of care between DVA and Defence has been a recurring issue raised during my engagement with the veteran community. This has been particularly concerning, given many people have told me of their struggles in obtaining access to care following their discharge.

6.41 Finally, I have heard of the disparity between the DVA fee schedules and the fees that providers would otherwise charge to clients, as well as the disparity between DVA and NDIS fee schedules, acting as a financial disincentive to treat veteran clients. This results in veterans being at a disadvantage when competing for scarce healthcare resources and being unable to find experienced and highly skilled clinicians who will treat them.

6.42 The inability to readily access appropriate mental health services is a real risk factor for suicide, and addressing this should be a priority of the Australian Government. While I have heard of people benefiting from the support provided by Open Arms, more needs to be done. ADF members and veterans should have the ability and confidence to access person-centred wellbeing-focused care when they need it. The recommendations I have made in this chapter, along with the recommendations made by the National Suicide Prevention Adviser, need urgent attention and action by the Australian Government. Every life lost to suicide is one life too many and must be addressed.

Recommendations

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:

- 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 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 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.

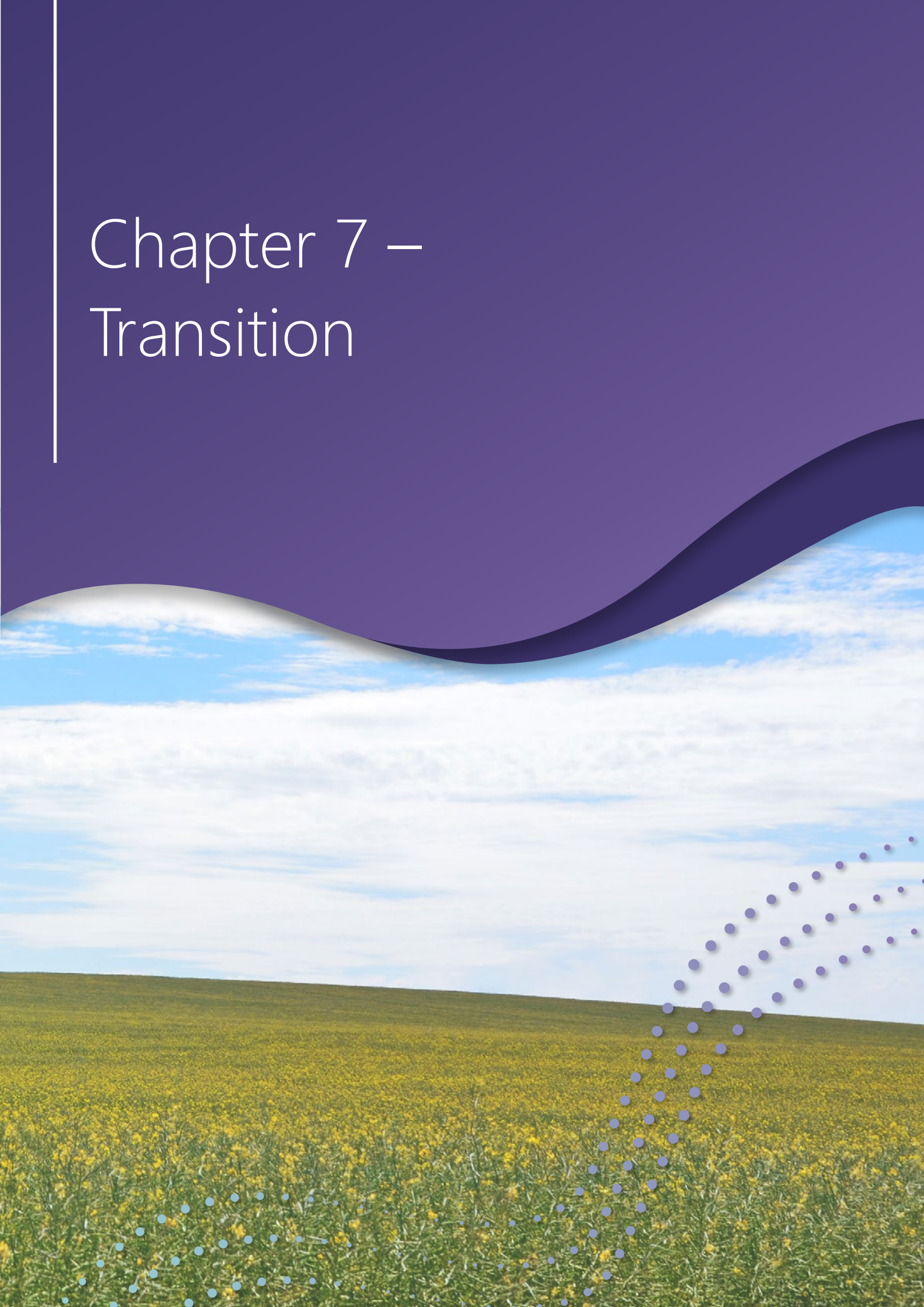
Recommendation 6.10

- 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.

Chapter 7 – Transition



Introduction

7.1 Supporting Australian Defence Force (ADF) members' successful transition from the military back into civilian life is crucial. In her Final Advice to Government, Ms Christine Morgan, National Suicide Prevention Adviser to Prime Minister Scott Morrison, specifically highlighted transition from the military as a key area requiring focused attention:

> *Recommendation 5.3 – Leaving military service is a transition for which support interventions should be implemented and evaluated.*[1]

7.2 The Australian Government has a responsibility to ensure that the process of transition occurs as successfully and seamlessly as possible. The provision of effective transition support for ADF members and their families is integral to ensuring that the protective factors against suicide from ADF service do not diminish after leaving, and that people can have meaningful and purposeful lives following their military service.

7.3 We know that successful reintegration into civilian life can be an important determinant of a veteran's long-term mental and physical wellbeing and social functioning.[2] And I note that, for most people, the transition out of military service is ultimately successful.

7.4 However, the research and data show that the transition period presents challenges for many. Particularly, this period presents increased risk for the development of psychological disorders and suicidality.[3] Studies also show that difficulties with reintegration have been associated with poor social and family relationships, unemployment, financial strain, homelessness, and poor physical and mental health.[4]

7.5 While the suicide rate for serving male ADF members was lower than the Australian male population, the rate of suicide significantly increased for ex-serving ADF members once they left the ADF. In the period 2001 to 2018, after adjusting for age, the suicide rate for ex-serving males was 22% higher than the Australian male population, and the suicide rate for ex-serving females was 127% (or 2.27 times) higher than the Australian female population (see Chapter 2 – Prevalence, Risk and Protective Factors).[5]

7.6 Figure 7.1 shows that the suicide rate among ex-serving men who discharged with less than 1 year of service was higher than those who discharged with 10 or more years of service.[6]

1 National Suicide Prevention Adviser, 'Executive summary', *Final Advice* (Canberra, Commonwealth of Australia, 2020): 7.

2 Madeline Romaniuk, Gina Fisher, Chloe Kidd & Philip J Batterham, 'Assessing psychological adjustment and cultural reintegration after military service: Development and psychometric evaluation of the post-separation Military–Civilian Adjustment and Reintegration Measure (M–CARM)', *BMC Psychiatry* 20, no. 531 (2020): 1.

3 Ibid: 2.

4 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review', *Journal of Military and Veterans' Health*, 26, no. 2 (2018): 60.

5 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*, Report prepared for the interim National Commissioner for Defence and Veteran Suicide Prevention (Forthcoming).

6 Ibid.

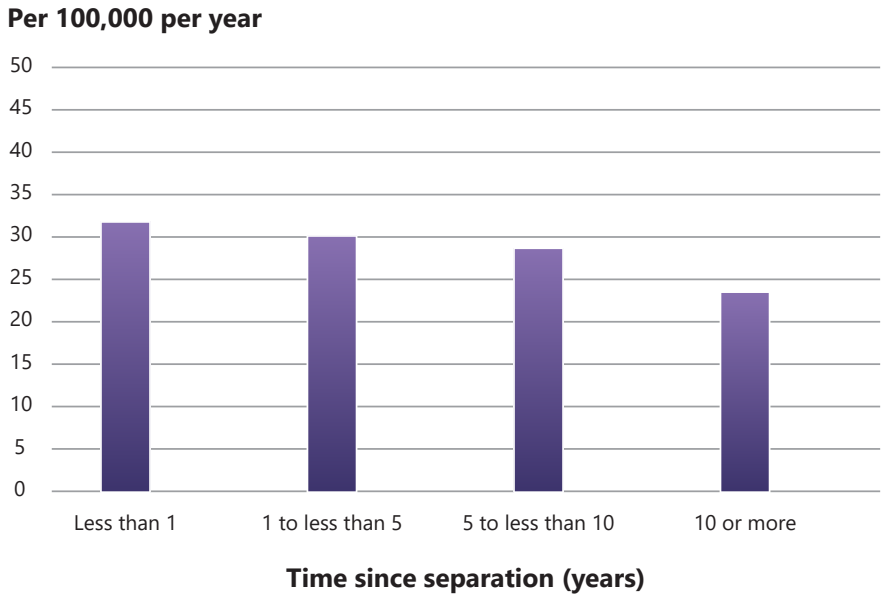


Figure 7.1 Suicide rate per 100,000 persons, ex-serving men by time since separation (discharge), 2002–18 (AIHW)

7.7 The *Transition and Wellbeing Research Programme* found that while the prevalence of all forms of suicidality (which include death by suicide, suicidal ideation and suicide attempts) were at their lowest in the period 12 months directly following transition, suicidality increased markedly following this period and remained high for the period of one to 5 years after transition.[7] Analysis of these trends by Phoenix Australia stated:

> *These findings suggest that strategies in place within the ADF may help protect active members from suicidality to a certain extent but the removal of these supports when members transition, in combination with the burden of transition-related stressors, may place some members at higher suicidal risk after discharge.*[8]

7.8 Most people transition and reintegrate into society reasonably well, but some cohorts are more likely to experience significant challenges. In its 2019 report into the veteran support system, the Productivity Commission found:

> *While many discharging members require only modest assistance, some require extensive support – especially those who are younger, served in lower ranks, are being involuntary discharged for medical or other reasons, and those who have skills that are not easily transferable to the civilian labour market. Despite considerable change in recent years, stewardship of transition remains poor and supports have not improved in ways that are tangible to veterans.*[9]

7 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al., 'Mental health prevalence', *Mental Health and Wellbeing Transition Study: Transition and Wellbeing Research Programme* (Canberra, Commonwealth of Australia, 2018): 132–3.

8 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020): 42.

9 Productivity Commission, *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 51.

7.9 Many previous inquiries and reports have recommended changes to the transition process, with common findings including the disconnect between Defence and the Department of Veterans' Affairs (DVA), gaps in support, a lack of coordination, difficulty accessing information and the need for ongoing support following transition (see Chapter 3 – Former Inquiries, Reviews and Recommendations). The Australian Government has accepted many recommendations relating to transition and has implemented changes in response, but the issues persist.

7.10 ADF members, veterans and their families, as well as many professionals involved in the transition process, have generously shared their experiences and insights of the breadth of challenges associated with transitioning from the military environment and reintegrating into civilian society, and the devastating consequences when it goes wrong. It is clear that each person making this transition faces a range of challenges, even those who ultimately transition successfully. Some challenges are unique to their own circumstances and some, such as cultural adjustment, are a common challenge across the transitioning cohort. The stories I have heard and the expertise shared with me add weight to the already substantial body of findings and recommendations for reform directed at the transition phase from previous inquiries and reviews.

7.11 Service in the military is clearly a unique profession, and distinct from other occupations. It can involve frequent exposure to high-risk environments and engagement in actions, such as the application of lethal force, that are not permitted in any other context. It involves being subject to military law and discipline, and forgoing a number of personal freedoms; including the freedom to make independent decisions and the freedom to choose to avoid the risk of injury or death during armed conflict. As such, there is a moral imperative on the Australian Government to ensure that decisive changes are made to the Defence processes – not only to mitigate risks of suicidal behaviours and prevent future harm, but also to support our ADF members to flourish and enjoy fulfilling and productive lives following their military service.

7.12 It is clear to me that there is a need for earlier preparation of our ADF members for civilian life. We know that the current median length of service in the military is 7 years for members of the Navy and Army, and 10 years for members of the Airforce.[10] We also know that in the 2019 Defence Census, 46% of ADF members were under 29 years old, and 74% were under 39 years old.[11] In addition, between 2007 and 2017 the majority of transitioning ADF members had less than 5 years of service.[12] This demonstrates that a large proportion of ADF members are leaving the ADF at relatively young ages, with potentially long post-service lives and careers ahead of them.

10 Ibid: 9.

11 Department of Defence, *Defence Census 2019: Public Report* (Canberra, Commonwealth of Australia, 2020): 61.

12 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience* (Canberra, Commonwealth of Australia, 2018): 28.

Contemporary transition arrangements

7.13 The model governing transition in Defence prior to 2017 was clearly inadequate, and left a significant legacy of harm. This model was disproportionately focused on administration and process, provided limited support to anyone serving less than 12 years, focused almost exclusively on the date of transition, and largely excluded families.[13] Veterans told me that when they were completing their transition, they were denied crucial supports and left feeling abandoned and betrayed by a government that had promised to support them.[14] It is not controversial to say that the move away from this model was essential.

> *So it would be true to say pre-2017 the Defence transition process was not focused on a personal need, it was an administrative process. So, have you handed back your cards, your equipment etc, not focused on personal readiness.*
>
> *Major General Natasha Fox AM CSC, Head of People Capability, Department of Defence, round table, 2021.*

7.14 Since 2017, reforms to the transition process have seen the introduction of different streams of needs-based support, a stronger focus on employment and career development, increased inclusion and support of families during transition, and enhancement of Defence engagement with veterans post service.[15] A central part of the change was the introduction of Transition Coaches, whose role was designed to support ADF members to develop an individual transition plan, and understand and meet mandatory administrative requirements, and to provide transition and career coaching for a life outside the ADF.[16] There has also been a raft of services introduced under the *Defence Force Transition Program*.[17] Some of these programs can be accessed at any time in an ADF member's career, with further programs becoming available once a member commences transition. Programs can continue to be accessed for up to 12 months after transition, with some accessible for up to 24 months.[18]

> *A couple of years ago, this idea that the family would be involved just wasn't there. It wasn't there at all. So it's a hugely positive step that it's now acknowledged that a defence member does better if the family is involved.*
>
> *Veteran support organisation representative, round table, 2020.*

13 Department of Defence & Joint Transition Authority, 'ADF transition transformation', *Briefing to the Interim National Commissioner for Defence and Veteran Suicide Prevention*, Presentation slides (Canberra, 16 March 2021).

14 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

15 Department of Defence & Joint Transition Authority, 'ADF transition transformation'.

16 Department of Defence, *ADF Member and Family Transition Guide: A Practical Manual to Transitioning*, https://www.defence.gov.au/members-families/_Master/documents/Transition/ADF-member-transition-guide.pdf, accessed on: 27 June 2021: 5.

17 Ibid: 7.

18 Ibid: 9.

7.15 DVA also provides some transition supports. Veteran Support Officers, who are DVA employees, are located on more than 55 Defence bases across Australia. The remit of Veteran Support Officers is to offer face-to-face, personalised advice to support members with their transition to civilian life, such as assistance with lodging claims with DVA.[19]

7.16 I agree with the sentiments of the Productivity Commission that these approaches have many promising features.[20] I am also aware that the perspectives I have heard span both historical and contemporary experience, and that some of the challenges I have heard about may be mitigated or tempered as the relatively new transition process evolves. However, from the perspective of many people, these reforms have either not yet translated to tangible changes in the transition experience, or have not gone far enough to address the challenges faced by ADF members leaving service.

> *The process is changing. I mean, there's a transition authority that embeds DVA staff and defence staff and various other things. But at the coalface, not much as we see it has changed.*
>
> *Ex-service organisation representative, round table, 2020.*

7.17 The Productivity Commission in 2019, echoing numerous previous reports, ultimately found that neither Defence nor DVA had clear responsibility for all aspects of transition, and that this 'embeds perverse incentives, inefficient administration and poor accountability'.[21] To remedy this issue, the Productivity Commission recommended the establishment of the Joint Transition Authority (JTA) situated in Defence to reform and provide oversight of the transition process. I have received a status briefing from the JTA, and understand that this process is well under way; however, ADF members, veterans and families, including those who transitioned recently, have told me they are yet to see these changes come to fruition.

7.18 It is also difficult to say reliably which transition interventions have most benefited our veterans and had a long-term positive impact, as outcomes data are sparse and there is a lack of post-transition information. As the Productivity Commission stated, 'it is unclear how Defence plans to keep track of what services work well (or not) and why and where extra supports should be targeted'.[22] The planned inclusion of a question about military service on the Census of Population and Housing should assist in better understanding the veteran cohort and their life trajectories after service.

7.19 The Australian Government must adequately monitor, evaluate and improve current and future reforms to the transition system to ensure that they have the intended impacts. Until there is clear and undisputed evidence that the Australian Government has satisfactorily addressed these challenges, we owe it to our veterans to maintain a spotlight on these issues.

19 Department of Veterans' Affairs, 'Veteran Support Officers', 2020, https://www.dva.gov.au/civilian-life/veteran-support-officers, accessed on: 27 June 2021.

20 Productivity Commission, *A Better Way to Support Veterans*: 33.

21 Ibid: 2.

22 Ibid: 33.

Transition principles

7.20 Transition support must place ADF members, and their aspirations, strengths and support needs, at the centre of the transition model. To achieve this, there must be greater service continuity between Defence and DVA, and a more formalised, comprehensive and compulsory training program, which includes transition competencies to prepare ADF members to have meaningful lives following their military service.

7.21 The principles of current and future reforms to transition should ensure that ADF members:

- are mentally prepared for the challenges of cultural adjustment to civilian life, and have formal and informal supports in place to ease this adjustment
- begin preparing for civilian life from the day they join the military by developing skills and competencies that are applicable to, and recognised by, civilian institutions as well as the military
- are placed at the centre of their transition journey – fostering a sense of agency and awareness of the various aspects of transition and post-service civilian life
- be prepared for the ways transition will affect their families; family members should also be involved in the transition process so that they are equipped with knowledge of the supports available, and the ability to access these supports
- have an awareness of available DVA services and entitlements and, where relevant, have an established relationship with DVA
- have access to all necessary documentation to support any current and future claims with DVA, and have this documentation transferred from Defence to DVA when they transition; DVA should also proactively commence and, where possible, finalise any relevant claims
- have their existing qualifications and skill sets accredited or otherwise recognised in a civilian context, and either have any necessary new qualifications to support their chosen civilian career path, or have pathways to achieve them
- have a clear and realistic understanding of their post-service career path or activity plan
- have a pathway to access further support from Defence if they encounter unforeseen challenges associated with, or after, their transition, and need additional support
- be required to participate in a formal, pre-discharge transition training course to equip or enhance knowledge and skills for successful reintegration into civilian life. This should include skills to navigate the different supports and services, such as health care, social supports and the ESO community.

7.22 This chapter explores each of these principles in further detail.

The challenge of cultural adjustment

7.23 A persistent challenge in transition is the cultural adjustment from the military environment to civilian society. Often when a person transitions, collective attitudes and practices engrained through military service are challenged and reshaped in a civilian context. The challenge of cultural adjustment is supported in international and domestic academic research, with one systematic review finding that:

> *The differences between military and civilian culture, the experience of 'identity crises', as well as disconnection and separation from the military community have been identified in past studies as possibly contributing to problematic reintegration.*[23]

> *Defence people, whether they start out that way or whether they grow that way, are culturally different and you need to understand it.*
>
> *Ex-service organisation representative, round table, 2020.*

7.24 As discussed in Chapter 2 – Prevalence, Risk and Protective Factors, many cultural aspects of military service appear to protect ADF members against suicide. Defence has played a central role in creating, enhancing and sustaining these protective factors.

7.25 Military culture is actively fostered to prioritise a commitment to 'service before self'. There is a strong focus on developing a collective identity and interdependence, and an emphasis on building *esprit de corps*, or group morale. Values such as mateship and camaraderie are highly prized, and military life provides a strong sense of belonging and purpose. There is an emphasis on strength and resilience, a focus on the mission, and an established sense of order, predictability, hierarchy and self-discipline.

7.26 Military culture also fosters a sense of reciprocity. ADF members make a unique commitment to Australia's protection during their service, and in turn, Defence provides service members with supports not typically provided by other Australian employers, including housing and health care.

7.27 Defence creates and deliberately cultivates this culture, as it is necessary for effective military functioning. However, I have repeatedly heard that what is beneficial and supportive in a military context can be detrimental in a civilian one, and can contribute to or exacerbate vulnerabilities for ADF members when they leave.

> *So you're created into, let's say, a soldier. That's who you are. You serve that out for four, six, you know, 24 years or whatever it is. And then, all of a sudden, you're discharged and it's like that's it. It's over. It's not just about losing social connection; it's about losing who you are.*
>
> *Ex-service organisation representative, round table, 2020.*

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23 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review': 61.

7.28 As examples, an emphasis on strength and resilience can manifest in a reluctance to seek help. The sense of collective identity can also contribute to a sense of alienation in a more individualised civilian context. In addition, a reliance on Defence to provide support can contribute to fundamental knowledge gaps – and resultant embarrassment and frustration – when it comes to completing basic functions within the civilian world, such as renting a home or accessing health care.[24]

7.29 I am told that while Defence actively fosters a military culture and ethos, it does not place the same emphasis on supporting ADF members to reflect on how this cultural immersion has shaped their worldview; nor does it dedicate adequate resources to doing so. Veterans have told me that their military values and expectations differ to civilians, and they wish Defence had prepared them for the difficulties in adjusting to the civilian environment.

> *Defence has a responsibility there in preparing and recognising that they don't have these people for life.*
>
> *Veteran support organisation representative, round table, 2020.*

7.30 Veterans also told me their transition led to loss of structure, identity, belonging and purpose, and described the detrimental impact this had on their mental health.[25] This impact can be compounded by negative self-perceptions and attitudes towards help seeking, as well as negative feelings about their service and the nature of their transition. This is particularly relevant when there is shame, resentment or regret associated with their service. As one academic and clinical psychologist specialising in veteran mental health, told me:

> *People lose their community and their culture; people lose their sense of purpose; and they lose their sense of identity. And so the members that are able to transition well and go on to have a mentally healthy post-service life are the ones that seem to be able to mitigate losses in those areas whereas other people, and the members that we're most concerned about, are the ones that really struggle and get stuck with that sense of loss.*[26]

> *When I got out, no-one called me and that's when I fell apart because no-one gave two hoots about me.*
>
> *Ex-service organisation representative, round table, 2021.*

7.31 Veterans also described feelings of social isolation or alienation, and having difficulties relating to people who do not have their shared experience, understandings or values. This isolation is magnified when veterans are unable – or unwilling – to reconnect with their ADF social networks. In addition, veterans can struggle to replicate these networks in a civilian context. Mental ill health can exacerbate this social isolation, affecting a person's ability to reach out proactively to establish these connections.

24 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

25 Ibid.

26 Academic and clinical psychologist representative, round table, 2021.

7.32 Many community veteran support organisations have told me how their services have stepped in to fill this gap after transition, through programs targeting cultural adjustment and deinstitutionalisation. One such example is Survive to Thrive Nation, an online and peer-supported mental health management program. In correspondence to me, the CEO of this organisation explained:

> *My program has assisted many people return to work, but most importantly, improve their quality of life and re-engagement with society. Put simply, the military train our personnel for war, we train them to come home. My program helps veterans survive against the adversities they face in mental health and transitioning, and thrive.*[27]

7.33 It is clear to me that preparing people for life after military service should be a core remit of Defence. Defence has a responsibility to recognise and proactively address the barriers to cultural adjustment that it has helped foster. Defence needs to build the appropriate knowledge and skills to assist this adjustment from the very start of a person's military career.

There's a story which may or may not be true but is very attractive to me of the experience and the purpose of the Marine Corps Association in the United States of America. And it's said that every marine finishes their tour in the Marine Corps getting off a bus in the home town that they were recruited from. And at the bus stop is the Marine Corps Association representative for the town. And they're all over America and they know when the ex-marine is coming on the bus, and they have five things to do as a veteran function.

Number 1, make sure or otherwise get that former marine a house, home, roof over their head, somewhere to live. Number 2, get them a job so they feel productive in society. Number 3, get them engaged in some social or community activities; sport, Lions or Rotary clubs, community groups, bowls clubs. Get them connected to other human beings. Number 4 is, and appropriately No. 4, buy them a beer if they want a beer. But that comes – that's the last one. And the fifth one is simply the routine of checking in on them as they progress through their experience of lived transition.

General Angus J Campbell AO DSC, Chief of the Defence Force, round table, 2021.

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27 Dane Christison, Correspondence to the interim National Commissioner for Defence and Veteran Suicide Prevention, *Briefing Paper: Survive to Thrive Nation*, 22 January 2021.

Preparing for transition early

7.34 Most ADF members will transition back into civilian life at some point. Each year, about 6,000 members undertake this journey.[28] Despite the inevitability of discharge, I have heard from many veterans who were not mentally or practically prepared for the challenges of transition.

> *So the thing that struck me was the number of people that said they weren't prepared for transition, they didn't have the information, and it struck me, particularly with people with, you know, high levels of complexity … they're given the information at the time when they're least able to process it and expected to then understand it.*
>
> *Academic, round table, 2021.*

7.35 Many veterans spoke of the 'shock' of transition and the jarring reality when they realised they did not have the necessary knowledge, skills or supports to successfully reintegrate into society. This lack of preparedness compounds when an individual transitions unexpectedly or involuntarily – such as for medical or disciplinary reasons.

7.36 This information is not new. Various reviews and inquiries have documented the challenges of transition. Defence should be anticipating and preparing its members for these challenges well in advance of transition.

> *There's a very high effort in building up esprit de corps and working as a team, and everybody working to support people who are deployed. And the transition from that to separation can be quite shocking for people.*
>
> *Ex-service organisation representative, round table, 2021.*

7.37 There appears to be a lack of a transition culture within Defence. I agree with the veterans and others who have told me that Defence needs to be preparing individuals for transition – and embedding systems to support this process from an ADF member's first day in service. Transition cannot be thought of as a discrete process that is merely 'tacked on' at the end of a period of service, or only thought about when something unexpected occurs that triggers a need to leave the ADF.

7.38 Defence is not the only organisation that grapples with preparing its employees for life beyond their present engagement. Elite sporting organisations have long planned for the development of employment skills in their athletes, knowing that an athlete's prime is short-lived.

28 Department of Veterans' Affairs & Department of Defence, *Transition Taskforce: Improving the Transition Experience*: 3.

We've done a lot of work with Defence and transition and we had a workshop a couple of years ago now where we invited the Australian Institute of Sport to come and talk to us about how they, for their elite sportsmen and women, they plan it from the date they start their sporting career … How do you plan for that transition as early as possible when you're only going to serve 7 to 8 years. Defence has really shifted a lot in that thinking, that 'fit for life', as well as being 'fit to fight'.

Ms Liz Cosson AM CSC, Secretary, Department of Veteran Affairs, round table, 2021.

7.39 For example, the Australian Institute of Sport (AIS) recognises that it has a responsibility to 'support athletes in their ongoing development, readiness and transition from elite athlete to post-athlete life'.[29] The AIS does this from the beginning of an athlete's sporting career, through a suite of career and education programs, including: work placement programs; AIS education and university scholarships and learning grants; and a career practitioner referral network.[30]

7.40 The National Rugby League (NRL) also has several programs that help athletes to prepare for their lives after their professional NRL careers, with an ethos that 'the best athletes have a balanced approach to their football and their life'.[31] Every NRL club has a qualified career coach whose job is to deliver the CareerWise program and help players plan for their life after sport. The program supports players to engage in work, study, work experience, volunteering and networking at every stage of their rugby careers.[32] A partnership between the NRL and the Australian Government's National Careers Institute also delivers the NRL Vocational Education & Training Pathways program to promote players learning trades or skills for their post-sporting careers.[33]

I'm a strong believer that when you join Defence, you should be preparing for discharge from that day on.

Ex-service organisation representative, round table, 2020.

7.41 These examples suggest that preparation for transition should begin as early as possible in a person's military career, and must occur as part of a structured and formalised process. This will ensure ADF members have the best opportunity to participate in meaningful employment or activities once they leave the ADF, which is known to be a protective factor against suicide.[34]

29 Australian Institute of Sport, 'EVOLVE Work Placement Program', https://www.ais.gov.au/career-and-education/evolve, accessed on: 28 June 2021.

30 Australian Institute of Sport, 'Career and education', https://www.ais.gov.au/career-and-education, accessed on: 28 June 2021.

31 NRL, 'CareerWise: Plan for life after sport', https://www.nrl.com/wellbeing-and-education/careerwise/plan-for-life-after-sport/, accessed on: 28 June 2021.

32 NSW Rugby League, 'Welfare and education blueprint: Achieving success on and off the field', https://www.nswrl.com.au/siteassets/2017/11/r-book-welfare-and-education-blueprint-nswrl.pdf, accessed on: 28 June 2021.

33 NRL, 'NRL–VET Pathways', https://www.nrl.com/siteassets/wellbeing-and-education/careerwise/nrl-vet-pathways/ne002335_nrl_vet_program-infographic_v3.pdf, accessed on: 28 July 2021.

34 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 48.

7.42 Defence and DVA should continue to engage with other organisations facing similar challenges, and continue to share learning and develop best-practice approaches to preparing people for transition.

7.43 Many people I spoke to emphasised that if an ADF member is only thinking about their future civilian life at the point of transition, it is too late and the opportunity for Defence to assist in preparing them for their post-military career is lost.[35] In addition, veterans and advocates told me that overloading a person with too much information close to the point of transition risks leaving the person overwhelmed in an already stressful period.[36]

Peer support

7.44 I have heard much about the value of peer support for both current and ex-serving ADF members. I see much value in peer-support initiatives, and recommend that Defence assign each new ADF recruit or appointee a peer supporter. This peer supporter could be a veteran volunteer, an ESO representative, or a combination of these and a more experienced ADF member. Peer supporters could provide guidance and advice, and share their experiences to members throughout their military journey, including in preparing them for their transition from the outset. Peer supporters should be carefully selected and trained, and should work closely with ADF members and the ADF chain of command. Peer supporters would also provide a source of advice in cases of bullying, harassment and sexual assault.

7.45 Defence's *Mental Health and Wellbeing Strategy 2018–2023* refers to the potential for a peer support model, especially for people experiencing mental illness. The strategy states:

> *Defence is exploring options to further strengthen the protective factors at work within Defence to develop a peer support model to enhance delivery of current services and encourage help-seeking. Peer supporters will be sought from those who are currently serving and where possible, who have lived experience of mental health issues.*[37]

7.46 The 2017 National Mental Health Commission's review into ADF suicide prevention services recommended that the ADF should establish:

> *… [d]edicated welfare officers and/or peer support workers in each unit to assist the cultural change process and support those who may be at risk as a result of mental health issues or suicidal behaviour.*[38]

35 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with community groups'.

36 Ibid.

37 Department of Defence, *Mental Health and Wellbeing Strategy 2018–2023* (Canberra, Commonwealth of Australia, 2017): 40.

38 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): 52.

7.47 The Australian Government's response to this recommendation, also released in 2017, stated that a peer-support worker concept would be developed to incorporate informal peer support, formal peer-delivered programs, and an integrated peer workforce.[39] In 2019, Defence engaged Roses in the Ocean to develop a Lived Experience Framework, incorporating a Defence approach into peer support.[40]

7.48 It is unclear whether Defence has established formalised peer-support workers in each unit, as recommended by the National Mental Health Commission. It is also unclear whether Roses in the Ocean has advised Defence on a Lived Experience Framework, or whether this has led to any outcomes. Defence must ensure that these measures go forward, and accelerate their progress.

7.49 DVA and Open Arms – Veterans & Families Counselling deliver Community and Peer Programs that incorporate lived experience of ADF service, mental health issues and recovery. These programs are aimed at helping to identify and manage clients who are vulnerable or may be at risk of suicide.[41]

> *They really should be connected with those ESOs at the very beginning of their career, and at their transition points and not have to go looking for them.*
>
> *Ex-service organisation representative, round table, 2020.*

7.50 These programs have shown great promise in improving the health and wellbeing outcomes of veterans and their families, by facilitating the breaking down of barriers to care, improving relationships with community groups, and reducing stigma.[42] Currently, it appears that these programs are targeted at veterans post service, but there is great value in providing similar programs to ADF members throughout their entire career. This will ensure that people can seek advice from those with lived experience for all facets of their journey – throughout service to transition and beyond.

7.51 I have also heard that community veteran support organisations provide important wellbeing support to veterans, but again are often only a point of contact when a member leaves the ADF (see Chapter 8 – Community Veteran Support). In round tables I convened with state and territory governments, some also told me that their governments provide peer-support networks for veterans.[43]

7.52 ADF members should have access to a comprehensive peer-support program that is available throughout their service. Defence should proactively connect new recruits with a peer-support worker or volunteer from the outset. These peer-support workers could be veteran volunteers, ESO representatives and/or more experienced ADF members.

39 Australian Government, Department of Defence, Department of Veterans' Affairs & Department of Health, *Australian Government Response to the National Mental Health Commission 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): 22.

40 Defence, RFI-01-ADF-11-2020, 16 December 2020.

41 Department of Veterans' Affairs, RFI-02-DVA-11-2020, 15 December 2020.

42 Ibid.

43 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Round tables summaries', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

Individualised support

7.53 ADF members differ in their needs, strengths, aspirations and levels of resilience, which means any transition support must be individually tailored. I have heard of veterans who felt a lack of support and empathy in the transition process; for whom the process felt like a 'box ticking' exercise, in which some people can easily 'slip through the cracks'.[44]

7.54 Defence has told me that it is currently transitioning from a coaching model of transition support to a needs-based model, to address some of these issues. While Defence has informed me that this process is undergoing significant reform,[45] stories from contemporary veterans continue to raise it as an issue.

7.55 According to Defence, the needs-based model will include transition discussions commencing early in a person's ADF career, connecting ADF members with a civilian GP, encouraging the participation of family members in the transition process, and the streamlined handover of clinical care.[46] Implementing these reforms as soon as possible is integral to improving the current experience of transition.

7.56 My understanding of the current transition process, based on experiences that contemporary VSOs and ESOs have shared with me, is that while there are many transition training and support services available to transitioning ADF members, these typically require individuals to seek them out themselves, or to be recommended by a Transition Coach. This approach does not generally align with the structured, formalised and wrap-around supports in other areas of the ADF. For example, Defence provides its members with employment, training, housing, health care, social networks and other facets of everyday life during service. During and after transition, veterans have to immediately assume responsibility for managing these areas themselves, which creates an additional burden in a period that typically already includes high levels of stress and uncertainty.[47]

7.57 In addition, each person's transition experience is unique and is affected by a complex range of interrelated psychosocial factors. These include their pre-service history, their service experience, the context and nature of their transition, the accessibility of formal and informal supports, and their personal characteristics, circumstances and preparedness.

7.58 Likewise, people's knowledge of the civilian world, and their skills in navigating it, will vary according to the age at which they joined the military, their connections to external social networks, and early family experiences. Therefore, the types of support people may need will differ in areas such as financial management, civilian employability, civilian medical navigation and accessing accommodation. It is equally clear that not every person responds to, or is affected by, each challenge in the same way.

44 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

45 Department of Defence & Joint Transition Authority, 'ADF transition transformation'.

46 Ibid.

47 Productivity Commission, *A Better Way to Support Veterans*: 31.

We've made a mistake in the past that everybody transitions under the same circumstances. You get 400 people in a room being talked to – people with four years' service and possibly 34 years' service being treated the same. We need to get away from that model.

Ex-service organisation representative, round table, 2020.

7.59 There are therefore obvious issues with a 'one size fits all' approach to transition support. For support to be effective, Defence needs to tailor it to an individual's needs and circumstances. These needs and circumstances can vastly change over the course of a person's military career, necessitating a regular opportunity to recalibrate transition plans to reflect this. This person-centred care should also allow the provision of support at different points throughout an individual's transition journey.

When we think about the transitional group, we have to acknowledge that it is a heterogeneous group … Responses in the transitional phase therefore have to be heterogeneous and individualised, and one of the things that military is very good at, of course, is the one size fits all approach, but I think in the transitional phase we really have to be focused on, you know, tailoring transition to the individual because it is such a heterogeneous group and people leave for so very different reasons.

Clinician and academic, round table, 2021.

7.60 With this in mind, I look forward to seeing Defence move towards the needs-based model as soon as possible to enable person-centred, individualised transition support for its members.

Cohorts with increased vulnerability

7.61 I continue to hear of the additional challenges for individuals whose transition is not of their choosing – particularly those who are transitioning for medical reasons, those who are transitioning at a younger age, those whose period of service has been relatively short, and those who are from a lower service rank. This is supported by the AIHW, which found that younger veterans and those who have been discharged for involuntary medical reasons have higher rates of suicide risk.[48]

7.62 The transition support provided to these groups needs to be comprehensive, intensive, and accessible well after discharge from the ADF. As such, transition improvements must provide comprehensive wrap-around support for those who are at most risk of having difficulties during transition and reintegrating into civilian society.

48 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report.*

Families

7.63 The involvement of families in the transition process must be a key element of personalised support. The family unit can experience specific challenges during transition; for example, as family dynamics shift with the return of a service member. The breakdown of families and relationships, which can be due to the difficulties in transitioning into civilian life, is also a key risk factor for suicide and, as such, is a crucial area in which to provide targeted support.[49]

7.64 The DVA and Defence Transition Taskforce also noted the often unrecognised impact that transition has on families, stating that: 'Many family members feel unprepared and unsupported for the impact of transition and the consequent establishment of their lives in a civilian context.'[50]

> *It has changed but it's got a long way to go. [Families are] the supporters when they come home, we're the supporters and we're the ones that are left behind when they suicide.*
>
> *Veteran support organisation representative, round table, 2020.*

7.65 In summarising the impacts on families, the Taskforce stated:

> *Transition can be a stressful and uncertain time for families, and some members reflected that their personal relationships were less stable during the transition period. Sometimes, family dynamics change during transition, as a result of changes to working arrangements, financial stability and relocating the family home. In some instances, families may require support in addition to the support available to the transitioning member.*[51]

7.66 Family members have told me they need to be more involved in the transition process than they currently are. I heard that even though Defence currently considers families in the transition process, they do not feel supported or included enough. Family members highlighted that if they are not involved in the transition process throughout, then they will not always receive the information they need – before, during and after transition.[52]

7.67 I also heard that privacy restrictions under the *Privacy Act 1988* (Cth) impede the ability of Defence to communicate directly with families of transitioning ADF members, despite many families wishing to be apprised of key information relating to the transition. The Australian Government should consider ways to improve the provision of key information to family members.

49 Ibid.

50 Department of Veterans' Affairs & Defence, *Transition Taskforce: Improving the Transition Experience*: 47.

51 Ibid.

52 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

7.68 In addition, families provide significant support for transitioning ADF members, and they are often the first to identify when a member is struggling with their transition experience.[53] Therefore, families need to be equipped with appropriate information and support, and involved early in the transition process.

Military–Civilian Adjustment and Reintegration Measure (M–CARM)

7.69 Evidence-based measures are necessary to prepare people for transition effectively. One intervention with great promise is the Military–Civilian Adjustment and Reintegration Measure (M–CARM) developed by the Gallipoli Medical Research Foundation.

7.70 The Gallipoli Medical Research Foundation conducted a large-scale Veteran Reintegration Study to understand the positive and negative experiences of transition, and to develop interventions to assist in the transition process.[54]

7.71 The Foundation identified common challenges experienced by veterans, which can contribute to poorer transition experiences: see Table 7.1.

Table 7.1. Common challenges contributing to poorer transition outcomes[55]

Stigma of injury	Difficult discharge procedure	No support for families	Gaps in care	Problems with DVA
Lack of information	Untreated mental health issues	No 're-indoctrination'	Translating skills and experience	Culture shock

7.72 Conversely, the researchers found that people with better transition experiences tend to have a number of typical traits: see Table 7.2.

Table 7.2. Common traits contributing to better transition experiences[56]

Purpose and meaning post service	Civilian friendships and connections	Service is viewed as a chapter in life
Coping skills	Adapting self to fit civilian world (not expecting civilian world to adapt to them)	Finding a similar culture (e.g. sporting clubs, volunteering, employment)
Maintaining a sense of identity	Time to plan and mentally process	Control over the discharge process

53 Ibid.

54 Gallipoli Medical Research Foundation, 'Veteran Reintegration Study', https://www.gallipoliresearch.com.au/project/service-to-civilian/, accessed on: 30 June 2021.

55 Dr Madeline Romaniuk, 'The impact of transition out of the ADF on mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

56 Ibid.

7.73 This study led the Foundation to develop a psychiatric measure, M–CARM, which can predict the areas in which transitioning members are likely to struggle with regard to their reintegration into civilian society. Such measures may enable the development of targeted programs and interventions based on a person's individual needs.

7.74 It is my understanding that the predictive measure is currently designed for people who have already transitioned from the ADF. The tool identifies areas of concern for an individual, and links the person to a tailored online training program – Go Beyond – to address those areas.[57] Clinicians can also use the tool to assist with the support they provide for veterans struggling to reintegrate into society.

7.75 The Foundation has told me that it is currently developing a measure for ADF members to assist in their preparation for transition. I see great value in this measure and, once developed, Defence should include it as a mandatory tool to assist in individualising each person's preparation for transition.

57 Gallipoli Medical Research Foundation, 'Go beyond', https://gobeyond.org.au/#/public-dashboard, accessed on: 30 June 2021.

Transition from Defence to DVA

7.76 While the transition from military to civilian life may not be seamless for an individual, the transition of care and support between government departments absolutely should be. Improved service continuity is one way to help make a challenging process as easy as possible for our transitioning service members.

7.77 DVA must proactively assess each person's records, and either give advice about, or automatically provide, entitlements and payments for those who have recorded injuries while serving. Defence and DVA need to implement any necessary changes to allow this to happen, including integrated information sharing and, where necessary, the seamless transfer of information between organisations.

7.78 The information exchange between DVA and Defence to support claims management is clearly an issue that needs further attention. I am of the view that the claims processes for a service member should be commenced – and finalised where possible – well before they leave service. There should be a simple process allowing medical records that could support claims assessment to be easily transferred between Defence and DVA, should an ADF member wish this to happen.

7.79 As noted by the Productivity Commission, early, positive developments from the DVA's Veteran Centric Reform program include 'straight-through' processing, which permits the use of Defence data to immediately satisfy the service-related requirements of claims, and the digitisation of records.[58] It remains to be seen how well this actually plays out for transitioning service members.

7.80 I am aware of amendments made in 2018 to the *Military Rehabilitation and Compensation Act 2004* (Cth) to allow the Chief of the Defence Force to make a claim for liability on behalf of an ADF member. According to DVA, these amendments are intended to 'streamline the claims process and reduce red-tape between Defence and DVA'.[59] The revised provisions aim to achieve this by dealing with the acceptance of liability early and efficiently – generally while a person is still in service and it is easier to access contemporaneous Defence records. Defence and DVA should be utilising this mechanism wherever possible, and certainly for the common injuries that a vast majority of ADF members experience during and following their military career.

7.81 I have heard a number of troubling stories relating to the transfer of responsibility between Defence and DVA. Some veterans spoke of being processed out of the ADF before they had time to put their DVA claims in order. Others gave examples of where Defence gave estimates of DVA processing times that bore no actual resemblance to the lengthy waiting period the ADF member was then faced with. I also heard of veterans experiencing difficulties accessing information from Defence to support their claims with DVA. Many service members spoke about how a lack of service continuity left them feeling frustrated, abandoned and disillusioned.[60]

58 Productivity Commission, *A Better Way to Support Veterans*: 22.

59 Department of Veterans' Affairs , 'Schedule 1: Claims by Chief of Defence Force on behalf of persons', 2020, https://www.dva.gov.au/about-us/overview/recent-changes-our-legislation/schedule-1-claims-chief-defence-force-behalf, accessed on: 30 June 2021.

60 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

> *That's a big disconnect between Defence's expectations [of how long DVA takes to process claims] and DVA's ability to deliver, particularly given how big a backlog they've got at the moment.*
>
> *Ex-service organisation representative, round table, 2021.*

7.82 Some of the veterans told me that it did not make sense to them that they could be so injured that Defence was discharging them, yet somehow not have their claims easily accepted by DVA. There was confusion and anger at the often adversarial nature of the relationship with DVA, the need to retell traumatic stories repeatedly, and a strong feeling of not being believed. Veterans raised the difficulties of DVA's largely passive approach to providing support – pointing out that they had to be proactive in reaching out to DVA after they left service. These difficulties are often compounded by feelings of shame about their support needs.

7.83 I note there has also been frustration on the DVA side in that veterans failed to understand that being unfit for service did not necessarily mean they were eligible for compensation.

7.84 To overcome these challenges, DVA should move to a proactive wellbeing model (see Chapter 4 – Department of Veterans' Affairs Legislation and Practice). DVA should be engaging with ADF members as early as possible to educate, reduce stigma, and provide assistance well before that assistance is urgently required. As much as possible, people transitioning out of the ADF should have an existing, strong relationship with a DVA case manager – and any claims or supports either underway or in place – before they transition.

7.85 I note the Productivity Commission's statement that the 'rhetoric around the importance of transition is not matched by effective action'.[61]

61 Productivity Commission, *A Better Way to Support Veterans*: 31.

Career support

7.86 We know that the average military career is between 7 and 10 years.[62] We also know that in 2018 over half of the ex-serving ADF population was under 45 years of age.[63] This means that a large proportion of contemporary veterans are likely to need to prepare for decades of civilian working life after their military service.

7.87 Research also suggests that, for veterans, unemployment may be a risk factor for suicide.[64,65]

> *I need something to do … something that's good, not in a financial sense, but in a self-esteem, self-worth sense. A sense of belonging, a sense of spirit.*
>
> *Donny Paterson, veteran, private meeting, 2021.*

7.88 Finding and maintaining employment after a service member leaves the military is an important contributor to wellbeing. As Dr Katelyn Kerr and colleagues state:

> *… being a part of the workforce has significant benefits to psychological and social wellbeing, including providing structure, social contact, purpose, goal-oriented activity and a role identity. For many ex-military personnel transitioning to civilian roles, work provides improved mental health and quality of life.[66]*

7.89 These authors conclude that the increased suicide risk for those who are unemployed or on long-term veteran pension payments demonstrates the importance of early identification and intervention for this cohort. The authors state that their findings:

> *… highlight the importance of prioritising the need for tangible employment options, or meaningful and goal-directed activities in those veterans deemed unable to work, to facilitate socialisation and provide veterans with a sense of continued purpose and worth, potentially reducing suicide risk.[67]*

7.90 Unfortunately, it is difficult to understand the full picture of veteran employment due to inadequate data.[68] Research from the 2018 Transition and Wellbeing Research Programme suggested that, of the study population, 43% of transitioned ADF members were unemployed for a period of 3 months or longer after leaving the ADF.[69] Defence survey results in 2018 show that employment outcomes may be broadly similar for those voluntarily discharging, but poorer for those who discharge for medical reasons.[70]

62 Productivity Commission, *A Better Way to Support Veterans*: 9.

63 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*.

64 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 42.

65 Katelyn Kerr, Madeline Romaniuk, Sarah McLeay, Andrew Khoo, et al., 'Increased risk of attempted suicide in Australian veterans is associated with total and permanent incapacitation, unemployment and posttraumatic stress disorder severity', *Australian & New Zealand Journal of Psychiatry* 52, no. 6 (2018).

66 Ibid: 558.

67 Ibid: 559.

68 Productivity Commission, *A Better Way to Support Veterans*: 114.

69 Miranda Van Hooff, Ellie Lawrence-Wood, Stephanie Hodson, Nicole Sadler, et al., 'Mental Health Prevalence': 48.

70 Productivity Commission, *A Better Way to Support Veterans*: 114.

7.91 It is therefore imperative that Defence provides ADF members all the necessary tools and opportunities to find meaningful employment or activities before they transition.

7.92 Defence needs to reimagine its approach to workforce planning and the learning and professional development of its members to ensure that it is preparing individuals for success in their post-military careers. This should include ensuring early planning for a post-military career, the preparation and development of civilian employment skills, and the formal recognition of qualifications gained in military training and employment. Many of these elements are currently under way in the transition process, or in future planning of the JTA. Nevertheless, Defence should enhance these activities and give veterans the best opportunities to enjoy either meaningful employment or activity-based engagement for those unable to work.

Job readiness and skills enhancement

7.93 Defence offers a range of programs under the Defence Force Transition Program that focus on enhancing an individual ADF member's employability profile. Programs provided under career transition coaching include modules on personality profiling, competency and capability mapping, personal branding and marketing, CV and job search skills, negotiation skills, and adjustment coaching.[71] These appear to be positive programs, but this needs to be confirmed through evaluation of their effectiveness. Defence should be strongly encouraging – and mandating where necessary – participation in the programs.

7.94 There are also ad hoc opportunities offered by the Australian Government to support skills enhancement. For example, the Commonwealth Scholarships Program for Young Australians is available for 15 to 24 year olds as well as veterans, of any age, who have transitioned from the ADF in the previous 2 years and who live in one of 10 nominated regions. Through this program, scholarships of up to $13,000 are available for service members to undertake an eligible vocational education and training qualification between Certificate III and Advanced Diploma level, and associated internships.[72] The New Business Assistance with New Enterprise Incentive Scheme program also allows transitioning ADF members, and their partners and adult children, to obtain accredited small business training, mentoring and support to help start a new business.[73] These measures should be expanded.

7.95 In addition, the Australian Government is piloting a measure for veterans receiving incapacity payments who are unable to work or have a reduced ability to work, due to service-related injury. This measure allows these veterans to receive 100% of their ADF normal earnings if they are undertaking full-time study, to assist them in securing ongoing meaningful employment after their ADF service. The pilot is to continue to 30 June 2022,[74] and I look forward to hearing more about the outcomes and evaluation of it.

71 Department of Defence & Joint Transition Authority, 'ADF transition transformation'.

72 Department of Education, Skills and Employment, 'Commonwealth Scholarships Program for Young Australians', 2021, https://www.dese.gov.au/commonwealth-scholarships-program-young-australians, accessed on: 30 June 2021.

73 Department of Education, Skills and Employment, 'New business assistance with NEIS', 2021, https://www.dese.gov.au/new-business-assistance-neis, accessed on: 30 June 2021.

74 Department of Veterans' Affairs, 'Step-up to incapacity payments for veterans studying', 2019, https://clik.dva.gov.au/rehabilitation-policy-library/16-step-incapacity-payments-veterans-studying, accessed on: 30 June 2021.

7.96 On 31 May 2021, the New South Wales Government announced a Veterans Skills Program that offers fully subsidised training to veterans looking to upskill, as part of the NSW Veterans Strategy. Those who are eligible can study any course from a Certificate II to an Advanced Diploma, including all apprenticeships and some traineeships. Through a partnership with TAFE NSW, the New South Wales Government also presents a program that assesses veteran skills and offers gap-training analysis.[75] This is promising and I support it continuing. However, it would be preferable to see the Australian Government lead and roll out such programs nationally to ensure that all veterans can access skill development and retraining opportunities.

Formal skills recognition

7.97 ADF members gain a range of valuable skills while serving. However, a lack of recognised formal qualifications remains a key barrier to transitioning ADF members accessing the civilian job market. No ADF member should be transitioning without formal recognition of their competencies.

> *So, if you are a Marine Technician who runs a diesel complex, you will not have a trade certificate as an engineer that is valid outside of the service. You can service the entire Aegis radar systems on a two billion dollar destroyer, but when you leave the Navy the only thing you're qualified to do is clamp on electrics within the automotive electrical industry. You can't get a job, because you don't have any trade.*
>
> *Chaplain, round table, 2021.*

7.98 There appear to be improvements in this area. For example, Defence established the ADF Transition and Civil Recognition Project in 2017 to provide an opportunity for veterans to have transferrable military skills recognised in a civilian context prior to transitioning to civilian employment.

7.99 The ADF Transition and Civil Recognition Project works with the Defence Registered Training Organisation to help reissue past accreditations. However, the onus is on the transitioning ADF member to undertake these processes, to obtain a copy of their PMKeyS ADF Service History Report and to contact Service Training Command to ensure that all their eligible qualifications, skill sets and units of competency have been issued during service. For ADF members who already feel overwhelmed and overloaded with transition information, or who are transitioning unexpectedly, this is not always feasible.

7.100 Undeniably, a great deal of the training undertaken by ADF members within the ADF is unique, and will not have an equivalent competency within a nationally accredited qualification.

7.101 However, many skills obtained through military training *are* transferrable and can be validated through Recognition of Prior Learning (RPL). RPL is an assessment process used by Registered Training Organisations to evaluate a person's workplace skills, knowledge and experience, and provide credit against units of competency – often translating to a qualification, or shortening the time needed to undertake a qualification.

75 New South Wales Government, 'Free training for veterans', 2021, https://education.nsw.gov.au/skills-nsw/skills-news/free-training-for-veterans, accessed on: 30 June 2021.

> *What we're seeing at the moment is that many people are coming out, particularly the young guys, and they haven't had the support to translate their qualifications and the skills that they've developed within the service environment into the civilian sector, so I think there's also a lot that can be done in that space.*
>
> *Academic, round table, 2021.*

7.102 This validation of transferrable skills that civilian employers understand and value is critical to improve the employment prospects of a transitioning ADF member. Yet I have heard of many difficulties with the RPL process.[76]

7.103 It is vital to start this process early, align it to proactive discussions about post-service career goals, and allow ADF members to understand how their existing proficiencies could be used to make up a full qualification in their industry of interest. I welcome Defence's commitment, set out in its submission to the Productivity Commission, 'to map current Defence Training to relevant civilian accreditation in order to provide accreditation and employment pathways that recognise the skills developed through Defence members' careers'.[77]

> *… this is a very sensitive issue within Navy, and I'm just going to state what I believe to be the facts. Navy does not provide civil qualifications for its members, in general, because of retention.*
>
> *Chaplain, round table, 2021.*

7.104 In addition, all RPL processes and other pathways to align civilian and military competencies should be available to veterans regardless of when they left the ADF.

7.105 The current formulation of the formal skills recognition process, including RPL and the work of the ADF Transition and Civil Recognition Project, appears to be retrospective. It is premised on matching military skills and qualifications to civilian counterparts after the fact, often when a person is already preparing for transition. This is too late.

7.106 Defence should be proactively designing, delivering and improving its recruitment, training, education and qualification programs, and professional development, and developing the 'military culture' – not only to focus on the skills, training and ethos so important to military operation, but also to have an eye to the future of its workforce. Most ADF members will transition back into the civilian world. Therefore, all professional and educational development programs in the ADF should be designed in line with civilian qualifications or competencies, where relevant; and ADF members should be strongly encouraged to participate in civilian employment engagements throughout their military service. Any gaps in aligning qualifications should be filled at the relevant time, rather than relying on an RPL process or other retrospective competency alignment. There should be no need for RPL because the competency should already have been recognised and awarded.

76 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

77 Department of Defence, *Department of Defence Submission: Compensation and Rehabilitation for Veterans, Productivity Commission – Issues Paper* (Canberra, Commonwealth of Australia, 2018): 27.

Marketing skills and connecting with employers

7.107 Veterans bring a wealth of skills to civilian employment, including professionalism, leadership qualities, resilience under pressure, problem-solving skills, and many other unique abilities and broad experiences.

> *A lot of our soldiers that are getting out have incredible skills – soldiers, sailors and airmen – have incredible skills and qualifications that, for whatever reason, the system outside of Defence doesn't recognise.*
>
> *Ex-service organisation representative, round table, 2020.*

7.108 However, veterans' skills and experience are not always recognised or valued within civilian society. Efforts to ensure that our veterans are equipped with transferrable qualifications and making them 'job ready' are important, but these need to be coupled with increased opportunities and demand for veteran employees in the civilian workforce.

7.109 I have heard of concerns that the narrative of 'broken' or 'damaged' veterans could adversely affect how employers perceive the veteran cohort. I have also heard of times when employers hesitated to employ veterans because of this perception.[78] The Productivity Commission further noted that:

> *… perceptions of ubiquitous mental ill health among veterans are problematic for two reasons. First, they are mostly incorrect … Second, the mistaken belief that all veterans suffer from mental ill health may be impeding their transition to civilian life.*[79]
>
> *We need to get away from this narrative that all veterans are broken, because it actually affects the employment prospects of all veterans.*
>
> *State government official, round table, 2021.*

7.110 Governments must do everything they can to break down these negative stereotypes and ensure that veterans are valued and the demand for their skills is high.

78 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summaries of round tables'.

79 Productivity Commission, *A Better Way to Support Veterans*: 120.

7.111 Pleasingly, governments across the country currently have a number of programs to promote the benefits of employing veterans. Examples include the following:

- The Prime Minister's Veterans' Employment Program raises awareness of the value and experience of Australia's veterans; provides advice, resources and support for veterans seeking employment; and builds the evidence base for employing veterans.[80]
- The New South Wales Government's Veterans Employment Program helps hiring managers and human resource personnel to understand the skills and attributes veterans can bring to employment; supports veterans searching for public sector employment with tools, information and workshops focused on public sector job application process; and provides a Veterans Education Scholarship program.[81]
- The Queensland Government's Veterans' Employment Pathway seeks to promote veteran employment opportunities within the Queensland Government, and showcase the skills and capabilities of former ADF members to hiring managers and human resource practitioners.[82]
- The Victorian Government's Public Sector Veteran Employment Strategy provides online resources to support veterans to find opportunities in the Victorian public sector and to promote the skills of veterans to relevant employers.[83]
- The Western Australian Government offers the Veterans Employment Transition Support program, which encourages veterans to consider employment within the Western Australian public sector, and has established a volunteer mentor network to provide advice and support on matters related to the transition of ex-serving ADF members into the public sector.[84]
- The Northern Territory Government is currently developing a veteran specific employment program.[85] I look forward to hearing more about its progress.

7.112 There are also examples of programs at a local government level. For example, the City of Newcastle in South Wales launched a dedicated program aimed at supporting veterans to pursue a career in local government. The program involves dedicated advice and guidance to veterans and employing managers about matching skill sets, supporting veterans throughout the recruitment process, and tailoring feedback for ex-serving ADF members.[86]

7.113 I commend these governments for promoting veteran employment. There is, however, benefit in exploring further opportunities to highlight the significant value of veterans in the civilian workplace. There is also benefit in initiatives to incentivise employers to take on veterans. For example, training grants could provide funding to eligible employers to help them support veterans to gain specific skill enhancements or address experience gaps that would otherwise prevent them from being competitive for a civilian position.

80 Australian Government, 'Prime Minister's Veterans' Employment Program', https://www.veteransemployment.gov.au/about/veterans-employment-program, accessed on: 2 July 2021.

81 New South Wales Government, 'Veterans Employment Program', 2018, https://www.vep.veterans.nsw.gov.au/, accessed on: 2 July 2021.

82 Department of Defence, 'Veterans Employment Program', https://www.defence.gov.au/members-families/Transition/Future/programs.asp, accessed on: 2 July 2021.

83 Ibid.

84 Ibid.

85 Department of Veterans' Affairs, 'Veterans employment', 2019, https://www.dva.gov.au/newsroom/vetaffairs/vetaffairs-vol-35-no4-summer-2019/veterans-employment, accessed on: 2 July 2021.

86 City of Newcastle, 'Veterans Employment Program', https://newcastle.nsw.gov.au/council/about-council/careers/veterans-employment-program, accessed on: 9 July 2021.

Pre-discharge transition course

7.114 Many veterans and community veteran support organisations told me that Defence invests a great deal of time, money and effort in training members for military service, but not nearly enough time training people to be civilians.[87]

> *The Army spent four years training me for my initial role in the Army and then spent numerous years later training me for other things, but they did not spend one second preparing me to leave the Army.*
>
> *Ex-service organisation representative, round table, 2021.*

7.115 Defence must invest as much time, money and effort in preparing people to reintegrate into society as it does building people into military personnel. Defence has a responsibility to prepare its ADF members for a future of lifetime wellbeing in recognition of the sacrifice they have made for the country.

7.116 As this chapter has outlined, preparation for transition needs to be incorporated into the standard training and professional development of ADF members from the beginning of their service, and transition support must be available throughout their entire military journey.

7.117 There is also need for a comprehensive, structured and mandatory transition course for all ADF members immediately prior to their discharge.

7.118 This is particularly relevant for those whose transition trajectory has accelerated or changed, and either they have not had the opportunity for the early preparatory work, or aspects of that planning are no longer relevant to their new circumstances. Indeed, it is crucial, particularly for those 13% transitioning for medical reasons, and 28% for other involuntary reasons – such as being physically unfit for service, training failure or disciplinary reasons.[88] Even within the cohort that transitions voluntarily, changes in personal circumstances may mean that some service members need to transition earlier than otherwise planned, or under different circumstances

> *Unlearning is a lot harder than learning. And there's a lot of unlearning that needs to be done post-military. And I don't think the programs that are out there … I don't think the programs are addressing the unlearning that needs to happen.*
>
> *Veteran, private meeting, 2021.*

7.119 To allow a pre-discharge transition course to be tailored to individual needs, there should be scope for it to be modular, with different units or competencies centred on different transition needs.

87 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

88 Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*.

7.120 Some modules will need to be core and mandatory for all ADF members, such as those reflecting on the cultural norms within the service, and preparing members for the realities of cultural adjustment. Other modules may be electives, such as those preparing ADF members with skills in specific practical aspects of civilian life; for example, financial literacy, budgeting, insurance, accessing Medicare entitlements, and sourcing housing or rental accommodation.

> *A lot of people who go into the ADF go into the ADF virtually as their first job. And, therefore, there are a whole bunch of life skills that other people in the community will develop … that a young soldier misses out on.*
>
> *Ex-service organisation representative, round table, 2020.*

7.121 While these latter modules could be available for anyone to take as an elective, there should also be the ability to mandate any of them if deemed necessary in an individual's transition planning. In particular, there are transition cohorts where more intensive support is needed. For example, certain life skill gaps can be particularly challenging for younger ADF members, who may have come into the ADF as their first job, and not had the opportunity to develop or embed these life skills prior to their military career.[89] In addition, people transitioning for medical reasons are more likely to need training in engaging with civilian healthcare systems and DVA entitlements.

Principles of a mandatory pre-discharge transition course

7.122 The specifics of a mandatory pre-discharge transition course requires further exploration, design and testing, which is an activity the JTA should be focusing its efforts on. The following principles should be incorporated into the design of this course:

- **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 have a focus on the practical aspects of accessing mental health support and should also aim to break down stigma associated with mental ill health. It should include information about other pressures that may affect health and wellbeing; for example, alcohol and other drugs, nutrition, exercise, sleep, etc.

89 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

- **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 also provide information on how to access support services, including, where relevant, how to navigate DVA systems in order to do so.
- **Families** – The course should incorporate significant involvement from 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 community veteran support organisations, such as ESOs. ESOs can be an important source of social support for transitioning ADF 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 incorporate opportunities to identify individuals who require more personalised support; for example, those with support needs that cannot be addressed in a group setting.
- **Complement 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 independent, evidence-based approaches that support individuals to understand cultural adjustment, such as M–CARM, developed by the Gallipoli Medical Research Foundation.

Recommendations

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:

- 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.

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 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 identity and address any outstanding skills gaps before they leave service
  - supporting veterans to undertake RPL processes once they have left Defence.

Recommendation 7.5

- 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.

Recommendation 7.6

- 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.

Recommendation 7.7

- 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:

  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.

Recommendation 7.7

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 support services including, where relevant, how to navigate DVA systems in order to access the services.

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.

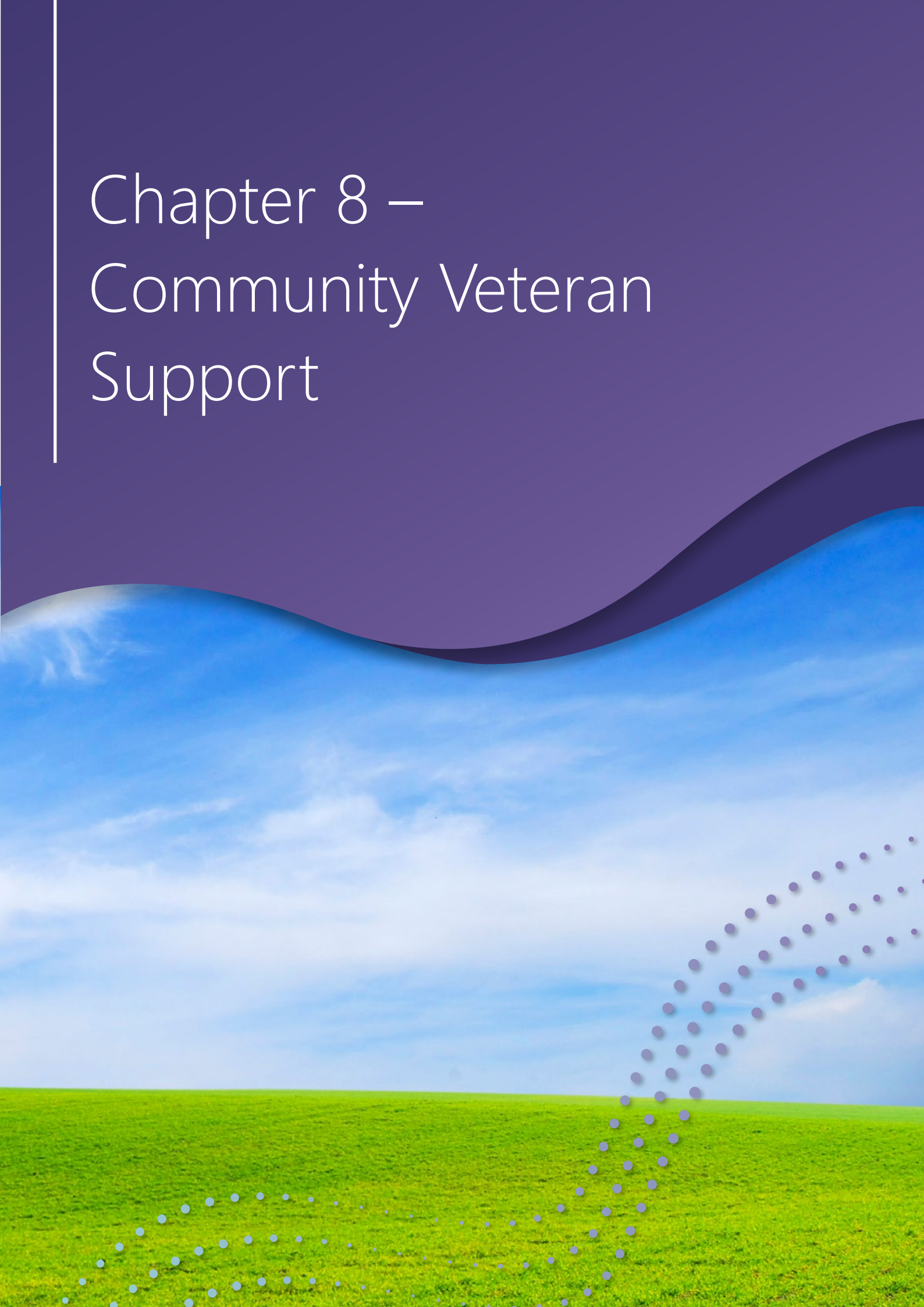
Continuous evaluation – Defence needs to continuously evaluate the course's effectiveness through outcome measures, and not rely simply on attendance numbers or completion rates.

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.

Chapter 8 – Community Veteran Support



Introduction

8.1 The community-based structures and organisations that support the health and wellbeing of Australian Defence Force (ADF) members, veterans and their families have evolved and expanded over time, adapting to changes in government policy and service provision, and the changing demographics, needs and expectations of ADF members, veterans, their families and society. It is conservatively estimated that there are now well over 3,500 community veteran support organisations lobbying for, or directly servicing, the individual and collective needs of the Defence and veteran communities in Australia.

8.2 The focus of this chapter is on ex-service organisations (ESOs) and veteran support organisations (VSOs). Collectively, these organisations provide the bulk of community veteran support. Although there are no specific agreed definitions for these organisations, generally ESOs have a membership base of individuals who have previously served in the ADF, and exist to support veterans and their families. VSOs provide assistance to ADF members, veterans and their families, but do not necessarily have a membership base of ex-service ADF members and may not focus exclusively on ex-serving ADF members.[1,2]

8.3 Some of these organisations have a large national presence, with various sub-branches and divisions across Australia. They include the Returned and Services League (RSL), Legacy, War Widows' Guild of Australia, Vietnam Veterans Association of Australia and Vietnam Veterans' Federation of Australia.[3,4] Others have a smaller and more localised presence, or provide more niche service offerings, but their contributions to veteran support are no less important. There are also a range of social media groups, trusts, ship or unit associations, veteran specific charities and commercial providers, and other non-veteran specific non-government organisations providing support within the community veteran support sector.[5]

I had no one around me. It wasn't until I reconnected with the veteran community that my life started making sense.

Veteran who began service at 16 years old, private meeting, 2021.

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1 Productivity Commission, 'Volume one', *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): 36–7.

2 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report* (Canberra, Aspen Foundation, 2016): 23.

3 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): 30–1.

4 Productivity Commission, 'Volume two', *A Better Way to Support Veterans*: 532.

5 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 23.

8.4 Much of the content within this chapter draws directly on the discussions I have had with different community veteran support organisations. These organisations have been strongly represented at round tables I have held across the country, and their members have generously shared their expertise, insights and experiences with me. I have also been fortunate to meet with a variety of these organisations individually to see their work on the ground. Through private meetings and other correspondence, veterans and their families have shared the significant positive impact the support from these organisations and the people within them have had in times of vulnerability. They have also shared their insights on where improvements can be made.

8.5 This chapter highlights only a small selection of the many experiences I have heard about during the course of my work, and only a tiny fraction of the work of the community veteran support sector. For more information on the organisations I have engaged with, see Chapter 1 – Methodology.

The nature of community veteran support

8.6 Community veteran support organisations provide an array of services that can be broadly grouped into 3 main categories:

- advocating for system change
- providing individual claims support
- undertaking advocacy, and providing wellbeing and psychosocial services.[6]

Many organisations provide a combination of these.

Advocating for system change

8.7 Community veteran support organisations can be powerful advocates for policy, legislative and government service changes, and have historically influenced central developments and reforms of the veteran support system.[7] Individually and collectively, these organisations continue to have a strong role in informing government about the practical experience of individuals accessing the veteran support system, and in seeking recognition of veterans' interests in government policy.[8] They contribute through a range of formal consultation mechanisms, including the ESO Round Table (ESORT); formal submissions to and engagement with the review and inquiry processes outlined in Chapter 3 – Former Inquiries, Reviews and Recommendations; and a variety of other lobbying processes that seek to foster public awareness, engagement and debate. I have heard from a broad spectrum of organisations involved in systemic advocacy work, from traditional and long-established structures such as the RSL, through to more recent organisations such as REDSIX and Voice of a Veteran: see Box 8.1.[9] Community veteran support organisations are uniquely positioned to identify system shortcomings and provide feedback on system functioning, and their experiences and insights have been critical to my work and to informing the views I have formed in this Preliminary Interim Report.

6 Productivity Commission, *A Better Way to Support Veterans*: 533.

7 Ibid: 129.

8 Ibid: 533.

9 In July 2021, Voice of a Veteran closed as a separate platform and joined with other veterans' organisations to form the Veteran Support Force.

Box 8.1. Voice of a Veteran (now merged to form the Veteran Support Force)

Voice of a Veteran was founded by a retired Special Forces Major in September 2020. Voice of a Veteran advocated for system change and focused on mental health issues in the veteran community. It was designed as a platform for modern veterans to connect, speak out and take action.

The organisation sought to break down stigma associated with mental ill health, illness and vulnerability among the veteran community; encourage veterans to support veterans; shape the public narrative about modern veterans; and help Australians to better understand contemporary veterans, the issues they face and the value they represent.[10]

In July 2021, Voice of a Veteran closed as a separate platform and joined with others to form the Veteran Support Force. The Veteran Support Force is designed to provide proactive support and engagement throughout the course of the Royal Commission into Defence and Veteran Suicide.[11]

Box 8.2. Ex-Service Organisation Round Table (ESORT)

The ESORT forum is part of the Department of Veterans' Affairs National Consultation Framework. According to its Terms of Reference, it 'is intended to enhance the capacity of the Repatriation Commission and Military Rehabilitation and Compensation Commission to address issues of strategic importance to the ex-service and Defence communities and assist in setting strategic directions for the medium to long term'.

ESORT is comprised of national presidents or equivalents drawn from 15 community veteran support organisations, and all members of the Repatriation Commission and Military Rehabilitation and Compensation Commission.[12]

10 Voice of a Veteran, 'Meet Heston Russell', 2020, https://www.voiceofaveteran.org/heston, accessed on: 6 July 2021.

11 Voice of a Veteran, 'Voice of a Veteran: Important announcement', 2021, https://www.voiceofaveteran.org/, accessed on: 5 July 2021.

12 Department of Veterans' Affairs, 'ESO Round Table (ESORT)', 2020, https://www.dva.gov.au/about-us/overview/consultations-and-grants/how-we-consult-ex-service-community/eso-round-table-esort, accessed on: 6 July 2021.

Individual claims support and advocacy

8.8 At an individual support level, community veteran support organisations assist ADF members, veterans and their families through claims processes with the Department of Veterans' Affairs (DVA) and other Australian Government bodies, as well as through review processes.[13] Most claims advocacy and support services for veterans are provided by ESOs through volunteer advocates (although there is a smaller number of paid advocates who are employed by larger ESOs).[14,15] DVA's Advocacy Training and Development Program (ATDP) commenced in July 2016, and replaced the former Training and Information Program (TIP). Under ATDP, advocates undertake a course in military advocacy, which has national accreditation through the Australian Skills Quality Authority (ASQA). Units of competency relate to both compensation and wellbeing advocacy.[16] Completion of this program is voluntary and there are a number of providers that provide unaccredited advocacy support. There is no reliable data capture of the number of people providing advocacy support without having completed this training.

8.9 I am aware of the significant effort, largely by volunteers, that goes into understanding and keeping up to date with the different entitlements available under multiple Acts, completing training competencies or having them recognised under ATDP, and supporting clients or peers to navigate this confusing and overly complex system. I note that while DVA has introduced the MyService portal to make the claims process easier for individuals, it does not provide formal training to ESOs in the use of MyService.[17] I am conscious of the considerable administrative burden the claims process entails, as well as the critical role organisations have in providing wellbeing supports to veterans and their families who are engaged in this process.[18]

8.10 Previous reviews, and many people I have spoken with, have raised significant criticisms of the claims system as a whole, as well as key elements of the advocacy system (including the training accreditation process), quality control mechanisms, funding models, and ease of navigation of the online service system.[19,20] The insights and experiences of community veteran support organisations involved in this area have informed my calls for overall system reform in Chapter 4 – Department of Veterans' Affairs Legislation and Practice.

Wellbeing and psychosocial support

8.11 Community veteran support organisations provide a wealth of wellbeing and psychosocial supports. The Aspen Foundation, in its work mapping the services of community veteran support organisations in 2015, found service offerings catering for the full suite of needs articulated in Maslow's Hierarchy of Needs model – from basic physical needs such as shelter and food, through to self-actualising needs around creativity, connection and

13 Productivity Commission, *A Better Way to Support Veterans*: 36–7.

14 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report*: 41.

15 Productivity Commission, *A Better Way to Support Veterans*: 566.

16 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 1], 14 July 2021: 3–5.

17 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 13.

18 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

19 Ibid.

20 Productivity Commission, *A Better Way to Support Veterans*: 545–8.

spirituality.[21] At any given time there are organisations supporting veterans and their families with needs in areas as diverse as housing, employment, health and wellbeing, family support, legal matters, personal security, financial matters, transition adjustment, rehabilitation, community engagement and social interaction.[22,23,24]

> *We'd like to think we provide not just a safety net, but a springboard for veterans back onto a path to wellbeing.*
>
> *Veteran support organisation representative, round table, 2021.*

8.12 The models and methods of wellbeing and psychosocial support delivery are as varied as the services themselves. Services can be designed to meet one-off health and wellbeing needs, or may be provided as part of a suite of integrated and wrap-around supports.[25] I have heard about short training courses, holistic rehabilitation services, tailored case management supports, veterans' hubs, and acute crisis support such as emergency accommodation, to name but a few.

8.13 Some organisations specialise in and focus their support provision on specific risk factors affecting the veteran community. For example, we know that financial strain is a risk factor for suicidality, particularly for younger people transitioning from service;[26] and organisations such as the Bravery Trust (see Box 8.3) focus on this specific issue through the provision of financial crisis services and counselling.[27,28] Others, including Mates4Mates (see Box 8.4), integrate a number of different services across physical, psychological and social spheres; while organisations such as The Oasis Townsville (see Box 8.5) focus on referral pathways and partnerships to ensure a variety of different needs are met.

Box 8.3. Bravery Trust

The Bravery Trust supports ADF members, veterans and their families who have an injury or illness related to their service and are experiencing financial hardship. The Bravery Trust can provide emergency financial relief for essentials such as food, rent, bills, education, clothing and transport. It also provides veteran specific financial counselling, with counsellors who will listen to the person's financial situation and tailor solutions to their circumstances.[29]

21 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 13–15.

22 Ibid: 12.

23 Productivity Commission, *A Better Way to Support Veterans*: 533.

24 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

25 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 31–2.

26 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*, Report prepared for the Australian Commission on Safety and Quality in Health Care (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020): 2.

27 Bravery Trust, 'About Bravery Trust', 2020, http://www.braverytrust.org.au/about-us, accessed on: 1 July 2021.

28 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

29 Bravery Trust, 'About Bravery Trust'.

Box 8.4. Mates4Mates

Mates4Mates provides physical rehabilitation and wellbeing services, psychology services, employment and education support services, rehabilitation adventure challenges and social connection activities. These services are provided to ADF members and veterans who have physical and psychological injuries related to their service, as well as to their families. Mates4Mates draws its staff and volunteers predominately from the Defence community.

Service features include:

- physical rehabilitation delivered in individual and group settings
- evidence-based individual and group therapy services
- career coaching and mentoring, employment support and opportunities for further education and training
- opportunities to participate in a range of rehabilitation adventure challenges, including trekking, cycling, sailing and kayaking programs
- opportunities for peer support through social, recreational and family activities.

Mates4Mates is a national organisation and has Family Recovery Centres in Brisbane, Townsville and Hobart, as well as outreach services in regional areas across Australia. I had the opportunity to visit the Townsville Centre (see Figure 8.1), which offers a range of supports with a focus on the provision of psychological services and exercise physiology. Clinical support is characterised by evidence-based psychotherapies, such as trauma-informed cognitive behavioural therapy (CBT) and EMDR (Eye Movement Desensitization and Reprocessing), and exercise physiologists provide their services at the on-site gym. Other activities hosted by the centre include social barbeque events, wheelchair basketball, art therapy, cooking classes and yoga.

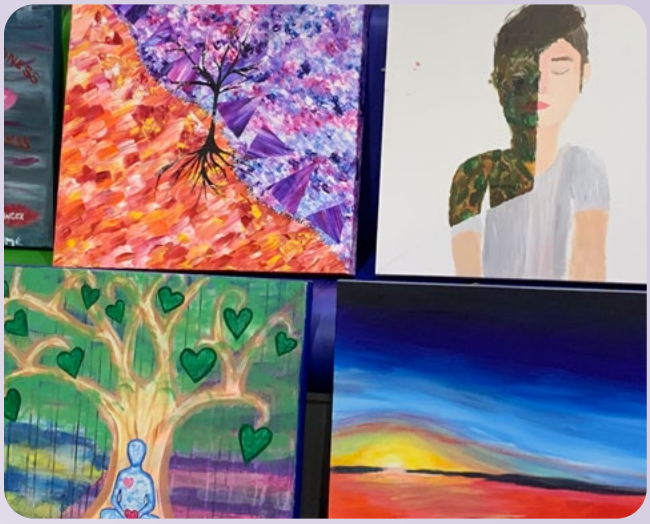

Figure 8.1. Site visit to Mates4Mates, Townsville, Queensland, January 2021

The centre is co-located with the RSL Queensland Townsville Branch, providing access to RSL QLD Veteran Services' Officers who can provide advice and assistance with DVA's claims process.[30]

30 Mates4Mates, 'Who we are', 2021, https://mates4mates.org/whom-we-are, accessed on: 6 July 2021.

Box 8.5. The Oasis Townsville

The Oasis Townsville is focused on providing a 'single front door' for ADF members, veterans and their families to the services that will help their integration into the Townsville community.

The organisation provides volunteering opportunities, facilitates social connections (through facilities such as a veterans' lounge, spaces for organised activities and social gatherings), and offers cafe facilities, transition planning, and case management and service referrals.

The Oasis Townsville describes itself as a 'concierge service', directing clients to the best services in Townsville to fulfil needs related to meaningful employment, good mental and physical health, strong social connections, suitable education and skills, adequate housing, sufficient income, appropriate compensation, respect and recognition, and adequate transportation. The idea for a 'referral hub' originated around 10 years ago as the result of a collaboration between leaders of ex-service organisations (ESOs) in Townsville, after concerns were raised that the services provided by each of their organisations were dispersed throughout Townsville, making it difficult for ADF members who were transitioning into civilian life.

Services include:

- help with planning for transitioning out of the ADF
- help with connecting and integrating into civilian life in Townsville
- compensation advocacy for claims with DVA
- job placement
- support with space for associations and other veterans' gatherings
- support to find and train suitable assistance dogs with appropriate certification
- assistance to groups of veterans and their partners who have a hobby or interest and want a little help to coordinate it, and perhaps a place to gather and do it.[31]

I visited The Oasis Townsville's temporary premises and heard that their new premises at Oonoonba will act as a support and referral hub for transitioning ADF members and families, and veterans and their families, to facilitate better access to the services of ESOs and community services in Townsville. During this visit, I spoke to the staff about their work providing emergency housing and support, including referrals for veterans and their families.

31 The Oasis Townsville, 'The Oasis Townsville', 2019, https://www.theoasistownsville.org.au/, accessed on: 6 July 2021.

Catering for heterogeneity and adapting to different needs

8.14 Since the first ESO was established after World War I, community veteran support organisations have continued to evolve and adapt their service offerings to ensure that they cater for the different generations of veterans who enter the civilian community, and the mosaic of pre-service, service and post-service histories, individual risk and protective factors, support needs and expectations they bring.[32,33] These supports span the different phases of the veteran lifespan: from people in service, across the period of transition and rehabilitation through to post service.[34] They also span genders, age groups, rank and other demographics.

8.15 I have heard of the challenges that established community veteran support organisations face in ensuring their continued relevance – or attractiveness – for contemporary generations of veterans.[35] These challenges are also reflected in the findings of a number of different reviews.[36] Some organisations have clearly been making substantial efforts to solidify or re-establish these connections and meet the needs and expectations of contemporary veterans.[37] These efforts have also been acknowledged in other work examining the sector.[38]

8.16 However, I am aware that not all service users feel that their needs are being catered for by traditional organisations. Many new organisations have emerged to address specific support needs and appeal to different cohorts.[39] The Veterans' Advocacy and Support Services Scoping Study notes the contrast between the service offerings of long-established organisations with an older membership base, and the service offerings of more recently established organisations catering for the needs of younger veterans (see Box 8.6), which have a greater emphasis on wellbeing activities focused around specific events and activities.[40,41] Online communities, such as that offered by Modern Soldier (see Box 8.7), have also emerged as spaces for young veterans to discuss their experiences and seek help.[42] I support continued work to ensure that funding and policy settings allow all generations to continue to be able to access the supports they require.[43,44]

32 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

33 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 15.

34 Ibid: 9; 31.

35 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

36 For example, Productivity Commission, *A Better Way to Support Veterans*: 534.

37 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Western Australian Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

38 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report*: 38.

39 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

40 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report*: 33.

41 Productivity Commission, *A Better Way to Support Veterans*: 535.

42 Modern Soldier, 'The Modern Soldier', 2021, www.modern-soldier.com, accessed on: 5 July 2021.

43 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 47.

44 Productivity Commission, *A Better Way to Support Veterans*: 534.

Box 8.6. Soldier On Australia

Soldier On Australia is a recently established ESO meeting the needs of fourth-wave veterans and their family members. Soldier On was launched in 2014 to support younger veterans injured physically and psychologically in war who have come home to a very different life. Soldier On also assists those who have been injured or harmed by their service during peacekeeping operations, training exercises and general duties.[45]

Box 8.7. Modern Soldier

Modern Soldier was established in 2016 and is described as one of the largest online social media engagement and support platforms dedicated to the veteran community. Modern Soldier provides transition-related education, and communication and engagement outcomes for military families. Modern Soldier has also recently set up the first-ever veteran online marketplace.[46]

45 Soldier On Australia, 'About us', 2021, https://soldieron.org.au/about-us/, accessed on: 6 July 2021.

46 Modern Soldier, 'The Modern Soldier'.

Significance of the sector

8.17 In the course of my discussions with ESOs and VSOs about the services they provide, I am struck by how much of the 'heavy lifting' community veteran support organisations do in order to support our ADF members, veterans and their families. I have heard how their services are helping to bolster the protective factors and address the risk factors that can contribute to suicide among our ADF member and veteran population. The organisations do this by harnessing cultural understanding and shared experience, facilitating critical social connections, supporting group identity and community building, supporting coordination of service delivery, filling gaps in government service provision, and providing unique and tailored forms of service delivery that address specific veteran needs.

> *There are a whole lot of wellbeing services that are also catered for by a lot of very well-meaning ESOs and very effective ESOs out there. These cover things like social connectivity, which is just vital when you leave the family of the military and move into an alien and often perceived as a hostile world … all this mental health wellbeing stuff is vital as a foundation for addressing any clinical mental health needs that you have.*
>
> *Psychologist Academic and clinician, round table, 2021.*

8.18 There are positive examples of where services have been grounded in a strong evidence base, subject to review and accompanied by a strong evaluation framework (see Box 8.8).[47,48,49] However, researchers have also identified that in some areas the evidence base has not been as well developed, or is variable.[50,51] I have heard some concerns that a lack of a robust evidence base can sometimes undermine well-meaning activities within the sector.[52] I echo the findings of other reviews that have emphasised the importance of robust evaluations to build the evidence base about what works (and what does not work).[53]

47 Black Dog Institute, *The National Suicide Prevention Trial: Insights and Impact*, 2021, https://www.blackdoginstitute.org.au/wp-content/uploads/2021/05/The-National-Suicide-Prevention-Trials-Insights-and-Impact_Jan-2021-V3.pdf, accessed on: 6 July 2021.

48 Madeline Romaniuk, Justine Evans & Chloe Kidd, 'Evaluation of the online, peer delivered "Post War: Survive to Thrive Program" for veterans with symptoms of posttraumatic stress disorder', *Journal of Military and Veterans' Health* 27, no. 2 (2019): 55–65.

49 Rebecca Theale, Jessica Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy', *Journal of Veterans Studies*, 6, no. 2 (2020): 70–87.

50 Madeline Romaniuk, Justine Evans & Chloe Kidd, 'Evaluation of the online, peer delivered "Post War: Survive to Thrive Program" for veterans with symptoms of posttraumatic stress disorder': 55–65.

51 Rebecca Theale, Jessica Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy': 70–87.

52 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with the Department of Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

53 Productivity Commission, *A Better Way to Support Veterans*: 34.

Box 8.8. National Suicide Prevention Trial

In 2016, the Commonwealth Department of Health launched the National Suicide Prevention Trial. This initiative was focused on trialling systems approaches to suicide prevention in 12 regions across Australia, with the objective of reducing suicide attempts and deaths.

Operation Compass is one of the 12 National Suicide Prevention Trial sites that specifically focused on trialling measures that could reduce the rate of suicide in the ex-serving ADF community. It has been run from Townsville, North Queensland, since June 2017. It focuses on how to take best-practice evidence and use it in the community.

One example was the #CheckYourMates initiative, which challenges people to check in with 5 friends or family members in 3 simple steps: connect to others, yarn to listen and motivate to act. It is premised on the idea that the simple act of checking in with loved ones and connecting them with relevant support services will enhance wellbeing and reduce suicide, and that these positive outcomes will flow outwards through families, neighbourhoods, workplaces and communities. A fully integrated marketing and communications campaign, with stories from ex-service men and women about their experience with suicide and social connection, was key to spreading the word about the #CheckYourMates initiative.

In 2020, Operation Compass commenced its evaluation and report-writing phase, while transferring as many of the 22 active initiatives to organisations and institutions that would continue them.

The introduction of Open Arms – Veterans & Families Counselling Community and Peer Teams – which seek to harness peer-support workers with lived experience of both the ADF and mental ill health recovery – drew on elements of this suicide prevention trial.[54]

Harnessing cultural understanding and shared experiences

8.19 As discussed in Chapter 7 – Transition, a persistent theme in the literature, and in my discussions about transition, is specifically associated with cultural adjustment from the military.[55] Many of the frustrations that veterans and their families raised about their experiences of engaging with services in a civilian context related directly to a perceived lack of civilian understanding about the nature of military service and the veteran cohort, and an under-estimation of the challenges of cultural adjustment. This impacts on the ability of some civilian organisations to appropriately empathise or target services.[56,57]

54 Black Dog Institute, *The National Suicide Prevention Trial: Insights and Impact*.

55 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review', *Journal of Military and Veterans' Health* 26, no. 2 (2018): 60–73.

56 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

57 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

Quite a bit of the problem is they get isolated, you know, and I've had people ringing me up at stupid times just to have a yarn. Young fellas, you know. Mainly young fellas. To just have a yarn. And I actually have a talk to them or go around to their place and tell them positive things.

Ex-service organisation representative, round table, 2021.

8.20 Many people raised with me how valuable it was when community veteran support organisations had specialist knowledge of veterans' issues, embedded military cultural understanding within their work, and prioritised delivering their services in a culturally 'safe' manner. Those I spoke with highlighted how services delivered by ESOs, with their membership base of ex-serving ADF members, were particularly valuable, as their understanding of military culture and service was grounded in shared experience and solidarity. They spoke the military 'language' and could empathise with the challenges faced by veterans during and after their transition to civilian life.[58]

Facilitating social connections

8.21 We know that social isolation is a significant psychosocial risk factor for death by suicide.[59,60] We also know that there are specific periods in the veteran lifecycle, such as during the period of transition, that present challenges for civilian social integration.[61] I have heard from community veteran support organisations, national mental health organisations, Defence and DVA about how social isolation or alienation can have a detrimental impact on the wellbeing of our transitioning ADF members.[62,63,64,65] This has also been a common theme in the findings of other reviews into veteran support.[66]

I think one of the real worries from my point of view are the people that come out of the Army and lose that family, which is a real family, and then go to an area where they haven't got a support community and they become isolated and it is very much downhill.

Veteran support organisation representative, round table, 2021.

58 Ibid.

59 Raffaella Calati, Chiara Ferrari, Marie Brittner, Osmano Oasi, et al., 'Suicidal thoughts and behaviours and social isolation: A narrative review of the literature', *Journal of Affective Disorders* 245 (2019): 653–67.

60 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 3.

61 Madeline Romaniuk & Chloe Kidd, 'The psychological adjustment experience of reintegration following discharge from military service: A systematic review': 60–73.

62 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

63 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence'.

64 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

65 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

66 Productivity Commission, *A Better Way to Support Veterans*: 747.

8.22 Community veteran support organisations play a central role in facilitating important social connections within a supportive peer environment.[67] An example of this is Defence Sheds (see Box 8.9), which are focused on minimising social isolation and encouraging social engagement. Just as cultural understandings and shared experience are valuable in a formal service delivery context, so are they similarly powerful in this more informal social context.[68]

Box 8.9. Defence Sheds

Figure 8.2. Site visit to Defence Shed, Adelaide, South Australia, February 2021

Defence Sheds are based on the well-known 'Men's Shed' principles, and offer support to ADF members and veterans to provide them with mateship, various hands-on activities, projects and social activities, health and welfare advice, counselling through various professional networks, and connections to others within the Defence network who can offer assistance.[69]

The aim of these activities is to support the mental health and wellbeing of ADF members, veterans and their families, and emergency services personnel and their families, by minimising social isolation, encouraging social engagement and promoting purpose in life.

During my site visit to Defence Shed in Adelaide, I listened to veterans speaking about their service, their positive engagement with Defence Shed, and their experiences with DVA.

Supporting group identity and community building

8.23 Community veteran support organisations have a strong role in activities that are focused on other collective needs, including those relating to group awareness, group identity, and validating and commemorating service experience. Some of the organisations I spoke with emphasised their role in supporting and validating group identity, supporting community building, and strengthening a sense of shared identity among veterans. Many spoke about their efforts to support all veterans in this capacity – not just those experiencing illness and injury – as part of a focus on wellbeing enhancement.[70]

8.24 Community veteran support organisations have led the way in organising events around national days of remembrance, including developing innovative ways to continue this recognition and commemoration in the challenging COVID-19 context, through initiatives such as 'Light up the Dawn', which saw people commemorate the service and sacrifice of ADF members from the end of their driveways.[71]

67 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence'.

68 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

69 Department of Defence, 'Defence Shed Incorporated', 2017, https://engage.forcenet.gov.au/provider/defence-shed-incorporated/services, accessed on: 6 July 2021.

70 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

71 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Western Australian Government representatives'.

Providing peer support and help-seeking nudges

8.25 Peer support, in the context of mental ill health treatment for ADF members and veterans, includes support from individuals with a history of mental illness or shared lived experience (i.e. military service).[72] I have heard how community veteran support organisations are harnessing peer support to target stigma associated with mental illness or ill health – including encouraging help seeking through peer networks, and mobilising ex-service voices who have experienced mental ill health or challenges with different aspects of their service to share lived experiences.[73] Defence has shown an increasing interest in mobilising peers and peer networks as a way of encouraging help-seeking behaviours,[74] as have different state and territory governments.[75] There has also been growing academic interest in the effectiveness of peer-to-peer interventions, as well as adventure base therapy and its role in addressing barriers to effective mental ill health treatment.[76,77]

8.26 Existing research demonstrates potential for peer-to-peer interventions or programs in relation to such factors as reintegrating into civilian life, reducing stigma associated with mental illness and mental ill health, enhancing treatment engagement, and improving treatment outcomes. However, studies have also noted that peer support for individuals with mental ill health has been under-studied and variable in the literature.[78]

8.27 Organisations provide peer-support services at different points throughout the veteran lifecycle. Some community veteran support organisations emphasised their role in providing these connections throughout service.[79] Other organisations, such as Trojan's Trek (see Box 8.10), emphasised the value of peer-to-peer programs in the period after transition, when people needed additional support to adjust back into civilian life.[80] A 2020 study demonstrated the utility of the Trojan's Trek program for male and female Australian veterans with mental ill health, and highlighted the benefit of a controlled trial to determine program efficacy.[81] How peer support is provided also differs across organisations and initiatives. Organisations such as Trojan's Trek have focused on face-to-face peer connections. Others, such as REDSIX and Overwatch Australia (see Boxes 8.11 and 8.12), have made use of social media and mobile technology.

8.28 Given the importance of veteran peer networks, I see value in Defence and community veteran support organisations working together to continue to explore and expand the networks available for people in service as well as those who have left.

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72 Rebecca Theale, Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy': 70–87.

73 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

74 Ibid.

75 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Round tables summaries', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

76 Rebecca Theale, Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy': 70–87.

77 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

78 Rebecca Theale, Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy': 70–87.

79 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

80 Ibid.

81 Rebecca Theale, Lynne Kerin & Madeline Romaniuk, 'Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure based therapy': 70–87.

Box 8.10. Trojan's Trek

Trojan's Trek is a peer-to-peer outdoor therapy program for ex-service people centred around a six-day, 4WD, wilderness-based experience. Trojan's Trek plans, conducts and evaluates wilderness-based peer-support interventions to assist those adversely affected by their service.

The program is designed to help people adjust back into civilian life. It targets the period around 12 months after discharge, when people find the methods they have used are no longer suitable and there is a need for a 'circuit breaker'.[82]

Box 8.11. REDSIX

REDSIX is an early-intervention peer-to-peer support mobile app that is designed to support veterans who are dealing with mental ill health. The app was developed by an Australian Army veteran and offers a virtual community that is accessible no matter where the person is located.[83]

Box 8.12. Overwatch Australia

'Overwatch' is a military term that refers to one unit providing cover or support to another unit. Overwatch Australia describes itself as a 'peer-to-peer, boots on the groups, rapid response organisation'. It was formed to assist ex-serving ADF members who are at increased risk of, or are experiencing, mental ill health. The group, which has more than 4,500 volunteers, monitors social media pages that veterans post on and proactively intervenes when veterans show mental ill health warning signs.[84]

Filling gaps in Australian Government service provision

8.29 While a passionate and vibrant community veteran support sector will always have an important role in supporting our veteran community, and should continue to be adequately resourced to do so, I am of the view that community organisations should not be relied upon to 'prop up' support in areas of direct and ongoing government service failure; nor should their role be to mitigate the negative wellbeing outcomes caused by these government service deficiencies.[85] There are 2 main areas where I consider that community veteran support organisations have had to step in to provide services where government services have been insufficient: transition support and claims advocacy.[86] The broader issues in these areas are discussed in Chapter 7 – Transition and Chapter 4 – Department of Veterans' Affairs Legislation and Practice. I am concerned to hear of the burden community veteran support organisations bear in these areas.

82 Trojan's Trek, 'Trojan's Trek', 2021, https://www.trojanstrek.com/, accessed on: 8 July 2021.

83 Redsix, 'Redsix: We've got your six', http://www.redsix.com.au, accessed on: 7 July 2021.

84 Overwatch Australia, 'What is Overwatch Australia and what do we do?', https://overwatchaustralia.org.au/, accessed on: 7 July 2021.

85 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

86 Ibid.

The system seems to be relying on good people – good individuals doing great work, whereas, in my view … the system needs to be set up in such a way… to produce that support effect for veterans and their families.

Ex-service organisation representative, round table, 2020.

8.30 Work in this field points to the conclusion that successful reintegration into civilian life influences a veteran's long-term mental and physical wellbeing and social functioning, and that the period of reintegration into civilian life presents increased risk for the development of psychological disorders and suicidality.[87,88] I outline in Chapter 7 – Transition that responsibility for creating the conditions that enable successful reintegration into civilian society sits firmly within the remit of Defence. However, I note that community veteran support organisations also play an instrumental role in supporting veterans in their adjustment to civilian life during transition, and with their post-service needs.[89] I further note that the community veteran support sector is stretching its resources across different supports for transitioning ADF members that should have been, or should be, provided by Defence. For example, Survive to Thrive Nation (see Box 8.13) has developed an online peer-developed and peer-delivered cognitive behavioural therapy (CBT)-related program in response to identified service gaps around cultural adjustment and deinstitutionalisation.[90] Part of this program is about identifying the indoctrination period of the military and how it effects a veteran's beliefs and behaviours.[91,92]

There is also this process of psychological adjustment that goes with the transition … I think currently that is quite overlooked, though, that adjustment process and the weight of that. And our research really showed that that process is characterised by a profound sense of loss, and that sense of loss can be something that people really struggle to cope with for months, years, and decades.

Academic and clinical psychologist, round table, 2021.

8.31 Another key area where community veteran support organisations appear to be filling a void in effective government service provision is claims advocacy. Even in a well-functioning system, there is an important place for individual advocacy from an external party. However, the degree of reliance on the volunteer community veteran support sector to prop up a DVA claims system that is otherwise impossible for claimants to navigate indicates a fundamental issue with the system itself. I note that it would be useful to have more detailed data to explore this issue fully. For example, while DVA currently captures information on whether claims under the new MyService process are undertaken by

87 Madeleine Romanuik, Gina Fisher, Chloe Kidd & Philip J Batterham, 'Assessing psychological adjustment and cultural reintegration after military service: Development and psychometric evaluation of the post-separation Military–Civilian Adjustment and Reintegration Measure (M–CARM)', *BMC Psychiatry* 20, no. 531 (2020): 1–2.

88 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 2.

89 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 9.

90 Survive to Thrive Nation, 'Introduction to Survive to Thrive Nation', 2021, https://survivetothrivenation.com/, accessed on: 7 July 2021.

91 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

92 Dane Christison, CEO, Survive to Thrive Nation, Correspondence to the interim National Commissioner for Defence and Veteran Suicide Prevention, *Briefing Paper: Survive to Thrive Nation*, 22 January 2021.

a nominated representative on the person's behalf, it does not capture explicitly whether this representative was an advocate.[93]

8.32 In addition to supporting veterans to lodge their claims and undertake appeals, a second important role community veteran support organisations undertake is to help to manage the detrimental wellbeing impacts of this system. Veteran community support organisations have recounted their role in providing emotional and wellbeing support to ADF members, veterans and their families who have been traumatised by the claims process and left feeling disheartened, bitter and undermined.[94]

8.33 I also recognise that a great deal of the important work in the community veteran support sector is undertaken by volunteers. There can often be an under-estimation or lack of general understanding of the sheer amount of volunteer hours involved.[95] Participants have raised particular concerns about the declining number of volunteer advocates.[96,97] The age demography of advocates is high,[98] with less than 5% of advocates under the age of 39.99 Studies have noted that due to their age a significant number of accredited volunteer advocates will retire soon.[100] This has significant implications for the sustainability of the advocacy system and requires further policy attention. Ultimately, however, the need for an advocate demonstrates the failure of the system. As discussed in Chapter 4 – Department of Veterans' Affairs Legislation and Practice, this failure is contributed to by the legislation but further exacerbated by the failed administrative processes within DVA.

Box 8.13. Survive to Thrive Nation

Survive to Thrive Nation is an online, peer-developed and peer-delivered cognitive behavioural therapy (CBT)-based personal development program for ADF members and veterans. It was created by a former infantry soldier of the Australian Army (with technical support from an online training provider), following his own first-hand military experience and incidence of post-traumatic stress disorder (PTSD), depression and anxiety, as well as prior clinical mental ill health treatment.[101]

The aim of the program is to help participants understand common mental ill health conditions arising from military service and training, and how these may impact behaviour. Participants are assisted to become independent in overcoming psychological and emotional stress, live happy lives and create a successful mind-set for transitioning back to civilian life. The program is comprised of 9 modules of online psychoeducation, motivational speaking and coaching, CBT skills training and mindfulness skills training. The program also offers 24-hour access to national peer support and mentoring.

Evaluation of this program has indicated significant long-term improvements for psychosocial outcomes for veterans with PTSD.[102]

93 Department of Veterans' Affairs, RFI-09-DVA-03-2021 [Tranche 3], 15 July 2021: 13.

94 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

95 Ibid.

96 Ibid.

97 Productivity Commission, *A Better Way to Support Veterans*: 540–1.

98 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 44.

99 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report*: 42.

100 Ibid.

101 Survive to Thrive Nation, 'Introduction to Survive to Thrive Nation'.

102 Madeline Romaniuk, Justine Evans & Chloe Kidd, 'Evaluation of the online, peer delivered "Post War: Survive to Thrive Program" for veterans with symptoms of posttraumatic stress disorder', *Journal of Military and Veterans' Health* 27, no. 2 (2019): 55–65.

Providing unique and tailored forms of service delivery

8.34 It is clear that there are a vast number of organisations within the community veteran support sector. But I note that there is some debate within the sector on whether this is, in and of itself, a bad thing. Some see these numbers as a sign of system fragmentation, lack of coordination and inefficiency.[103]

8.35 Others have commented that this expansion has facilitated a greater choice of service offerings to veterans and their families, and that there should be greater support for these more innovative and grassroots initiatives.[104] I have seen clear examples of more niche and innovative service offerings, tailored to specific needs within the veteran cohort. Some of these examples – Path of the Horse, 4 Aussie Heroes, Operation K9 and Timor Awakening – are discussed in Boxes 8.14 to 8.17.

8.36 I have heard that DVA's current funding model may be limited in its ability to fully cater for emerging evidence-based approaches, and may be too narrow in its funding scope.[105,106] For example, some participants emphasised the importance of approaches that take a holistic approach to rehabilitation recovery, but noted that such services were not readily funded by DVA.[107] I also recognise a desire by community veteran support organisations to have funding mechanisms that are clear in their objectives,[108] and support longer-term planning and sustainability.[109] The Australian Government's funding model would benefit from further investigation to ensure that it is suitably designed to address these challenges, and suitably flexible to cater for emerging approaches.

8.37 I support the Productivity Commission's suggestion for clear differentiation of the types of supports that DVA funds, and a more flexible funding tool that can support general innovative programs or worthwhile community initiatives by veterans' or other organisations; and I confirm the importance of appropriate goalsetting and outcomes measurements.[110] I also support current indications by DVA that it is expanding the scope of its programs and building the evidence base for new, innovative treatment areas,[111] and I encourage this to continue.

103 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

104 Ibid.

105 Ibid.

106 Veterans Care Association Incorporated, 'VCAI Submission – 2.2 – DVA RFI – Proposed future operating model, dated 9 April 2020', *Submission for the DVA-Rehab-RFI-2020, Future Rehabilitation Services Model*.

107 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

108 Productivity Commission, *A Better Way to Support Veterans*: 537.

109 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

110 Productivity Commission, *A Better Way to Support Veterans*: 537.

111 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

Box 8.14. Path of the Horse

The Path of the Horse is an equine-assisted learning centre, located in Trentham, Victoria.

The centre provides equine psychotherapy support to veterans, first responders and their families to better manage post-traumatic stress disorder, anxiety and depression. It also offers services to individuals with autism, and those dealing with addictions, self-harm and grief.[112]

During my site visit, I heard how equine therapy has assisted veterans in managing a variety of conditions associated with mental ill health and mental illness.

Figure 8.3. Site visit to Path of the Horse, Trentham, Victoria, March 2021

Box 8.15. 4 Aussie Heroes Foundation Limited

4 Aussie Heroes was established with the express purpose of aiding and supporting military and first responder personnel, past and present, who are dealing with post-traumatic stress disorder and mental ill health related to service.

The organisation identified a perceived gap in the rehabilitation process, and focused its attention on a holistic, all-encompassing approach to rehabilitation, with the benefits of a rural/natural environment in which to deliver its programs.

4 Aussie Heroes provides a 12-day live-in rehabilitation program. A goal of the organisation is to establish 'Camp Courage', a purpose-built rural retreat in South East Queensland, where it can deliver its programs.

112 Path of the Horse, 'The Path of the Horse: Horses helping us heal at our Equine Assisted Learning Centre', http://www.pathofthehorse.com.au/, accessed on: 7 July 2021.

Box 8.16. Operation K9

Figure 8.4. Site visit to Operation K9 in South Australia, June 2021

I visited Operation K9 after hearing about the positive impacts therapy dogs can have on veterans' lives.

The Operation K9 program commenced in 2013 and provides trained psychiatric assistance dogs to veterans with diagnosed post-traumatic stress disorder in South Australia. An Operation K9 dog is an accredited service dog that can provide benefits in terms of supporting independence and social interactions, as well as a range of client-specific tasks tailored to the veteran's needs.

A longitudinal study has been undertaken by the University of Adelaide, the Centre for Traumatic Stress Studies and the Royal Society for the Blind. The research underlines the qualities of the program, and preliminary results indicate clear trends from the Veteran-Assistance Dog Treatment Trial Study (May 2020). The research data have now been further analysed at 24 months, with findings to be published soon.

Box 8.17. Timor Awakening

Veterans Care Association (VCA) is based in Brisbane, Queensland, and aims to reduce the instance of veteran suicide and improve the wellbeing of veterans and their families. VCA provides pastoral care, psychosocial rehabilitation, welfare, education, and promotes self-responsibility and social enterprise.

VCA runs Timor Awakening. This program is an immersive, evidence-based, peer-to-peer wellbeing program for veterans. It consists of holistic health education, group therapy, mentoring, physical activity, historical commemoration and community development. The program is centred around an 11-day immersion in Timor-Leste.[113,114]

113 Timor Awakening, 'Timor Awakening: Raising the holistic health and well-being of veterans and their families, 2018, www.timorawakening.com, accessed on: 7 July 2021.

114 Veterans Care Association Incorporated, 'VCAI Submission – 2.2 – DVA RFI – Proposed future operating model, dated 9 April 2020', *Submission for the DVA-Rehab-RFI-2020, Future Rehabilitation Services Model*.

Supporting veterans during their service phase

8.38 A common thread running through my discussions with community veteran support organisations was a desire to be more integrated into Defence's processes during the veterans' service phase. Much of the expertise these organisations bring to bear in support of ex-service personnel could be used to better support ADF members from the start of their careers. For example, community veteran support organisations can harness their understanding of Defence culture and practice, facilitate access to social and peer-support networks, and provide an additional source of wellbeing support and mentorship throughout service, including in circumstances where an ADF member may not feel comfortable discussing issues inside the Defence system. Furthermore, as discussed in Chapter 7 – Transition, developing support networks facilitates earlier preparation for transition and civilian life.[115]

8.39 Many organisations are already making their own efforts to improve their communication, relationship building and support provision to ADF members and their families, and to make it clearer where their supports extend to ADF members and their families.[116,117] I believe there is a great opportunity for Defence and DVA to deliberately and officially engage the veteran community support sector more meaningfully from the outset of an ADF member's military career.[118] One key way to do this would involve developing a process to formally partner ESOs with ADF members from their commencement of service in the ADF.

115 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

116 Ibid.

117 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 10.

118 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

Supporting coordination of service delivery

8.40 I have heard of the value of creating specific spaces for veterans to come together – to provide opportunities to develop social connections, facilitate peer-to-peer support, and access services across community, health and government services in a centralised location.[119,120,121] The Productivity Commission notes the potential value of a 'hub' model, where a number of services for veterans by different organisations are made available at a single location or through a single 'front door'.[122] The Veterans' Advocacy and Support Services Scoping Study notes that veterans' centres have been developed progressively over the past 20 years, with the principal objective being to 'provide a better use of available resources resulting in coordinated and comprehensive compensation and wellbeing advocacy support for veterans in one location'.[123] Such spaces can also assist with prevention and early intervention, and reduce negative associations that some veterans have with self-identification.[124] This is particularly important, as we know that a lack of self-identification as a veteran can be a threshold barrier affecting the ability of some individuals to access support services.[125] I have heard of a variety of different initiatives that seek to better coordinate the services provided to veterans across government, community and primary health.[126,127] These include, for example, The Oasis Townsville in Queensland (see Box 8.5), ANZAC House Veteran Central in Western Australia (see Box 8.18) and the Jamie Larcombe Centre in South Australia (see Box 8.19).

8.41 In recent years, there has been increased Australian Government support for such initiatives that foster greater integration and coordination of service delivery. This has seen establishment of Veteran Wellbeing Centres and a number of feasibility studies undertaken in collaboration with the state and territory governments to assess potential initiatives.[128] At round tables in Perth, I heard of the vision for ANZAC House Veteran Central, which is the first of the six proposed Veteran Wellbeing Centres to open. State and territory governments have also contributed funding, largely on a discretionary basis, for the establishment of such centres.[129,130]

119 Productivity Commission, *A Better Way to Support Veterans*: 565.

120 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

121 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Western Australian Government representatives'.

122 Productivity Commission, *A Better Way to Support Veterans*: 565.

123 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report*: 41.

124 Productivity Commission, *A Better Way to Support Veterans*: 36–7.

125 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 9.

126 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

127 Productivity Commission, *A Better Way to Support Veterans*: 565.

128 Department of Veterans' Affairs, 'Veteran Wellbeing Centres', 2020, https://www.dva.gov.au/health-and-treatment/work-and-social-life-programs/work-and-social-support/wellbeing-centres, accessed on: 5 July 2021.

129 Productivity Commission, 'Volume two', *A Better Way to Support Veterans*: 566.

130 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Round tables summaries', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

8.42 Service fragmentation was often raised as an issue during my discussions, and I support continued effort to better coordinate the services provided to veterans. Ideally, such coordination and integration should be a feature of the system nationally. DVA should work closely with state and territory entities and organisations involved in veteran support to explore and build on initiatives that coordinate and streamline veteran services across government, community and health sectors. Later, I also discuss the role of an independent entity in supporting better service coordination and integration.

Box 8.18. ANZAC House Veteran Central

ANZAC House Veteran Central, located in Perth, Western Australia, is a specialised one-stop facility that is designed to put veterans and their families first, with all their needs met under one roof. It aims to provide a single access point for assistance from government, health services, ex-service organisations and community groups working in partnership to support veteran wellbeing.

Services include medical, mental health support, dental, counselling, advocacy services, welfare assistance, aged care support, wellbeing programs, transitionary assistance, employment support, conferencing facilities and places to socialise.[131,132]

Box 8.19. Jamie Larcombe Centre

The Jamie Larcombe Centre is a $15 million veterans' mental health precinct located at Glenside Health Service Campus in South Australia, providing mental health post-traumatic stress disorder services to veterans.

The centre was purpose built in 2017 to accommodate services previously provided by Ward 17 at the Repatriation General Hospital.

It includes:

- an ambulatory service, incorporating outpatient treatment and a PTSD service
- 24 single rooms with ensuites
- outpatient rooms
- a gymnasium
- research spaces
- gardens
- a children's playground for families.[133]

131 RSL WA, 'WA Governor declares ANZAC House Veteran Central officially open', 2020, https://www.rslwa.org.au/wa-governor-declares-anzac-house-veteran-central-officially-open/, accessed on: 7 July 2021.

132 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with Western Australian Government representatives'.

133 Veterans SA, 'The Jamie Larcombe Centre', 2021, https://veteranssa.sa.gov.au/about/the-jamie-larcombe-centre/, accessed on: 6 July 2021.

Mapping the sector

8.43 Despite the clear value of community veteran support organisations in providing important support to veterans, bolstering the protective factors and addressing the risk factors for veteran suicide, I am conscious that we do not have a readily available or comprehensive picture of the current state of play within the sector. I echo the sentiments expressed, both in past work and in my discussions, that having a clearer picture of the community veteran support landscape is essential.[134,135,136]

8.44 It is evident, for example, that there is no consensus within the sector on how many ESOs and VSOs currently provide services to ADF members and the veteran community. The numbers quoted to me during my interactions vary considerably, from approximately several thousand[137] all the way through to more than 5,000.[138] Mapping work by the Aspen Foundation found that 3,474 charities nominated veterans and veterans families as a beneficiary, with 519 nominating veterans as the sole beneficiary.[139] The numbers are estimates and calculated from different data points. The definitions of ESO and VSO are also not settled, and terminology is used inconsistently across the community veteran support sector, which further hampers data capture.[140]

> *Well, there have been studies done, for example, that have pointed to the fact that there's over three-and-a-half thousand ex-service organisations or organisations that claim to have veterans as one of their beneficiaries. You'd argue there's even more than that now. I've seen many more pop up in the last five years.*
>
> *Ex-service organisation representative, round table, 2021*

8.45 Missing within the sector is a comprehensive and current mapping of the number of organisations, who they are, the nature of their service offerings, where they operate, how they are structured, how to contact them and the veteran demographics they service. At a more detailed level, what is also missing is a comprehensive and in-depth understanding of aspects including, but not limited to, the evidence base for current interventions, funding sources, charity status, monitoring and evaluation frameworks, referral pathways, collaborations and partnerships, and governance structures.[141,142]

134 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report:* 42.

135 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

136 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

137 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

138 Ibid.

139 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 42.

140 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

141 Ibid.

142 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

8.46 There are already a number of valuable existing data points that can be drawn on to complete such mapping. For example, the mapping project that was undertaken by the Aspen Foundation in 2015 has often been referenced in round table discussions. This provides a good starting point for future work, but given the rapid expansion and evolution of the sector, it is already outdated and does not necessarily capture the full suite of services. DVA's voluntary ESO portal captures information on advocates, and Defence also maintains a voluntary online portal where organisations can register their details.[143] The Australian Charities and Not-for-profits Commission maintains a record of organisations with charitable status listing 'veterans and their families' as a beneficiary.[144] Commonwealth, state and territory governments also publish contact lists on their websites,[145] as do various community veteran support organisations.[146]

8.47 There is a clear need for this disjointed information in varying states of currency and completeness to be brought together into a database that is consolidated, comprehensive and current. The value of this database will lie in how well its accuracy and currency are established and maintained. This requires proactive action, rather than a passive reliance on organisations coming forward to volunteer information. Given the rapid evolution and expansion of the sector, regular maintenance is crucial to ensure that the database continues to be a relevant and authoritative source of information.

8.48 Comprehensive and up-to-date mapping has important flow-on effects to other areas, and provides an essential base on which to ground future reform work in the community veteran support sector. A mapping process that supplies these underpinning sector-wide data will provide a foundation upon which to address issues I have heard about anecdotally through my work – such as criticisms about the short lifespan of organisations, and issues with governance and representation in the sector.[147,148]

8.49 For example, comprehensive and up-to-date mapping would support improved consultation within the sector. Previous reviews have made recommendations that highlight DVA's central role in engaging with ESOs and providing coordination and support to them, and have suggested ways this could be improved.[149] I have heard criticism that existing consultation bodies only capture a segment of the community veteran support organisation voice.[150] Australian Government bodies such as ESORT and its various subgroups provide important forums for the discussion of current issues of concern and interest to Australia's veteran community.[151] Different states and territories also have their own established formal and

143 Department of Defence, 'Engage: Supporting those who serve', 2017, https://engage.forcenet.gov.au/, accessed on: 8 July 2021.

144 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 23.

145 Department of Veterans' Affairs, 'Find an ex-service organisation', https://www.dva.gov.au/civilian-life/find-ex-service-organisation, accessed on: 7 July 2021.

146 For example, RSL Queensland, 'Ex-service organisation directory', 2021, https://rslqld.org/find-help/eso-directory, accessed on: 7 July 2021.

147 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 4.

148 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with national mental health organisations'.

149 For example, Productivity Commission, *A Better Way to Support Veterans*: 567–9.

150 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

151 Department of Veterans' Affairs, 'ESO Round Table (ESORT)', 2020, https://www.dva.gov.au/about-us/overview/consultations-and-grants/how-we-consult-ex-service-community/eso-round-table-esort, accessed on: 6 July 2021.

informal methods of communication and consultation with ESOs and VSOs.[152,153] Official consultation mechanisms are important; however, without a full picture of community veteran support organisations, it is difficult to ensure appropriate representation and consultation.

8.50 As another example, this up-to-date mapping can provide important information to support Australian and state and territory governments to better target or design funding and government service delivery in a way that is the most efficient and effective.[154] For example, I spoke with people who were frustrated that they were unable to access services in remote or regional areas, or in smaller jurisdictions.[155] People in areas of Tasmania, for example, spoke about incurring the cost and inconvenience of travel to the mainland to access appropriate services.[156] Service availability and access is similarly an issue in the Northern Territory, with its sparsely populated areas and significant numbers of people living in remote or very remote areas. Adequate understanding of available services has the potential to support better targeting of resources, both geographically and demographically.

8.51 Up-to-date mapping could also facilitate more effective information provision on government initiatives and potential reforms to relevant organisations. I have heard the argument that sometimes the policy positions of those advocating for policy changes do not reflect up-to-date information or processes, and can disproportionately focus on the 'point in time' experience of past veterans.[157] While I accept that some of the onus rests with community veteran support organisations themselves to maintain up-to-date understandings and proactively seek current information, I am also of the view that this is a mutual responsibility, and that Defence and DVA must take some responsibility for these information flows. It is incumbent on Defence and DVA to ensure that current information and changes are adequately promoted and proactively provided to relevant organisations. However, without an understanding of what organisations exist and what their service delivery parameters are, it is difficult to appropriately target this information, or consult the organisations before changes are made that will affect their community.

8.52 A key pillar of the *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023*, the aim of which is to promote wellbeing and reduce suicide risk in veterans, is to 'enhance partnerships across government, communities, business, service providers, researchers and ESOs to improve mental health and wellbeing outcomes for veterans and their families'.[158] It stands to reason that the only way to do this effectively is to have a thorough understanding of what those organisations are.

There are organisations out there but nobody knows about them.

Veteran support organisation representative, round table, 2021.

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152 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with New South Wales Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

153 Productivity Commission, *A Better Way to Support Veterans*: 568.

154 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

155 Ibid.

156 Ibid.

157 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence'.

158 Department of Veterans' Affairs, *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023* (Canberra, Commonwealth of Australia, 2020).

Improving information access

8.53 In addition to the importance of such a mapping and information-gathering process for Australian and state and territory government policy makers, I consider improving information access to be critical for ADF members, veterans and their families who are seeking to use support services.

8.54 I am particularly concerned to hear of the immense difficulties that veterans and their families have in understanding and navigating the supports that are already provided by community veteran support organisations. Information provided to individuals appears to be fragmented, patchy and disparate, and it is not always clear where they can turn to for help.[159,160] Worryingly, I have also heard that the referral information from the Australian Government and other community organisations provided to ADF members about these organisations can be incomplete, based on outdated information,[161] or reliant on the personal networks of the person making these referrals or self referrals.

> *If you were to probably do a scan, I think you would see that there's a lot of different services that do stuff. For me, the issue is accessibility of services and it's more about, 'When I need help, can I reach out and get it – when I need it?'*
>
> *Veteran support organisation representative, round table, 2020.*

8.55 There are a number of different facets of access, but two central ones are awareness of available services, and knowledge of how to access them.[162] Many veterans I spoke to are often not aware of the services provided by community veteran support organisations or, if they are, do not know where to go or how to access them. The benefits of such a broad array of services are largely lost if users of these supports do not have this information.[163] This was also illustrated in the findings of the literature review undertaken by Phoenix Australia, which found:

> *A common theme which emerged across reviews was that many current and ex-serving ADF members did not access existing support services offered by Defence, DVA and other organisations because they were not aware of their existence.*[164]

159 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

160 Productivity Commission, *A Better Way to Support Veterans*: 538.

161 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

162 Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 9.

163 Ibid.

164 Kim Jones, Tracey Varker, Caleb Stone, James Agathos, et al., *Defence Force and Veteran Suicides: Literature Review*: 81.

[Veterans can be] overwhelmed by the amount of services out there and the … lack of coordination between those services … if somebody is vulnerable, that is actually a time where navigating through all of those services becomes really, really challenging.

Academic, round table, 2020.

8.56 It is clear to me that relevant parts of the knowledge gleaned through any mapping activity must be made publicly available, in as close to real time as possible. Attention to the design of an appropriate interface here is critical, and warrants the engagement of appropriate expertise. The information needs to be easily searchable, filterable and digestible by veterans and their families, other community veteran support organisations, and members of the public seeking information to enhance the provision of support to ADF members and veterans. At a bare minimum, this public-facing information needs to contain the organisation's name, contact details, service offerings and locations. Attention should also be given to how this information can be quality controlled.

At the end of the day, we have so many services available to our men and women of Defence. We need to sort of be a bit more proactive on how we market them to our Defence personnel.

Ex-service organisation representative, round table, 2021.

8.57 I am aware that promoting and encouraging awareness of services can be a challenge. Mainstream promotion of health and wellbeing supports often focuses on more generic mental health services, such as Lifeline or Beyond Blue, whereas specific services targeting specific populations such as veterans are not as well publicised.[165] Attention to how to appropriately promote and market the public-facing information regarding available supports and services for veterans is critical.

If vets don't know about the services and who is who, do the community organisations? I don't think the community organisations necessarily know either.

Veteran support organisation representative, round table, 2021.

165 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

8.58 Making this information available to community veteran support organisations themselves also enables them to improve their own service delivery. For example, access to such information can support community veteran support organisations to better target their own services to identify and address service gaps and to avoid duplication of services, both of which I have repeatedly heard are issues. Similarly, lack of coordination or unification is clearly an issue within the sector, both affecting service delivery and diluting the broader system advocacy voice.[166,167,168] Better access to information about other services within the sector can support improved cross-sector coordination, underpin the development of supporting communication networks and referral pathways, and aggregate what is sometimes a disparate system advocacy voice.[169] These are all issues that have been raised during the course of my work.[170]

8.59 It is important to convey that updating mapping and increasing access to information is only one aspect of addressing challenges in the community veteran support sector. Building from a common and shared understanding, there is also scope for further complementary work – including, but not limited to, streamlining funding structures, consultation and coordination mechanisms, and improving governance and quality-control arrangements – and to ensure that the sector is well positioned to continue to support our veteran community into the future.

166 Ibid.

167 Andrew Hocking, *Ganging up on the Problem: A Collaborative Approach to Improving the Lives of Veterans and Their Families through Optimising Australia's Veteran Support System* (Sydney, The Centre for Social Impact, 2018).

168 Productivity Commission, *A Better Way to Support Veterans*: 37.

169 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

170 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence'.

Overarching entity

8.60 Above, I have touched on the complexities of the ESO and VSO system and areas that require further attention. I note in particular the important role community veteran support organisations play in reducing suicide risk factors such as social isolation, and in providing or connecting ADF members and veterans with services that increase their protective factors. But service awareness, coordination and integration continue to present issues for the sector.

8.61 One solution that seems to me to be available to government is to establish a body with specific responsibility for coordinating community veteran support organisations and providing principles and standards for such groups to work to. To be clear, I expressly recommend against the bureaucratisation of this sector of the community. However, it seems to me that for services to be effective and efficient, there needs to be clear identification of services; opportunities to effectively collaborate; improved sector-wide communication; and coordination and funding mechanisms that are clear in their objectives, support evidence-based practices and support longer-term planning and sustainability. Underpinning principles and standards overseen by an independent entity would support this.

8.62 In progressing this work, I anticipate that the entity could draw on the expertise of ESOs and VSOs, as well as intermediary organisations in the field of veteran and military mental health. For example, the entity could apply learnings from Phoenix Australia and the Canadian Centre of Excellence on Post-Traumatic Stress Disorder and Related Mental Health Conditions, which have jointly developed a conceptual framework and principles to guide implementation of services and supports for veterans and their families.[171]

8.63 Many ADF members and veterans serviced by ESO and VSOs experience vulnerabilities. The provision of agreed principles and standards to ensure that veterans are receiving appropriate standards of service is, in my view, a basic right of any veteran or family seeking help. A central task of any overarching entity should be to agree with ESOs and VSOs, through extensive consultation, a set of standards and principles to be followed by any service that wishes to identify as an ESO or VSO.

8.64 The entity would be responsible for mapping and maintaining up-to-date information for all ESOs and VSOs. It could also expand to include information on Australian Government and state/territory government services, including family-focused services, provided specifically to veterans and their families. In addition, it could include other services used by people and families in their transition from service.

171 Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD, *The Conceptual Framework to Guide the Implementation of Best and Next Practice in Services and Support for Veterans and their Families* (The University of Melbourne, Phoenix Australia – Centre for Posttraumatic Mental Health, 2020).

8.65 The entity would be responsible for coordinating and deconflicting provision of funding from government to ensure that public funding is targeted to areas of need and is in the hands of a community service provider or providers best equipped to cater to that need. Promotion of cooperation between ESO and VSO service providers would be a key theme of this aspect.

8.66 The entity must be in a position to contribute to capacity building in the ESO and VSO environment. Advice and assistance to build capacity should be an integral function. Linkages and assistance in accessing available government grant funding would be an aspect of this function.

8.67 The entity would coordinate with government at every level to ensure integration of services, but would primarily work with independent, community-based organisations. Although ESORT currently provides a forum for some community veteran support organisations to engage with the Australian Government on issues of strategic importance, ESORT does not include all of the ESO community, and therefore is not necessarily representative of the many views held by its members.

8.68 In order for there to be a high degree of confidence in this entity it must be independent from Defence and DVA. Most importantly, the entity would need to ensure that ADF members, veterans and their families are aware of all the services and supports available to them.

Conclusion

8.69 Community veteran support organisations do much of the 'heavy lifting' in order to support our ADF members, veterans and their families. Their roles extend across system advocacy, individual claims support and advocacy, and the provision of wellbeing and social support. In undertaking these roles, they harness cultural understandings and shared experience, facilitate social connections, support group identity and community building, support the coordination of service delivery, provide peer support, fill gaps in government service provision, and provide unique and tailored services.

8.70 Much of the expertise that these organisations bring to bear in support of ex-service personnel could also be used to better support ADF members from the start of their careers. I believe there is great opportunity for Defence and DVA to deliberately and officially engage the veteran community support sector more meaningfully from the outset of an ADF member's military career. One key way to do this would involve developing a process to formally partner ESOs with ADF members and families from their commencement of service in the ADF.

8.71 I have heard much about efforts to address service fragmentation, and specifically about the value of creating specific spaces for veterans to come together – where they can develop social connections, and access peer-to-peer support and services across the community, health and government sectors in a centralised location. I support these initiatives, and consider that a new independent entity and DVA should work closely with state and territory entities and organisations involved in veteran support to explore and build on them.

8.72 Despite the clear value of the community veteran support organisations in providing important support to veterans, and bolstering the protective factors and addressing the risk factors for veteran suicide, I am conscious that we do not have a readily available or comprehensive picture of the current state of play within the sector. Having this picture is essential to provide a base on which to ground any future reform work, to help service users understand and navigate available supports, and to support the sector to improve its own service delivery.

Recommendations

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.

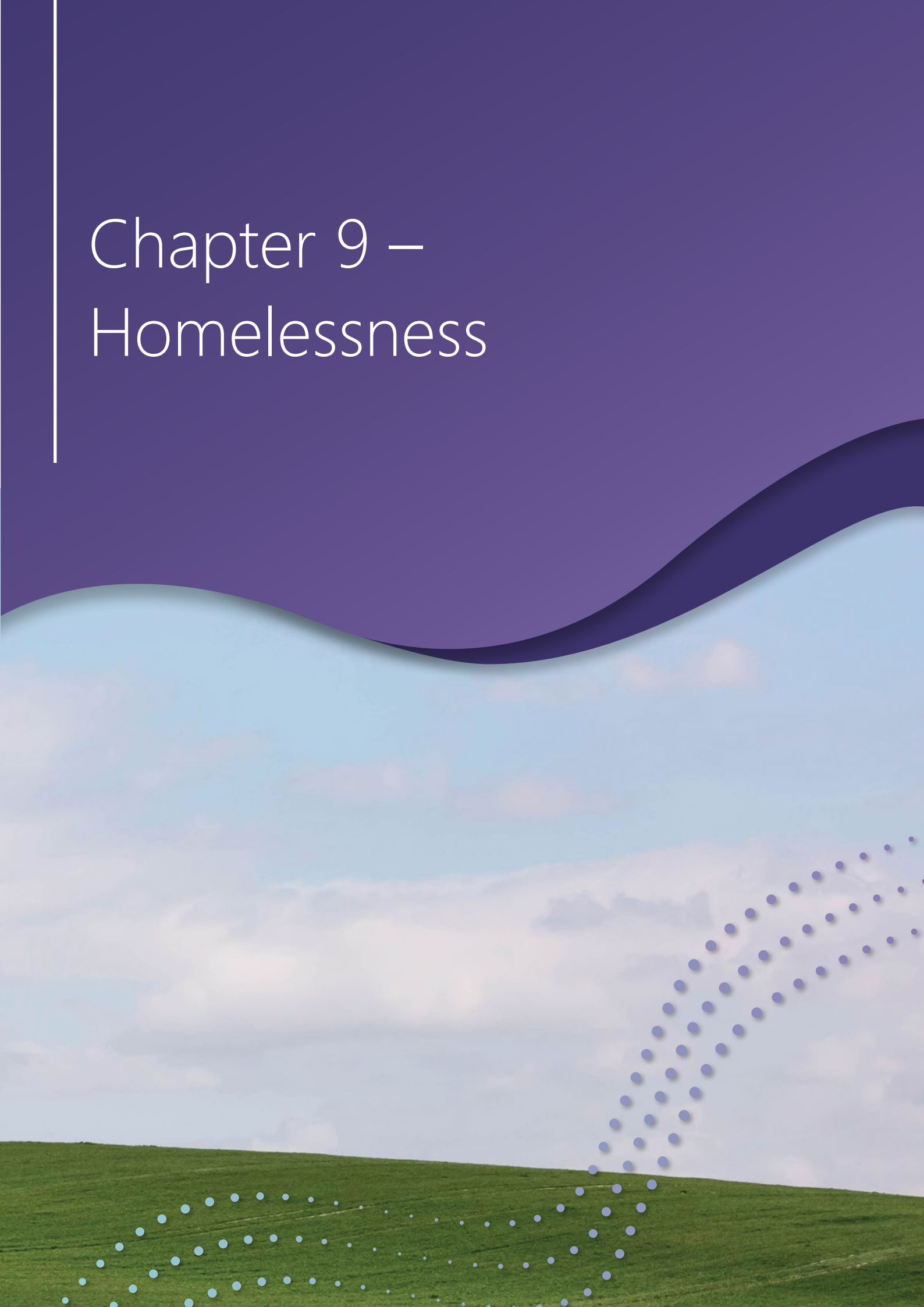
Recommendation 8.3

- The Australian Government should create an independent entity to identify ex-service organisation (ESO) and veteran support organisation (VSO) 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 recommended entity through the independent entity referred to in recommendation 8.3.

Chapter 9 – Homelessness



Introduction

9.1 A home is not only bricks and mortar. It also brings security, independence and autonomy. Throughout my work, I have heard concerns about the extent of veteran homelessness in Australia and the impact that this has on the wellbeing, mental health and suicidality of ex-serving Australian Defence Force (ADF) members.

9.2 In round table discussions with ex-service organisations (ESOs) and veteran support organisations (VSOs), I have been told that a number of the key drivers of veteran homelessness are similar to suicide risk factors, including financial pressures, substance abuse, marriage or family unit breakdown and mental health issues.[1]

9.3 The research evidence also shows a relationship between suicidality and homelessness. In a sample of veterans recently transitioned from the ADF, those who had experienced homelessness within the previous 12 months were more than twice as likely to report at least one form of suicidality than those who had not experienced homelessness (66.7% compared to 27.8%). These included those veterans reporting having felt like life was not worth living, having felt so low that they had thought about taking their own life, having made a suicide plan or having made a suicide attempt.[2]

9.4 There is a similar trend in US veterans. Researchers found that relative to those veterans who had not experienced homelessness, veterans who had experienced homelessness had higher rates of:

- suicide attempts in a 2-year period
- suicidal ideation experienced at any period during their lifetime
- lifetime suicide attempts
- suicidal ideation experienced during the previous 2 weeks.[3]

Defining homelessness

9.5 Understandings of homelessness vary, particularly as a function of cultural and historical context.[4] As such, there is no single definition of 'homelessness' that is universally used. Notwithstanding this, the Australian Bureau of Statistics (ABS) uses the following definition of 'homelessness' to standardise homelessness measurement:

> *When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:*
>
> - *is in a dwelling that is inadequate; or*
> - *has no tenure, or if their tenure is short and not extendable; or*
> - *does not allow them to have control of, and access to space for social relations.*[5]

1 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

2 Miranda Van Hooff, Amelia Searle, Jodie Avery, Ellie Lawrence-Wood, et al., *Homelessness and Its Correlates in Australian Defence Force Veterans* (Melbourne, AHURI, 2019): 77.

3 Jack Tsai, Louis Trevisan, Minda Huang & Robert Pietrzak, 'Addressing veteran homelessness to prevent veteran suicides', *Psychiatric Services* 69, no. 8 (2018): 935.

4 Miranda Van Hooff, Amelia Searle, Jodie Avery, Ellie Lawrence-Wood, et al., *Homelessness and Its Correlates in Australian Defence Force Veterans*: 5.

5 Australian Bureau of Statistics, 'Information paper: A statistical definition of homelessness', 2012, https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabn, accessed on: 15 February 2021.

9.6 This definition goes beyond the notion of 'having a roof over one's head' to also consider the adequacy of the dwelling, security of tenure, and control and access to space for socialising.

9.7 I have also heard concerns about veterans 'sleeping rough'. ADF training can prepare individuals to 'sleep rough', and veterans may be more likely to enter into this type of homelessness because of their training.[6]

Homelessness among the veteran population

9.8 The Productivity Commission in its 2019 report, *A Better Way to Support Veterans*, stated that: 'There is no comprehensive dataset on veteran homelessness and the existing studies are not representative.'[7] The lack of robust data on veteran homelessness has also been identified in my discussions with Department of Veterans' Affairs (DVA) officials, including the Secretary, Ms Liz Cosson AM CSC.

9.9 I understand that this data deficit is not unique to the issue of homelessness. Generally, data on the population of Australian veterans is limited. DVA reports that the total number of living veterans in Australia is estimated to be around 641,000.[8] However, the exact number is unknown and there is no complete existing data source that provides this information.

> *We've been trying to grapple with the claims of how many veterans are homeless, and I don't think we really know of the number.*
>
> *Ms Liz Cosson AM CSC, Secretary, Department of Veterans' Affairs, round table, 2021.*

9.10 Work published in 2019 by researchers from the Australian Housing and Urban Research Institute (AHURI) sought to address the lack of veteran homelessness data. Their analysis provided an estimate of homelessness among ADF members who transitioned from full-time regular military service between January 2010 and December 2014. This includes those who transitioned to active reserves and inactive reserves, as well as those who were discharged and are now ex-serving members.

9.11 The AHURI analysis was based on weighted survey data collected as part of the Mental Health and Wellbeing Transition Study. These data showed that among the transitioned personnel surveyed, more than one in 5 (21.7%) reported experiencing homelessness in their lifetime and around one in 20 (5.3%) reported experiencing homelessness in the previous 12 months.[9]

6 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

7 Productivity Commission, *A Better Way to Support Veterans*, (Canberra, 2019, Report no. 93): 120.

8 Department of Veterans' Affairs, 'Veteran numbers: Backgrounder', 2019, https://www.dva.gov.au/newsroom/media-centre/record/veteran-numbers-backgrounder, accessed on: 18 February 2021.

9 Miranda Van Hooff, Amelia Searle, Jodie Avery, Ellie Lawrence-Wood, et al., *Homelessness and Its Correlates in Australian Defence Force Veterans*: 1.

9.12 The AHURI researchers used this 5.3% figure to extrapolate an estimate of homelessness for ex-serving ADF members who had transitioned between 1 January 2001 and 11 August 2018. This indicated that a total of 5,767 veterans among this cohort were homeless in a 12-month period.[10] However, the authors note that this number is likely to be an under-count, given that homeless veterans are a hard-to-reach population and it is therefore likely that many did not participate in the survey.[11]

9.13 One important consideration is that the use of data from 2001 to 2018 in the AHURI analysis means that these conclusions relate to a relatively contemporary cohort of veterans. It is also the case that the analysis considers only those who had transitioned from full-time regular military service. Conclusions therefore do not necessarily relate to those who were serving in the reserves.

9.14 For the general population, the most authoritative estimate of homelessness in Australia is based on data from the Census of Population and Housing. Data from the 2016 Census shows that 116,427 people were homeless on Census night, equivalent to a rate of 50 per 10,000 people. This does not provide a valid comparison with those veterans who had experienced homelessness in the previous 12 months. Nevertheless, AHURI has concluded that on the basis of available evidence, homelessness among recently transitioned veterans is likely to be higher than for the general population.[12]

9.15 The ABS has announced that the 2021 Census will include a new question on ADF service.[13] The collection and analysis of these data will provide a new source of information to aid understanding of the number of living veterans. I welcome this change and the additional information it will provide on the lives of veterans.

9.16 However, the ABS does not directly measure homelessness through the Census form. Instead, it applies analytical techniques to generate estimates of the homeless population.[14] For this reason, I am concerned that it may remain difficult to fully understand the true extent of veteran homelessness even with the additional Census question on ADF service.

9.17 Alongside the ABS work, I believe there is an opportunity for DVA and Open Arms – Veterans & Families Counselling to ensure that questions regarding a person's housing situation are built in to their assessment processes. Although this would not provide a population-based representative indication of homelessness, it would add to the limited data that are currently available and would enable DVA and Open Arms to better support veterans who are in need of housing assistance.

10 Fiona Hilferty, Ilan Katz, Frederick Zmudzki, Miranda Van Hooff, et al., *Homelessness amongst Australian Veterans: Final report of the AHURI Inquiry* (Melbourne, Australian Housing and Urban Research Institute, 2019): 1.

11 Ibid: 3.

12 Fiona Hilferty, Ilan Katz, Frederick Zmudzki, Miranda Van Hooff, et al., *Homelessness amongst Australian Veterans: Final report of the AHURI Inquiry*: 1.

13 Australian Bureau of Statistics, 'Census questions and date announced (media release)', 2020, https://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyReleaseDate/9A2C37E441CE868ECA25858B0019A7F0?OpenDocument, accessed on: 18 February 2021.

14 Australian Bureau of Statistics, 'Homelessness', 2016, https://www.abs.gov.au/websitedbs/censushome.nsf/home/factsheetsh, accessed on: 6 July 2021.

Addressing veteran homelessness

Defence

9.18 Serving ADF members have access to housing and rental assistance through Defence Housing Australia (DHA). DHA has as its core purpose the provision of adequate and suitable housing and housing-related services to ADF members and their families.[15] However, this support is not available for veterans following their discharge from the ADF.

9.19 As housing support is available to serving ADF members, homelessness is predominately an issue for ex-serving ADF members. However, there are opportunities for Defence to put in place processes that provide early-intervention options to address potential housing issues before ADF members discharge.

9.20 In Chapter 7 – Transition, I discuss the need for changes to the existing Defence approach to transition. As part of a revised approach to transition, there is an opportunity for Defence to build in an assessment of housing vulnerability. Although the majority of veterans will not have housing issues, some of them will. At-risk or in-need individuals should be identified and supported through contact with community housing organisations to discuss housing options and pathways. Through the engagements with my office, I have heard how such a process could reduce the need for crisis accommodation and decrease veteran homelessness.

DVA

9.21 I have been told that the total contribution that the Australian Government provides for improving housing and reducing homelessness for all Australians is more than $6 billion per year.[16] This is primarily through the National Housing and Homelessness Agreement (NHHA). DVA, which otherwise has responsibility for supporting veterans, does not have legislative or policy authority for homelessness services. This means that despite the Australian Government's significant investment in housing support, the primary department set up to support veterans (i.e. DVA) is not able to provide veterans with homelessness support. This leaves homeless veterans vulnerable to 'slipping through the cracks'.

9.22 DVA does have the ability to take some action in relation to veteran homelessness. For example, DVA has commissioned research work to better understand veteran homelessness, including veterans' experiences and homelessness risk factors. This includes the DVA-commissioned AHURI research referred to earlier in this chapter, two investigative panel workshops held with AHURI to identify responses to veteran homelessness, and a series of meetings held with stakeholders from 2019 onwards.[17]

15 Defence Housing Australia, *Annual Report* (Canberra, Commonwealth of Australia, 2020): 2.

16 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*, 8 February 2021: 2.

17 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 4–5.

9.23 DVA is also partnering with the Community Housing Industry Association, which is the peak body for community housing providers across Australia. The Association will develop a veteran specific toolkit and training materials to be made available to all community housing providers, as well as veteran industry standards by which providers can measure their performance. The veteran industry standards are intended for use as a self-assessment tool only. It is anticipated these initiatives will be completed by 30 November 2021.[18] The Association has also been given visibility of Open Arms' Crisis Services Database so as to improve awareness of relevant veteran specific services within the sector.[19]

9.24 In addition, DVA is able to refer veterans to support services, provide information on support payments, and connect to a network of organisations that can assist veterans. DVA does not have a dedicated payment for those who are homeless or at risk of homelessness, but it does provide means-tested payments for income support.[20]

9.25 Furthermore, DVA has the responsibility to carry out actions in the *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–23*, which outlines the Australian Government's approach to improving the mental health and wellbeing of veterans and their families. The plan includes the following actions for DVA relating to homelessness:

- to collaborate with Defence to explore tools that can help assess the wellbeing risks and vulnerabilities that transitioning members might face – for example, homelessness – prior to transition in order to take action to mitigate the risks.[21] As of 15 July 2021, this action has not been completed.[22]
- to harness DVA's role as an influencer, connector and funder of services to work with state and territory governments, and specialist homelessness service providers, to tailor programs and services to reduce homelessness for veterans and their families.[23] DVA has indicated that it is implementing this action through a 'business as usual' process as resources allow. This involves including homelessness as an agenda item for the Veterans' Wellbeing Taskforce, collaborating with the Community Housing Industry Association, and using social media to raise awareness among service providers of how DVA can help them assist homeless veterans with case management, health care and financial support.[24]

9.26 I look forward to these actions being fully carried out and reflected in improved outcomes for veterans.

18 Ibid: 10.

19 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*, 8 February 2021: 6.

20 Ibid.

21 Department of Veterans' Affairs, *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023* (Canberra, Commonwealth of Australia, 2020): 37.

22 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 15.

23 Department of Veterans' Affairs, *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023* (Canberra, Commonwealth of Australia, 2020): 42.

24 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 16.

Open Arms

9.27 DVA maintains the 1800 VETERAN hotline and Veterans' Access Network offices, and provides a counselling service for veterans and their families through its Open Arms service. Open Arms operates a Community and Peer Program through which peer workers assist veterans with systematic case management to access social housing, employment and other services as required.

9.28 The Open Arms Crisis Accommodation Program provides limited accommodation and support to alleviate a crisis situation. Clients are initially offered 5-day stays, but this can be extended based on clinical need.[25] The average stay is 7 days.[26] Access is provided through third-party providers – predominately hotel facilities. The crisis accommodation program was accessed by 143 veterans and 21 family members in 2019–20 and, as at 7 April 2021, has been accessed by 154 veterans and 44 family members in 2020–21. [27] There is a budget cap of $200,000 for this service in 2020–21.[28]

State and territory governments

9.29 In Australia, state and territory governments have primary responsibility for delivering housing and homelessness services, including for veterans and their families.[29]

9.30 In New South Wales, government representatives have told me that veteran homelessness is part of a broader issue of housing access in the state, particularly a lack of affordable and social housing in Sydney. Waitlists of social housing in New South Wales can be extensive.[30]

> *Even if you can afford it, you can't actually get a house because there is just not enough houses for people … it's a serious crisis.*
>
> *Karah Lindner, daughter of a veteran, private meeting, 2021.*

9.31 The New South Wales Government has partnered with RSL DefenceCare on the Rent Choice Veterans program for former members of the permanent ADF.[31] The program supports eligible veterans and their families to find a rental property, obtain a lease or stay in their current accommodation. It also subsidises rent payments for up to 3 years, and helps veterans gain skills and access work opportunities to support their financial

25 Ibid 12.

26 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Veterans' Affairs'.

27 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 11.

28 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*: 7.

29 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*: 2.

30 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with New South Wales Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

31 New South Wales Department of Communities & Justice, 'Rent choice veterans', 2020, https://www.facs.nsw.gov.au/housing/factsheets/rent-choice-veterans, accessed on: 18 February 2021.

independence. For the first 12 months on the program, participants pay 25% of their weekly household income and 100% of any Commonwealth Rent Assistance they receive, and the New South Wales Government pays the remainder directly to the landlord or real estate agent. The amount participants pay increases after 12 months.

9.32 In Victoria, the state government provided sessions to ESOs which included information on homelessness. Additional sessions are planned in 2021, including opportunities to engage with Victoria's Big Housing Build program.[32]

9.33 In Western Australia, government representatives have told me that homelessness among the veteran population is an area of focus for the state's Department of Communities. These representatives also expressed concerns around being able to ascertain the number of homeless veterans in the state – suggesting that veterans who are sleeping rough may do so somewhere quiet and out of public sight, rather than around the city centre where they may more readily come in contact with homelessness support services. [33]

9.34 In Queensland, government representatives have told me that homelessness service provision can include access to immediate emergency accommodation as well as pathways to longer-term accommodation, such as private rental and community housing. Although Queensland allocates social housing resources based on need, and does not have a specific housing allocation available for veterans,[34] I have also been told that the Queensland Government has allocated $1.8 million over four years to establish a program to specifically address veterans' homelessness and housing stress.[35]

9.35 In South Australia, government officials have told me that significant support for veteran homelessness is provided by grassroots organisations. The collection of data on veteran homelessness is entirely dependent on whether third parties choose to ask those accessing services about their veteran status.[36]

9.36 In the Northern Territory, I have heard about the large number of veterans transiting through the state and the resulting demand placed on services used by veterans. There is a need for surge planning and increased capacity to meet these needs.[37]

9.37 Although it is pleasing to hear of these state- and territory-based initiatives, the level of support available clearly varies across the country, and it is concerning that DVA does not have existing initiatives with state and territory governments to tailor programs to veterans' needs.[38]

32 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 16.

33 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Western Australian Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

34 Ibid.

35 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 16.

36 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with South Australian Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

37 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Northern Territory Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

38 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 16.

Australian collaboration

9.38 The nature of federalism has the effect that veteran homelessness is addressed in various ways – both at the national level and at the state and territory level. It also means that although veterans turn to DVA for support with their health care and accessing entitlements, an entirely different pathway operates for homelessness support.

9.39 I understand that there are ways in which the system could be improved to promote better outcomes for veterans. For example, although social security payment recipients are able to have a portion of their payment automatically directed to pay rent through the Centrepay arrangement, a similar process is not available for DVA clients and their entitlement payments.

9.40 The interests of both the Australian and state/territory governments in veteran homelessness mean that there is a need for governments to work together on this issue. I understand that one way this is progressed is through the Veterans' Wellbeing Taskforce. The Taskforce consists of Commonwealth and state and territory ministers with responsibility for veterans' affairs. The Terms of Reference for the Taskforce state that its work will encompass homelessness issues as well as mental health and suicide prevention.[39] I understand that homelessness is also a standing agenda item for the Commonwealth, State and Territory Committee, which is a subordinate committee of the Taskforce comprising senior public servants.[40]

9.41 More broadly, the National Housing and Homelessness Agreement (NHHA) is the agreement through which the Australian Government and state and territory governments address population-wide issues of housing and homelessness.

39 Department of the Prime Minister and Cabinet, *Veterans' Wellbeing Taskforce Terms of Reference* (Canberra, Commonwealth of Australia, 2020): 1.

40 Department of Veterans' Affairs, RFI-07-DVA-01-2021, *Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless, or at risk of homelessness*: 5.

National Housing and Homelessness Agreement (NHHA)

9.42 Through the NHHA the Australian Government and state and territory governments agree to work together to achieve improved outcomes for Australians who are homeless or at risk of homelessness.

9.43 Under this agreement, state and territory governments are responsible for housing and homelessness services, administration and delivery, as well as data collection from specialist homelessness agencies (among other responsibilities). The Australian Government is responsible for leadership of national policy, income support and rental subsidies, and the coordination of homelessness data collection from state and territory governments (among other responsibilities).[41]

9.44 Specialist homelessness agencies are organisations that receive government funding under the NHHA to deliver specialist homelessness services to a client. In 2019–20, these agencies provided support to around 290,500 clients nationally. Of these, around 1,400 clients identified as current or former members of the ADF. Almost two thirds of these clients were male, more than a quarter were aged between 45 and 54, more than half were homeless when they sought assistance, and around 2 in 3 had received specialist homelessness services previously.[42]

9.45 The NHHA sets out a series of priority cohorts. These are:

- women and children affected by family and domestic violence
- children and young people
- Indigenous Australians
- people experiencing repeat homelessness
- people exiting institutions and care into homelessness
- older people.[43]

9.46 Despite the known issues associated with veteran homelessness, veterans are not identified as a priority cohort under the NHHA. Nor was veteran homelessness a priority area in the National Affordable Housing Agreement, which preceded the NHHA and was in place from 2009 to 2018.[44]

9.47 As veterans are particularly vulnerable to homelessness, and state and territory governments have primary responsibility for homelessness, the Australian Government should use other available mechanisms, such as the NHHA, to improve the housing support available to veterans.

41 Council on Federal Financial Relations, 'National Housing and Homelessness Agreement', 2018, https://www.federalfinancialrelations.gov.au/content/housing_homelessness_agreement.aspx, accessed on: 19 February 2021.

42 Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report*, 2020, https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-who-are-current-or-former-members-of-the-australian-defence-force, accessed on: 6 July 2021.

43 Council on Federal Financial Relations, 'National Housing and Homelessness Agreement'.

44 Council on Federal Financial Relations, 'National Affordable Housing Agreement', 2009, https://www.federalfinancialrelations.gov.au/content/housing_homelessness_agreement.aspx, accessed on: 25 June 2021.

Non-government veteran homelessness support

9.48 It is clear to me that the current system is not meeting the needs of veterans in providing housing support and preventing homelessness. This has meant that a number of non-government organisations have stepped in to providing housing services to veterans. This section notes examples of these supports that have been brought to my attention. The examples are not exhaustive. I present them here to illustrate some of the good work that is being done in the absence of a more comprehensive government approach.

9.49 ESOs and VSOs provide support to veterans throughout state- and territory-based organisations. The Returned and Services League (RSL) Queensland, for example, has partnered with the Salvation Army to provide the Veteran Support Program. This program can provide emergency accommodation, as well as support to identify stable, safe and independent housing.[45]

9.50 The Townsville branch of the Vietnam Veterans' Association of Australia (VVAA) operates Zac's Place. Zac's Place is a crisis accommodation facility that has 5 bedrooms available and is staffed by an on-site assistant manager. As the facility is governed by crisis accommodation legislation, rather than tenancy legislation, residents may stay only for a maximum of 90 days before vacating for at least one night. Residents pay a small nightly fee when able to pay, with remaining costs subsidised by the VVAA. Zac's Place does not receive any homelessness services funding from government. My office visited Zac's Place in January 2021 and saw first hand the work that is being done to support veterans.

9.51 In South Australia, the Andrew Russell Veteran Living (ARVL) housing portfolio consists of 10 units designed to provide temporary emergency accommodation, as well as 36 units and 3 houses designed to provide affordable long-term housing solutions.[46]

9.52 In June 2021, my office engaged with RSL Care SA and the Community Housing Industry Association and heard about their work on addressing veteran homelessness, including through the ARVL facility. Since January 2016, over 14,000 nights of accommodation for 131 veterans have been provided through the ARVL emergency accommodation program. In the past 12 months alone, ARVL received 59 enquiries for emergency accommodation.[47] A key element of the success of this model is its ability to respond flexibly to individual circumstances of housing need.

9.53 Referrals from the Jamie Larcombe Centre, a veterans' mental health facility in South Australia, constitute the largest proportion of overall ARVL emergency accommodation referrals (30%) – considerably more than both DVA and Open Arms.[48] Of concern, my office was told through a private meeting that around half of all the homeless veterans supported reported suicidal ideation and 16% had made a past suicide attempt.

45 The Salvation Army, 'From military service to homelessness', 2021, https://www.salvationarmy.org.au/red-shield-appeal/from-military-service-to-homelessness/, accessed on: 19 February 2021.

46 RSL Care SA, 'Andrew Russell Veteran Living,' 2019, https://www.rslcaresa.com.au/arvl-housing/, accessed on: 18 February 2021.

47 RSL Care SA, *Andrew Russell Veteran Living Program Report: April 2021* (Adelaide, Andrew Russell Veteran Living, 2021): 3.

48 RSL Care SA, *Andrew Russell Veteran Living Program Report: April 2021*: 4.

9.54 DVA reports that the ARVL is being used as an incubator model for a program to support veterans in transitional and emergency accommodation. Under this initiative, veterans are assigned a DVA case manager and can be referred to appropriate services. DVA provides peer support, case management and community mental health nursing to participants. DVA is exploring how this program could be extended to other transitional and community housing providers across Australia.[49]

9.55 In New South Wales, RSL LifeCare and Wesley Mission have partnered to deliver Homes for Heroes.[50] The program assists men and women to find a safe place to stay and access support and services. Veterans may be offered transitional accommodation for 6 to 12 months, during which they can access tailored care from a Community Support Worker.

9.56 In Victoria, Vasey RSL Care delivers residential aged care and home care, and provides ex-service accommodation in independent living units. Vasey RSL Care houses 396 aged-care residents, of whom 272 are veterans or war widows (or both). Those in ex-service accommodation are younger (under 60), and close to 100% of these are veterans, war widows or dependants.[51]

49 Department of Veterans' Affairs, RFI-14-DVA-07-2021, *Implementation and evaluation of recommendations, veteran homelessness, and Veteran Mental Health and Wellbeing Strategy and National Action Plan*: 12–13.

50 Wesley Mission, 'Your journey', 2019, https://www.wesleymission.org.au/find-a-service/housing-and-accommodation/find-a-bed/individuals/homes-for-heroes/your-journey/, accessed on: 19 February 2021.

51 Vasey RSL Care, *Annual Report 2020* (Hawthorn, Vasey RSL Care, 2020): 8–9.

Conclusion

9.57 I have heard how veteran homelessness is a significant risk factor for veteran suicide. Despite this, the existing work does not give me an accurate understanding of the number of homeless veterans throughout Australia. This lack of data makes it difficult to understand the nature of the issue and how it is best tackled.

9.58 Although DVA has indicated to me that it is seeking to understand veteran homelessness, particularly through funded research, it has also told me that it is constrained in addressing this issue because housing is a responsibility of state and territory governments. The NHHA, which provides the mechanism through which the Commonwealth can prevent homelessness and influence homelessness support, does not include veterans as a priority population group.

9.59 For homeless veterans, there are a number of valuable supports that exist. Facilities such as ARVL provide crisis accommodation that can assist homeless and at-risk veterans. However, more must be done before the point of crisis so that veteran homelessness and subsequent suicidality is reduced.

Recommendations

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.

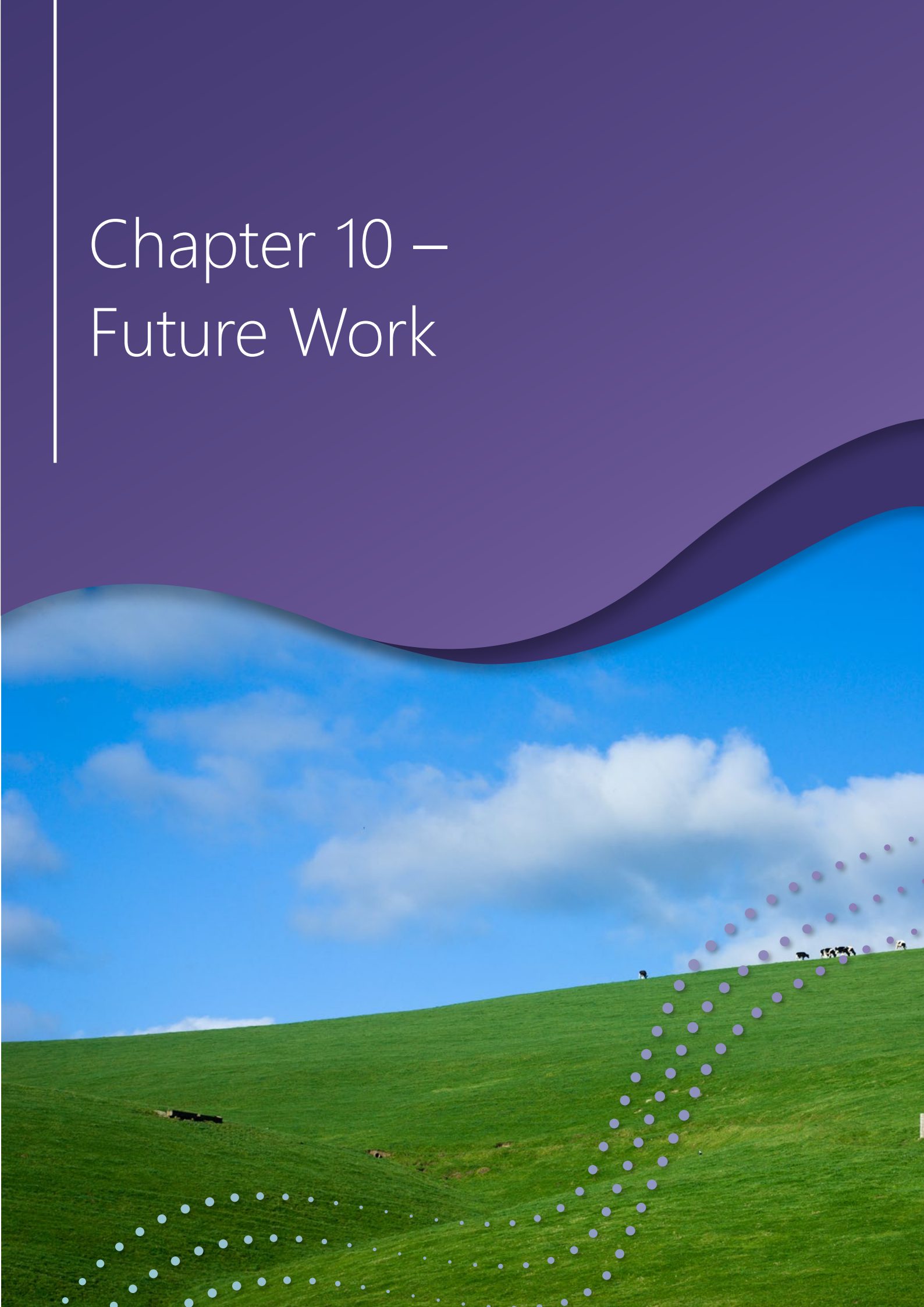
Recommendation 9.4

- 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:
  - agree on targets to reduce veteran homelessness
  - develop an ongoing data collection process that enables an accurate understanding of the extent of veteran homelessness.

Chapter 10 – Future Work



Introduction

10.1 In the preceding chapters, I have presented a number of key issues that I have found to be contributing to the suicide deaths of Australian Defence Force (ADF) members and veterans. I have also presented a number of recommendations through which these deaths can be prevented.

10.2 On 19 April 2021, the Prime Minister, the Hon Scott Morrison MP, announced that the Australian Government would recommend to the Governor-General the establishment of a Royal Commission into Defence and Veteran Suicide. On 8 July 2021, the Australian Government released the Terms of Reference for the Royal Commission and announced the Royal Commissioners.[1]

10.3 I support the Royal Commission and congratulate the Royal Commissioners on their appointment. The issues covered in this chapter, and more broadly in this report, provide a strong foundation for the Royal Commission to begin its work, and for the Australian and state and territory governments, to make changes that will prevent future ADF member and veteran suicide deaths.

10.4 I note that the Prime Minister's announcement also provides for a future role for the National Commissioner for Defence and Veteran Suicide Prevention. I have been honoured to serve as the interim National Commissioner. The announcement indicates that the National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 (Cth), which is currently before Parliament, will be amended to ensure that the National Commissioner's powers and functions will commence following the conclusion of the Royal Commission, or at an earlier point if recommended by the Royal Commission.[2]

10.5 In addition to the issues covered earlier in this report, I also foresee a need to explore additional areas of concern that have been brought to my attention. In particular, I have heard about the importance of:

- screening and support while in the ADF
- families
- recognition of service
- capturing data on ADF members and veterans
- research practices, needs and emerging treatments
- government service integration.

10.6 I outline my preliminary thoughts on these issues in this chapter. It is my view that they warrant further inquiry.

1 Prime Minister of Australia, 'Defence and veterans suicide: Media release', 8 July 2021, https://www.pm.gov.au/media/defence-and-veterans-suicide, accessed on: 9 July 2021.

2 Ibid.

Screening and support while in the ADF

Defence screening

10.7 In 2019–20, Defence recruited more than 7,500 personnel to permanent and reserve roles in the ADF. This resulted in 93% of Defence permanent force targets being filled.[3]

10.8 All ADF applicants participate in a screening process prior to being accepted into the ADF, part of which is a psychological assessment. This assessment includes a semi-structured psychological interview that lasts approximately 1 hour. The interview focuses on recent and current functioning, and is used to help ensure that the applicant is able to psychologically cope with the stressors associated with military life generally, and to assess their suitability for the particular occupation that they have applied for.[4]

10.9 Defence officials have told me that although some people will be excluded through the Defence screening process due to the presence of mental health conditions, such as psychosis, Defence does accept recruits to the ADF who have a history of suicide attempts and suicidality. Defence has indicated its view that it would be nonsensical to automatically screen out all individuals with a history of mental health concerns.[5]

10.10 If the screening psychologist believes that there are clear grounds on which to consider the applicant an 'unacceptable risk' for military integration and training, a recommendation of 'Not Suitable on Psychological Grounds' (NSP) is recorded. Applicants rated as such are 'debarred' from enlistment or appointment for a period that normally ranges from between 6 and 36 months, as determined by the psychologist. This provides time for applicants to resolve the issues for which they were deemed NSP. Approximately 10% of applicants are assessed as NSP.[6]

10.11 The psychologist may also make an assessment of 'Not Recommended' (NR). This occurs where the psychologist's judgement is that there are sufficient grounds for the applicant to be considered a 'high risk' (as opposed to an 'unacceptable risk') for military integration and/or training. In 2016, around 14% of applicants were assessed as NR.[7]

10.12 Where an NR rating is recorded, this information is considered by the assigned Defence Interviewer in producing a final rating. In 2016, approximately one in 4 applicants who were assessed as NR were subsequently rated as being an 'acceptable risk'.[8]

3 Department of Defence, *Annual Report 19–20* (Canberra, Commonwealth of Australia, 2020): 98.

4 Department of Defence, *Supplementary Submission to the Senate Standing Committee on Foreign Affairs Defence and Trade Inquiry into Suicide by Veterans and Ex-service Personnel* (Canberra, Commonwealth of Australia 2017): 3.

5 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

6 Department of Defence, *Supplementary Submission to the Senate Standing Committee on Foreign Affairs Defence and Trade Inquiry into Suicide by Veterans and Ex-service Personnel*: 4.

7 Ibid.

8 Ibid.

10.13 Future work should explore the processes that Defence has in place to identify and support those applicants who are identified as having a history of mental health concerns, self-harm and suicidality. Defence currently requires mandatory screening not only on entry into the ADF, but also at a number of other points in time. This screening includes:

- Return to Australia Psychological Screening (RtAPS)
- Post-Operational Psychological Screening (POPS) (both RtAPS and POPS take place following deployment)
- Annual Periodic Mental Health Screening (introduced for individuals who have not otherwise undertaken a screening in the previous 12 months).

10.14 In its 2017 review of Defence suicide and self-harm prevention services, the National Mental Health Commission raised concerning accounts of Defence recruiting individuals despite failed screening tests (ostensibly to meet recruitment targets), screening assessments not being conducted by appropriately qualified personnel, and screening processes being unable to detect whether applicants are withholding relevant information – including mental health difficulties.[9]

10.15 There is a need for further work to explore the following related issues:

- whether these screening processes are always completed as mandated
- to what extent the screening accurately reflects the presence of suicide risk factors, including whether personnel have learnt to avoid being forthright in responses so as not to raise 'red flags' during screening and interviews
- how Defence manages and provides support to individuals following each of these assessments
- the extent to which resilience training can be employed to support and strengthen candidates.

9 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): 32.

Work-related concerns

10.16 In addition to supporting individuals with mental health concerns, it is important that Defence ensures broader support for ADF members who are having trouble at work, regardless of whether these difficulties are a factor of Defence experiences or their life outside work. This is particularly the case for those individuals with work performance issues or interpersonal difficulties, or those who have been given medical downgrades, administrative notices or formal warnings.

10.17 It is important to understand how intensive support programs or resilience-building programs, among other initiatives, may be able to support ADF members. Where relevant programs are in place, it is critical that these can be evaluated and lessons learnt.

10.18 I have heard directly from the family of an ex-serving ADF member who died by suicide about a confluence of suicide risk factors – including boredom, a lack of meaningful work, administrative punishments, bullying and a culture of drinking – that operated prior to the death. This paints a particularly worrying picture of what the work environment within the ADF can be like. Defence needs to put in place practices that ensure this type of environment does not exist, and make sure appropriate programs to support individuals are available and accessible. Defence also needs to reduce the stigma associated with accessing support.

10.19 Similar concerns were raised around boredom and a lack of meaningful work in a separate meeting I had with a family member of an ex-serving ADF member who died by suicide. I also heard concerns during this meeting about the member's experience in the ADF Gap Year program. Despite wanting to leave the ADF, the member was retained for the duration of the contracted service period, which included a hospital stay.

10.20 The ADF Gap Year program, by its nature, is characterised by a short-term experience of ADF service. In Chapter 2 – Prevalence, Risk and Protective Factors, I note that individuals with shorter periods of service are at greater risk of suicide than those with longer periods of service. The ADF should be cognisant of this risk, particularly for gap-year participants. Appropriate procedures to support these members should be in place and there should be assurance of compliance with these procedures. Additionally, where contract cessation is requested, the ADF should not put in place barriers to this occurring.

Families

10.21 Engagement with families has been an essential part of my work. In my role, I have talked directly with families who have experienced the suicide deaths of their loved ones. Their stories provide invaluable insight and lived experience of the circumstances around suicide deaths and what can be done to help prevent these deaths in the future.

10.22 As I have discussed elsewhere (Chapter 2 – Prevalence, Risk and Protective Factors) and will discuss further in the section below on 'Capturing data on ADF members and veterans', there is a lack of robust data on the number of veterans in Australia. Data are also lacking on the families and children of veterans. In New South Wales, government officials have told me that there is a need for the better collection of information on families to aid understanding of their experiences.[10] I support this sentiment, and I encourage the Australian government to take action on this issue at a national level.

10.23 Relationship, marital and family breakdown are known factors that can put individuals at increased risk of suicide. I have considered these – particularly the impact of successive deployments and postings on ADF members' relationships and family life – in more detail in Chapter 2 – Prevalence, Risk and Protective Factors. For mental healthcare professionals, sessions in which the family is a focus can often be a useful 'soft' entry point to enable discussions around mental health, interpersonal difficulties, alcohol and drug use, and suicidality. Positive initial experiences with mental healthcare professionals can help build trust and rapport, and identify supports that can help ADF members and veterans who are in need.[11]

10.24 Relationship difficulties should not be diminished as a suicide risk factor. However, I also wish to draw attention to how important it is for Defence and the bodies charged with investigating ADF member and veteran suicide deaths (such as the Inspector-General of the Australian Defence Force) not to attribute suicide deaths only to relationship issues where there may be other factors at play. It is concerning to me to read official investigative reports of suicide deaths in which in-service experiences are downplayed, and instead family and relationship issues are emphasised as causal factors. It should be recognised that a negative in-service experience can start a chain of events that culminate in a crisis event, perhaps years later. The in-service experience can contribute to relationship problems and subsequent suicidality.

10.25 Family members are often well placed to identify suicidality and mental health concerns. They have a critical role in identifying warning signs at an early stage, and supporting or seeking support for the ADF member. They are often the first to notice issues and the first line of defence when issues arise.[12]

10.26 Defence does a disservice to both families and veterans by not including families in transition planning at an early stage. It is important that Defence do more in this respect.

10 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with New South Wales Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

11 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

12 Ibid.

10.27 In Chapter 7 – Transition, I have discussed how Defence's current approach to transition from service needs to be reimagined and redesigned to appropriately meet the needs of ADF members. Importantly, transition also needs to meet the needs of ADF families. Just as ADF members often become closely tied to the Defence community, so too do their families. Feelings of disconnection and isolation that ADF members may experience post transition are also relevant for family members and need to be addressed.

Doing more to support defence and veteran families

10.28 I have heard concerns that, too often, families are not provided with relevant information that would enable them to support ADF members.[13] We cannot rely on families to support ADF members without looking to support them in turn.

10.29 DVA officials have told me that family members may not be aware of the supports that are available. I have heard about a number of family supports and initiatives, including the following:

- Defence Member and Family Support Branch staff, including 40 social workers are available to assist families. These staff are trained in military culture.[14]
- A family engagement trial is being run by Defence's Joint Health Command. Defence officials have told me that the trial has received positive feedback.[15]
- Open Arms – Veterans & Families Counselling has progressed pilots focused on improving wellbeing outcomes for veterans and their families, including The Resilient Mind – High Performance Program, the Mindfulness Based Stress Reduction Program and the Post War: Survive to Thrive Nation Online Coaching Program.[16] There are also plans to develop a families 'stream' for the Go Beyond pilot program. I have heard through a private meeting that this will include information about the impacts of military service on families and children.
- Initiatives from the Western Australian Government promote the state as a place where veterans are valued and their families are supported, encouraging veterans and families to choose to settle in the state after their transition from military to civilian life. These include the Western Australian Veterans and Families Strategy and the Western Australian Defence and Defence Industries Strategic Plan.[17]
- Community initiatives in New South Wales include the We're Here! program in Nambucca, which was initiated by a community veteran support organisation and is designed to showcase Nambucca – through leaflets and social media – as a welcoming place for veterans and their families to settle. A key feature of the program is a commitment from major local employers that veterans settling in the area will be given an interview when they apply for an advertised position for which they have the required skills and experience.[18]

13 Ibid.

14 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Defence', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

15 Ibid.

16 Department of Veterans' Affairs, RFI-09-DVA-02-2021, *RFI #9 – Follow up inquiries in relation to previous requests for information*: 9.

17 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Western Australian Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

18 New South Wales Government, RFI-22-OVA(NSW)-04-2021, *Attachment 1: We're Here! An ex-servicemen's not-for-profit initiative in support of transitioning veterans*, 10 June 2021.

Mental health, breakdown of their marriages, all of these things are around family and I don't think, all due respect, I don't think Defence respects the needs of families.

Veteran support organisation representative, round table, 2020.

10.30 Families are asked to dedicate their lives, compromise their careers and move all over the country to support an ADF member's service. Service impacts families as well as ADF members.[19] Supporting the family, as well as the ADF member, can therefore be of importance in preventing suicide deaths. I encourage governments at all levels to look at ways in which the families of veterans can be supported. One idea I have heard about is the opportunity to support the partners of veterans with employment opportunities as a way to reduce financial stressors.[20]

10.31 I want to make it clear that if families are not aware of available supports, I do not place any blame with them. Instead, the onus should be on Defence and DVA to ensure that there is close engagement with families and that they are apprised of information and supports. This could include things such as ADF-initiated support groups for families, a peer-support network, family-centred pre- and post-deployment briefings, promotion of family contact with chaplains, and greater integration of community veteran support organisations providing services to families.

10.32 Future work should also look at whether there are any impediments to Defence and DVA sharing information with family members where this is appropriate and necessary to support the ADF member. I have been told by DVA officials about concerns that privacy obligations could sometimes impede the provision of support to ADF members. However, I have also heard that it may be the understanding and application of the relevant legislation that is the issue, rather than the legislation itself.[21]

10.33 Finally, where suicide deaths of ADF members and veterans do occur, it is critical that the bereaved family members have access to the support that they need. This should not be limited to immediate family members. I was pleased to hear DVA officials acknowledge the importance of recognising the needs of the bereaved, and tell me that family members such as parents should have support services made available to them.[22] This issue should continue to be explored in future work.

10.34 Given the important role that families play in the lives of ADF members and veterans, it is vital that the impacts of service on families and the supporting role of families in service be further examined.

19 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

20 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Western Australian Government representatives'.

21 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with the Department of Veterans' Affairs', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables.

22 Ibid.

Recognition of service

10.35 Employment in the ADF is unlike any other job in the country. The term 'service' is appropriate because of the level of sacrifice that is inherent to the job. As a veteran myself, I have seen this first hand.

10.36 I cannot ignore that I am writing this report in the months following the release of Major General Paul Brereton's *Afghanistan Inquiry Report*. I have heard about the possible risk of ostracism and negative public sentiment towards ADF members and their families, and the Defence community's concern that improper handling of the report could contribute to suicide deaths.[23] It is important that ADF members, veterans and their families who are affected by the release of the report are properly supported. I also encourage endeavours to acknowledge the positive work that the ADF does for the country. In this respect, it is not the *Afghanistan Inquiry Report* that is fresh in my mind. I am thinking now of the outstanding work of the ADF in response to emergencies and natural disasters, such as Operation Bushfire Assist, and the various capacities in which the ADF has supported the response to the COVID-19 pandemic.

10.37 I am resolute in my view that what it means to serve in the ADF must be recognised by the broader community. This recognition should come regardless of how and why a person is discharged. In Chapter 8 – Community Veteran Support Organisations, I discuss the role of ex-service organisations (ESOs) and veteran support organisations (VSOs) in recognising service. All ADF members and veterans should be acknowledged and supported. The Royal Commission into Defence and Veteran Suicide may wish to inquire into what processes Defence currently has in place to ensure that this occurs.

10.38 I wish to emphasise that recognition of service should in no way be diminished in cases of death by suicide. It will be important to look to Defence, DVA and the broader Defence community to ensure that this is the case. I have also written to the Australian War Memorial to seek information on its policies and procedures regarding the inclusion of names on memorials when a person is suspected of taking their own life.

10.39 The broader community plays an essential role in recognising Defence service. ADF members who are transitioning into the general community bring a range of skills and attributes. They should be welcomed, and encouraged to build local ties and social connections. I would like to see ways in which this can be further explored. I have heard about such ideas as having the local Member of Parliament write to veterans who are settling in their community, or holding events to welcome them. I have also been told that participation in such events should be at the discretion of the veteran and their family, and must not be compulsory.[24] Recognition also needs to be culturally appropriate for the Australian context. This means that although we may look to allies such as the USA for examples of how veterans can be recognised, these initiatives should be carefully considered for their appeal and relevance to Australian veterans and their families.

23 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

24 Ibid.

10.40 I am aware that in the Northern Territory, active reservists represent around 10% of the ADF presence. The majority of these personnel are employed by local business and the public sector, thereby making important contributions to their community.[25] Similarly, veterans are highly skilled and can also provide immense value to their local community. This is something that should be recognised by governments. The Northern Territory Government, for example, is developing a veteran specific employment program.[26]

10.41 I am also encouraged by what I have heard from New South Wales Government officials. These officials have told me that a new resource is being developed to welcome children of newly discharged veterans into schools and to support them while they settle in. The impact of this initiative is something that could be explored in future work.

25 Northern Territory Department of Trade, Business and Innovation, *Northern Territory Defence and National Security Strategy* (Darwin, Northern Territory Government, 2018): 24.

26 Department of Veterans' Affairs, 'Veterans employment', 2019, https://www.dva.gov.au/newsroom/vetaffairs/vetaffairs-vol-35-no4-summer-2019/veterans-employment, accessed on: 2 July 2021.

Capturing data on ADF members and veterans

10.42 Through my work I have been made aware of the limited understanding that the Australian Government and state and territory governments have of veterans. This is emphasised to me by the fact that there is currently no authoritative count available of the number of veterans in Australia. Such a limitation has broad implications, including for restricting the ability of government to plan the 'what', 'where' and 'how' of service delivery to veterans.

10.43 I welcome the announcement from the Australian Bureau of Statistics (ABS) that a question about service in the ADF will be included in the 2021 Census of Population and Housing.[27] I recognise that the inclusion of this question will facilitate an improved understanding of veteran numbers in Australia. I am also optimistic that this question will contribute to an improved understanding of the life circumstances of Australian veterans.

10.44 Data linkage endeavours using the new Census question on ADF service provides an opportunity for a wealth of additional information on veterans. One potential example is use of data from the Multi-Agency Data Integration Project, in which Census data are combined with information on health, education, government payments, income and taxation, and employment.[28] This information will be potentially useful in understanding many of the factors that I have found to be associated with suicidality in Chapter 2 – Prevalence, Risk and Protective Factors.

10.45 Although the introduction of the ADF Census question is a welcome step forward, it does not replace the need for additional ongoing efforts to improve the capture of data about veterans. While DVA can capture some information from its payments to service providers, I am aware that not all veterans in Australia will choose to engage with DVA, and therefore these data do not provide a full picture of Australian veterans.

10.46 The Australian Government and state and territory governments are responsible for a range of administrative datasets collected as a result of service provision, including health and education, and government payments and supports. These datasets frequently include information relating to the demographic background of service users. In future work, it will be important to understand where there are key government datasets that do not include a question on veteran status, and what the basis for such an omission is. I have written to the Department of Health and subsequently to the Independent Hospital Pricing Authority to seek further information on the inclusion of an ADF service history question as part of hospital admissions.

27 Australian Bureau of Statistics, '2021 Census topics and data release', 2020, https://www.abs.gov.au/media-centre/media-releases/2021-census-topics-and-data-release, accessed on: 28 June 2021.

28 Australian Bureau of Statistics, 'Multi-Agency Data Integration Project (MADIP)', https://www.abs.gov.au/about/data-services/data-integration/integrated-data/multi-agency-data-integration-project-madip, accessed on: 28 June 2021.

10.47 I support the broader recommendation of Ms Christine Morgan, in her Final Advice, as the National Suicide Prevention Adviser to Prime Minister Scott Morrison, concerning the use of data and evidence to drive outcomes. Ms Morgan's Final Advice to Government recommended as follows:

> *Recognising that measurement of outcomes is essential to monitor impacts of suicide prevention initiatives, all governments [should] commit to work together to identify data needed for such measurement, undertake to improve the quality and timeliness of that data and enable sharing across agencies.*[29]

10.48 A series of priority actions were linked to this recommendation. One such action was the establishment of a suicide register and mechanisms for the routine collection and timely sharing of data on suicide, suicide attempts and self-harm. Another action was the use of regular national surveys on suicidal ideation, self-harm and suicide attempts. These national surveys should be able to adequately capture data from priority population groups. I support these actions – particularly for ADF members and veterans, who should be included as a priority population group.

10.49 I note the Australian Government's in-principle support for the recommendation, and its statement that the 2021–22 Federal Budget will provide for a veterans' data and analysis project to report on veterans and their families. I also note that funding will be provided to support data capability, data sharing and data integration efforts to support outcomes for ADF members and their families.[30]

10.50 Alongside these efforts, it will be important for future work in this area to investigate what veteran status data are available through coronial systems. As a former Coroner myself, I am familiar with these systems and the important information that they contain. It will be pertinent to understand how the capture of veteran status in coronial data can be enhanced, and whether there are improvements needed to the timeliness of information sharing of relevant data held within these systems.

10.51 In my engagements with state and territory governments to date, I have heard that ADF service history is often identified to Coroners in an ad hoc manner, such as through information provided by family and friends, or included in the medical records that are made available to Coroners.[31] I have heard concerns that a substantial number of veterans who die by suspected suicide are not identified as being veterans when the deaths are referred to the Coroner.[32] Without the development of a systematic and accurate method of capturing veteran status in suspected suicide deaths referred to Coroners, there is a missed opportunity to better understand the circumstances around veteran suicide.

10.52 It is imperative that the suicide deaths of ADF members and veterans are identified at the earliest possible time. Defence, Coroners and the National Coronial Centre for Defence and Veteran Suicides should look to enhance current practices and allow for more timely information sharing on such deaths.

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29 National Suicide Prevention Adviser, 'Executive summary', *Final Advice* (Commonwealth of Australia, Canberra, 2020): 6.

30 Department of Health, 'Prevention compassion care', *National Mental Health and Suicide Prevention Plan* (Canberra, Commonwealth of Australia, 2021): 31.

31 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round table with Queensland Government representatives', 2021, https://www.nationalcommissionerdvsp.gov.au/our-work/round-tables

32 Ibid.

10.53 A related issue associated with timely information is that there is often a lag in identifying suicide deaths of ADF members and veterans, as possible suicide deaths are considered through the coronial process. It may take several years before a coronial finding of suicide is made. This can result in delays in those deaths being subsequently reflected in suicide statistics from the Australian Institute of Health and Welfare and the ABS.[33,34]

10.54 Different states and territories also have different requirements when considering whether a death was a suicide through the coronial process. For example, in South Australia, cases that do not progress to inquest do not receive a 'manner of death' finding, which may confirm that a death was by suicide.[35]

10.55 Defence and DVA should ensure that they are capturing all data relevant to service, and issues arising during service, that may be useful when investigating ADF member and veteran suicide deaths and the patterns and trends associated with these deaths. Factors associated with ADF suicide deaths that I discuss in Chapter 2 – Prevalence, Risk and Protective Factors should be included as part of this data capture.

10.56 Through the process of requesting information from Defence and DVA, I have become aware of the difficulties that these departments can have in providing information from their own systems that deal with important suicide risk factors. For example, in response to my request for information concerning potential suicide deaths of clients awaiting claims determination, DVA told me:

> *Providing accurate and complete responses to the questions posed has been challenging and difficult as there are a number of DVA systems which are not linked and the data is held across a range of sources which are not readily aggregated. I also offer that DVA systems have been designed to capture the data necessary to undertake our legislated functions and therefore information made available to us beyond these purposes is not recorded as searchable data, rather in free text areas or separate records.*[36]

There is a need to ensure that there are streamlined processes in place that enable information such as this, and broader suicide risk factors, to be accessed and compiled.

10.57 Through my work, I have begun the process of compiling a register of suspected or confirmed veteran deaths by suicide that I have been notified of. The register brings together information from various sources, including information provided by Defence, by families of deceased individuals, through reports from the Inspector-General of the Australian Defence Force and from other reliable sources of information. This consolidation of information is critical and there is no other organisation that has done this work. My office has commenced preliminary work to begin to identify notable themes arising in the register data, including common risk factors, and patterns in the operational and posting histories of individuals who have died by suicide. The Australian Government should ensure that work on the register continues.

33 Australian Bureau of Statistics, 'Causes of death, Australia methodology', 2020, https://www.abs.gov.au/methodologies/causes-death-australia-methodology/2019, accessed on: 14 July 2021.

34 Australian Institute of Health and Welfare, 'National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update', 2020, https://www.aihw.gov.au/getmedia/64a2cab8-19ff-49aa-9390-197a1ec0b81c/aihw-phe-277.pdf.aspx?inline=true, accessed on 14 July 2021.

35 *Coroner's Act 2003* (SA), s 29.

36 Department of Veterans' Affairs, RFI-04-DVA-12-2020, 8 February 2021.

Research practices, needs and emerging treatments

Research practices

10.58 In my work to date, I have found that independent and rigorous research has been integral to identifying and understanding many of the issues and challenges facing ADF members and veterans. In Chapter 2 – Prevalence and Risk and Protective Factors, I have drawn on the research literature to discuss the prevalence of suicidality in ADF and veteran communities, and the factors that are associated with suicide deaths and their prevention.

10.59 I am aware that Defence and DVA are involved with commissioning – and themselves running – a number of different research projects. A number of these research streams are particularly relevant to my work, examples of which include the following:

- The Military Health Outcomes Program (MiHOP) – This body of research was commissioned by Defence to determine the impact of operational deployment on the health and wellbeing of ADF members. MiHOP formed the basis for current research being conducted, including the Transition and Wellbeing Research Programme.
- The Transition and Wellbeing Programme – This programme of work was commissioned by DVA and Defence to examine the impact of military service on the mental, physical and social health of ADF members and veterans, including those who have been deployed in contemporary conflicts, and their families.[37]
- The Longitudinal ADF Study Evaluating Resilience – This collaboration between Defence and Phoenix Australia investigates the impacts of ADF members' exposure to critical incidents and potentially traumatic experiences in the course of duty.
- Defence Census – The Defence Census provides demographic information on the permanent and reserve members of Defence.[38]

10.60 Defence, DVA and Open Arms also have partnerships with or otherwise collaborate and provide funding to, a number of research-focused organisations that operate outside of these government agencies, including:

- Phoenix Australia – the Centre for Posttraumatic Mental Health
- the University of Adelaide Medical School, which hosts the Centre for Traumatic Stress Studies
- the Gallipoli Medical Research Foundation
- the Australasian Military Medicine Association.

10.61 I commend Defence and DVA for collaborating with and/or funding these research initiatives. This research has provided valuable insight. Defence, DVA and Open Arms should continue to fund and use research, and collaborate with external research bodies.

37 Department of Defence, *Mental Health and Wellbeing Strategy 2018–2023* (Canberra, Commonwealth of Australia, 2017): 46.

38 Department of Defence, 'Defence Census', 2021, https://www1.defence.gov.au/about/census, accessed on: 29 June 2021.

10.62 Notwithstanding this important work, I have heard some concerns about the extent of research opportunities. It is critical that research commissioned by Defence, DVA and Open Arms is free of real or perceived bias and influence. However, I have heard that current processes in place relating to the Departments of Defence and Veterans' Affairs Human Research Ethics Committee (DDVA HREC) can act as a barrier to independent research.

10.63 In addition to its role in reviewing and providing oversight of the ethical acceptability of relevant research, the DDVA HREC reviews and monitors the scientific merit of research. Any researcher wishing to publish the outcomes of research reviewed by the DDVA HREC must first obtain approval from Defence or DVA. As stated in the DDVA HREC Administrative Guidelines, Defence and DVA retain the right to prohibit or otherwise place conditions on the publication of a submitted manuscript or presentation.[39]

10.64 I have heard during my engagements that these restrictions limit confidence in the extent to which research is independent and unfettered.[40,41] These views have also been expressed through public avenues.[42] This issue should be investigated further to ensure that research findings and the messaging of these findings are not improperly or unnecessarily constrained or shaped to suit the needs of Defence and DVA.

Research needs

Population groups

10.65 In conducting future research, Defence and DVA should ensure that they have a focus on population groups that may experience structural or cultural disadvantage or a greater burden of suicide risk factors. In particular, this includes ensuring that the following groups are appropriately included and consulted in future research, and that relevant issues are acted on:

- women
- Aboriginal and Torres Strait Islander peoples
- culturally and linguistically diverse people
- the LGBTIQA+ community.

10.66 I note that the Department of Defence Joint Health Command Health Research Framework 2021–2025 is currently under development. Defence states that it is 'developing a co-ordinated strategic research framework that will outline priorities for research within Defence, linking with DVA and other national and international research institutions'.[43] In future work, it will be important to explore this further, particularly how it addresses the needs of the above population groups.

39 Department of Defence & Department of Veterans' Affairs, *Departments of Defence and Veterans' Affairs Human Research Ethics Committee Terms of Reference*, https://www1.defence.gov.au/adf-members-families/health-well-being/business-plans/ddva-hrec, accessed on: 12 July 2021.

40 Sandy McFarlane, 'Investigating suicide by ADF members and ex-serving personnel', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

41 Office of the National Commissioner for Defence and Veteran Suicide Prevention, 'Summary of round tables with community groups'.

42 Alexander McFarlane, 'Productivity Commission Submission No. 69', *Compensation and Rehabilitation for Veterans* (Canberra, 2018, Productivity Commission).

43 Department of Defence, *Mental Health and Wellbeing Strategy 2018–2023*: 45.

Research topics and emerging treatments

10.67 In addition to a focus on population groups, it is clear to me that there are particular research topics relevant for Defence and DVA to continue to explore. One such research area is suicide contagion and clusters.

10.68 In Chapter 2 – Prevalence, Risk and Protective Factors, I discuss the notion of suicide contagion and the concern that exposure to death by suicide can itself be a risk factor for suicide. The risk may be heightened when a person knows the deceased or details of the death are disseminated. This may result in suicide clusters; that is, a number of suicide deaths that occur in a single geographical region, using a similar method, or over a short period of time.[44]

10.69 Research involving Australian young people has identified clusters in suicide deaths through the National Coronial Information System. The researchers noted a number of clusters in which there were similar characteristics around the deaths.[45]

10.70 US military research shows that the risk of suicide is increased when a person is exposed to suicide, especially if the person was close to the deceased and if they have had exposure to multiple suicides.[46,47]

10.71 There is a need to explore the extent of suicide contagion as an issue and to identify whether suicide clusters have existed – or do exist – within the ADF. Such research should consider factors such as the periods in which the deaths occurred and the circumstances around the deaths, as well as military-specific factors such as operational and posting history. The suicide register I have begun working on, which is discussed earlier in this chapter, could represent a starting point for this work.

10.72 In addition, there is a need to identify potential opportunities to prevent suicide contagion and clusters. The provision of postvention support to those who were close to the deceased may be one factor that contributes to addressing this issue – both for the general Australian population and in military settings.[48,49]

44 Camilla Haw, Keith Hawton, Claire Niedzwiedz & Steve Platt, 'Suicide clusters: A review of risk factors and mechanisms', *Suicide and Life-Threatening Behavior* 43, no. 1 (2013): 97.

45 Nicole Hill, Matthew Spittal, Jane Pirkis, Michelle Torok & Jo Robinson, 'Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership', *EClinical Medicine* 29 (2020): 1.

46 Melanie Hom, Ian Stanley, Peter Gutierrez & Thomas Joiner, 'Exploring the association between exposure to suicide and suicide risk among military service members and veterans', *Journal of Affective Disorders* 207 (2017): 327.

47 Craig Bryan, Julie Cerel & AnnaBelle Bryan, 'Exposure to suicide is associated with increased risk for suicidal thoughts and behaviors among National Guard military personnel', *Comprehensive Psychiatry* 77 (2017): 12.

48 Nicole Hill, Matthew Spittal, Jane Pirkis, Michelle Torok & Jo Robinson, 'Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership': 1.

49 Charles Hoge, Christopher Ivany & Amy Adler, 'Suicide behaviors within army units: Contagion and implications for public health interventions', *JAMA Psychiatry* 74, no. 9 (2017): 871–2.

10.73 Moral injury is another area of research need. Moral injury is a type of moral trauma caused by acts that are a violation or betrayal of a person's moral beliefs or codes.[50] Service in the ADF, by its very nature, may expose individuals to experiences on the battlefield that test or breach their moral code. However, of particular concern to me is the exposure to incidents that can contribute to moral injury that are both preventable and occur outside of war service in the 'day-to-day' environment of the ADF. Examples of these types of incidents can be found earlier in the report (see Chapter 5 – Unacceptable Behaviour in the Australian Defence Force).

10.74 Importantly, it is not just these experiences themselves that are relevant, but also how they are investigated and addressed by leaders in the ADF. In future work, it will be important to explore the processes and standards Defence has in place to prevent acts that may contribute to moral injury, and to support individuals exposed to incidents that create potential trauma. I am acutely aware that such experiences may impact a person's wellbeing, relationships, daily functioning and self-concept, and therefore place individuals at heightened risk of suicide.[51]

10.75 Alternative therapies, including novel pharmacological treatments, are another area that will be important to consider in future work. Elsewhere in this report I have discussed the need for the current approach to alternative therapies to be reimagined. In Chapter 4 – Department of Veterans' Affairs Legislation and Practice, I discuss the need for DVA to rethink its approach to alternative therapies to enable veterans to have more autonomy over their treatment choices. In Chapter 6 – Access to Health care and Stigma Associated with Mental Ill Health, I discuss how limitations with the broader health system have created impediments to the use of alternative therapies. My concern is that the current system means that veterans are not able to get timely access to safe and effective therapies.

10.76 Hurdles should not be placed in the way of ADF members and veterans seeking to access therapies and treatments that are safe, backed by evidence, and effective for them. Equine and canine therapy are examples of emerging treatment modalities that may be suitable for veterans. In my visit to one equine therapy site I heard of the potential of the treatment in promoting mindfulness and a sense of calm for veterans. It concerned me to hear that veterans are not able to access DVA funding to attend equine therapy, despite this site being approved for NDIS participants. I see this as an illogical double standard, and not in the best interests of ADF member and veteran suicide prevention.

10.77 Similarly, the potential of emerging pharmacological treatments is worth exploring. I have heard of the value in safe, scientific and ethical research into hallucinogens, MDMA and ketamine, to determine their potential as treatments for veterans.[52] I commend the Australian Government for its announcement that $15 million will be made available in grants for research into this area through the Innovative Therapies for Mental Illness Grant Opportunity under the Medical Research Future Fund.[53] I hope to see funding allocated to worthy research projects in which veterans are invited to participate.

50 Nikki Jamieson, 'Moral trauma and veteran mental health', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 11 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

51 Ibid.

52 David Caldicott, 'Swords into ploughshares: The medicalisation of illicit drugs', *Defence and Veteran Suicide: Prevention through Understanding Symposium*, 10 March 2021, Canberra, https://www.nationalcommissionerdvsp.gov.au/news-and-events/news/defence-and-veteran-suicide-prevention-through-understanding-symposium-28-april-2021.

53 Department of Health, '$15 Million for development of innovative therapies for mental illness', 2021, https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/15-million-for-development-of-innovative-therapies-for-mental-illness, accessed on: 29 June 2021.

Government service integration

10.78 Throughout my work I have heard about the various streams of activity that the Australian Government and state and territory governments are undertaking in an effort to better support veterans. I have engaged with officials representing government agencies at the national and state/territory level. In the main, it is commendable to hear of the work being done to examine ways in which ADF personnel and veterans can be better supported.

10.79 Notwithstanding this valuable work, it is apparent to me that there is a need for all levels of governments to better coordinate their efforts to support veterans. There are veteran specific strategies, frameworks, plans and initiatives operating at the national level and separately in all eight states and territories in Australia.[54,55,56,57,58,59,60,61] These activities have a range of focus areas, including employment pathways, education and training opportunities, grants to commemorate and recognise service, and concessions for veterans and their families.

10.80 Veterans should not be in a position where the nature of the supports and services available to them is dependent on the state and territory in which they reside; however, that is the reality of the current situation. It is a reality that is at odds with the mandate of the Australian Government to take national responsibility for supporting veterans.

10.81 Figure 10.1 represents the service delivery environment that veterans encounter. Veterans must navigate service provision from DVA, Australian and state and territory government agencies, ESOs, VSOs and other service providers. There is a lack of integration between these service providers and limited mutual awareness of the different supports that are provided. This can be a disorienting and challenging setting to navigate, especially for those who may be in distress. It is not surprising that many veterans can feel overwhelmed by this.

54 New South Wales Office of Veterans' Affairs, 'The NSW Office of Veterans' Affairs', NSW Government, https://www.veterans.nsw.gov.au/, accessed on: 28 June 2021.

55 Queensland Government, 'Office for veterans', 2020, https://www.qld.gov.au/about/how-government-works/government-structure/office-for-veterans, accessed on: 28 June 2021.

56 Victorian Government, 'Veterans support and commemoration', https://www.vic.gov.au/veterans-support-and-commemoration, accessed on: 28 June 2021.

57 Department of Communities Tasmania, 'Veterans support and commemoration', https://www.communities.tas.gov.au/csr/for_and_about/veterans, accessed on: 28 June 2021.

58 Veterans SA, 'Veterans SA', https://veteranssa.sa.gov.au/about/veterans-sa/, accessed on: 28 June 2021.

59 Defence NT, 'Defence NT', Northern Territory Government, 2021, https://defence.nt.gov.au/home, accessed on: 28 June 2021.

60 ACT Government, 'Employment', ACT Government, https://www.act.gov.au/veterans/employment, accessed on: 28 June 2021.

61 Western Australia Department of Jobs, Tourism, Science and Innovation, 'Veterans issues', https://www.wa.gov.au/organisation/department-of-jobs-tourism-science-and-innovation/veterans-issues, accessed on: 28 June 2021.

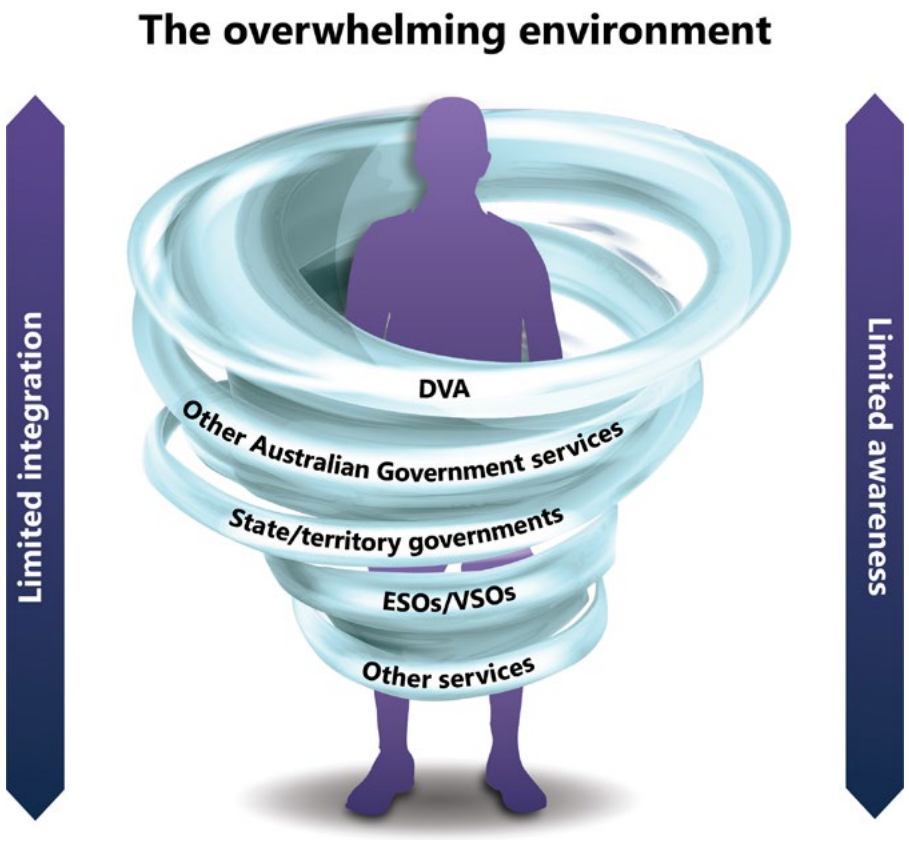

Figure 10.1. Feelings of being overwhelmed experienced by veterans associated with the service delivery environment

10.82 I find an analogy in the recommendation of Ms Morgan that there needs to be leadership and governance to drive a 'whole of governments' approach to suicide prevention.[62] There is a similar need for a 'whole of governments' approach to Defence and veteran suicide prevention, and across all endeavours designed to support veterans.

10.83 In Chapter 8 – Community Veteran Support Organisations, I have discussed the benefit of improved mapping of community veteran support organisations and a consolidated publicly accessible database. I am interested in understanding in more detail ways in which veterans can access all the information and services relevant to them. I note the recommendation of the 2017 Senate inquiry report, The Constant Battle: Suicide by Veterans – that the Australian Government:

> *… provide funding to support the Veterans and Veterans Families Counselling Service [i.e. Open Arms]:*
>
> - *create and maintain a public database of services available to veterans; and*
> - *provide an information service to assist veterans and families [to] connect and access appropriate services provided by ex-service organisations and others.*[63]

62 National Suicide Prevention Adviser, 'Executive summary', *Final Advice*: 6.

63 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans* (Canberra, Commonwealth of Australia, 2017): xvi.

10.84 The Australian Government agreed to this recommendation, although its implemented solution was the website 'Engage – Supporting those who Serve' operated by Defence, rather than Open Arms.[64] I discuss the need for a more comprehensive approach to mapping and gathering information on available services in Chapter 8 – Community Veteran Support.

10.85 There is potential for a broader solution that includes information on Australian Government and state/territory government services providing supports to veterans and their families. A 'one-stop shop' would require cross-jurisdictional collaboration between DVA, Open Arms, and state and territory agencies with responsibilities for veterans. In Chapter 8 – Community Veteran Support, I discuss the role an independent entity could play in this area.

10.86 The Veterans' Wellbeing Taskforce, which includes representation from all Commonwealth, state and territory ministers with responsibility for veterans' affairs,[65] appears to be well placed to consider issues that are relevant across jurisdictions. I look forward to hearing more about how the actions of the Taskforce and other relevant government bodies can contribute to improved service integration, and if these improvements could be another string in the bow of ADF and veteran suicide prevention.

64 Australian Government, *Australian Government Response to the Foreign Affairs, Defence and Trade Committee Report: The Constant Battle: Suicide by Veterans* (Canberra, 2017): 16.

65 National Federation Reform Council, *Veterans' Wellbeing Taskforce Terms of Reference* (Canberra, Commonwealth of Australia, 2020): 1.

Conclusion

10.87 Throughout this report, I have discussed a number of the key factors and systemic issues contributing to suicide deaths of ADF members and veterans. As this chapter makes clear, this work can only be the beginning.

10.88 The topics discussed in this chapter represent issues that I see as being of particular importance to investigate further. They include:

- providing greater support on entry to the ADF and throughout service for ADF members
- facilitating greater involvement of veterans' families into service life and transition out the ADF
- increasing opportunities for recognition of veterans' service
- enhancing the national approach to the capture of data on veterans
- utilising emerging practice and research to assist in the formulation and implementation of systemic reforms and initiatives that assist our ADF and veteran communities
- providing better integration of government services from the Australian Government and state and territory governments.

10.89 I encourage anyone who has any information relevant to these topics – or, more broadly, on ADF member and veteran suicide – to contact the Royal Commission for Defence and Veteran Suicide. I encourage active service personnel, veterans, family members and members of the Defence community to come forward when you are ready to tell your story.

10.90 It is essential for the Royal Commission into Defence and Veteran Suicide and the Australian Government to identify what can be done to help prevent any further ADF member and veteran suicide deaths from occurring. It will be critical to make and revise recommendations and to hold officials accountable for their implementation of these (or the lack thereof). I look forward to there being a permanent National Commissioner for Defence and Veteran Suicide Prevention to ensure that this is the case.

10.91 A single suicide death of an ADF member or veteran is one death too many. We must put in place actions that address this critical issue.

Recommendations

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.

Recommendations

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: • 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 life[1] • 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 training[2] • 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 programs[3] • 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 behaviours[4]

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

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

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

4 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*[5] • 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 Helpline[6] • 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 health[7] • improving Defence and DVA systems and processes to identify and support members and veterans who may be at risk of suicide[8] • DVA and Defence evaluating and monitoring the implementation of initiatives, programs and trials.[9,10,11]
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.

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

6 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.

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

8 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.

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

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

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

Recommendation	
Recommendation 4.3	❖ 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	❖ 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	❖ The Australian Government should amend the *Privacy Act 1988* (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	❖ 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	❖ 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 *Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life*, 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: • 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	
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: • 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 identity and address any outstanding skills gaps before they leave service • supporting veterans to undertake RPL processes once they have left Defence.

Recommendation	
Recommendation 7.5	❖ 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.
Recommendation 7.6	❖ 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.
Recommendation 7.7	❖ 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: **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.

Recommendation	
	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 support services including, where relevant, how to navigate DVA systems in order to access the services. **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	
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 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	
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: • 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 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.

Glossary

Abuse: A term used within this report to refer to practices that constitute improper or unacceptable treatment. Abuse can take many forms, including sexual, physical or verbal abuse. Examples include bullying and harassment, victimisation, hazing and bastardisation.

ACSQHC: Australian Commission on Safety and Quality in Health Care. The ADSQHC was established by the Australian Government to lead and coordinate national improvements in the safety and quality of health care.

ADF: Australian Defence Force. The ADF is Australia's military defence force, comprising the Royal Australian Navy, Australian Army and Royal Australian Air Force.

ADF member: An individual who is currently serving in the ADF.

ADFA: Australian Defence Force Academy. The ADFA is the institution aligned with the ADF that provides service-related training and educational degrees.

Administrative discharge: A form of separation from the ADF whereby continued service is judged to be not in the interests of the ADF.

AHURI: Australian Housing and Urban Research Institute. The AHURI is a national independent research network dedicated exclusively to housing, homelessness, cities and related urban research.

AIHW: Australian Institute of Health and Welfare. The AIHW is an independent Australian statutory agency producing authoritative and accessible information and statistics.

AIS: Australian Institute of Sport. The AIS is responsible for leading and enabling Australia's high-performance sport system and Australian athletes.

Allied health: Care provided by a qualified health practitioner who is not a doctor, nurse or dentist; for example, physiotherapists are commonly considered allied health practitioners.

ANAO: Australian National Audit Office. The ANAO is the organisation with primary responsibility for supporting accountability and transparency in the Australian Government sector through independent reporting to the Australian Parliament.

AO: Officer of the Order of Australia. Individuals are awarded an AO for distinguished service of a high degree to Australia or to humanity at large.

Bastardisation: An umbrella term referring to bullying, harassment, victimisation and illegitimate initiation practices, in the context of training and educational institutions. In this report, the term 'abuse' is used to describe a range of unacceptable practices including those that might otherwise be known as bastardisation.

CCS: Coordinated Client Support. CCS is an internal DVA support service provided to contemporary veterans and their dependants who have been identified as having complex and multiple needs.

CDF: Chief of the Defence Force. The CDF has primary responsibility for the command of the ADF and is the principal military adviser to the Minister for Defence.

Census: An official survey of the population of a country. In Australia, the Australian Bureau of Statistics conducts the Census of Population and Housing every 5 years.

Community veteran support organisation: The community-based structures and organisations that support the health and wellbeing of current serving members, veterans and their families. Collectively, ESOs and VSOs provide the bulk of community veteran support.

Contemporary veteran: An ADF member or veteran who has served from 1999 onwards.

Coroner: An official responsible for investigating certain deaths as set out by the relevant Australian state or territory.

Crisis accommodation: Emergency accommodation provided to individuals who are homeless or at risk of homelessness.

CSC: Conspicuous Service Cross. The CSC is awarded for outstanding devotion to duty, or outstanding achievement in the application of exceptional skills, judgement or dedication, in non-warlike situations.

DART: Defence Abuse Response Taskforce. The DART was established to assist complainants who had suffered sexual abuse, physical abuse, sexual harassment, or workplace harassment and bullying in Defence prior to 11 April 2011.

Data linkage: A method of bringing together data about the same individual or organisation from different sources to create a new dataset.

DDVA HREC: Departments of Defence and Veterans' Affairs Human Research Ethics Committee.

Defence inquiry reports: Reports obtained from Defence and the IGADF for the purposes of this report. These include Commissions of Inquiry, Boards of Inquiry and IGADF inquiries into in-service deaths.

Defence personnel: ADF members and employees of the Department of Defence.

Defence: The Australian Defence diarchy that encompasses both the ADF and the Department of Defence.

Department of Defence: The Australian Government department that has primary responsibility for defending Australia and its national interests, promoting security and stability in the world, and supporting the Australian community as directed by the Australian Government.

DFISA: Defence Force Income Support Allowance. DFISA is an income support payment made by DVA. It can be provided to individuals where social security income support payment is reduced or is not payable because of an adjusted disability pension.

DRCA: *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth). DRCA is a rehabilitation and compensation scheme for individuals experiencing injuries and/or diseases as a result of peacetime and peacekeeping service up to and including 30 June 2004, and/or operational service between 7 April 1994 and 30 June 2004.

DSC: Distinguished Service Cross. The DSC is awarded to members of the ADF for distinguished command and leadership in warlike operations.

DVA: The Australian Government department primarily responsible for developing and implementing programs that assist the veteran and Defence community.

ESO: Ex-service organisation. ESOs are organisations that support veterans and their families. Members have typically previously served in the ADF.

Ex-serving ADF member: An individual with at least one day of service in the ADF who has since discharged from the ADF.

Hallucinogens: A class of psychoactive substances that may produce changes in perceptions, mood and thoughts.

Hazing: Also known as initiation. Hazing includes practices to which cadets were formerly subjected, often upon entry to the ADFA. These practices could be good humoured but could also be violent or abusive.

Homeless: A state that occurs when a person does not have suitable accommodation alternatives and if their current living arrangement: is in a dwelling that is inadequate; has no tenure, or if their tenure is short and not extendable; or does not allow them to have control of, and access to space for social relations.

IGADF: Inspector-General of the Australian Defence Force. The IGADF provides oversight of, and reviews, the ADF military justice system. The IGADF is a statutory office holder appointed by the Minister for Defence and is independent of the ADF chain of command.

Involuntary discharge: Separation from the ADF where individuals have been deemed unsuitable for service due to disciplinary, medical and/or operational reasons.

JTA: Joint Transition Authority. The JTA was established by the Australian Government to better prepare ADF members and their families for, and support them in, the transition from military to civilian life. The JTA sits within the Department of Defence.

Ketamine: A drug that can produce visual and auditory distortion and a detachment from reality. Ketamine can be used in therapeutic settings by medical practitioners.

MDMA: Methylenedioxymethamphetamine. MDMA is an illicit substance that can provide a euphoric rush and high levels of dopamine release.

Medical discharge: Separation from the ADF that is involuntary and due to medical reasons that mean a person is unfit to serve or for operational deployment.

Mental ill health: A term that refers to either a diagnosed mental disorder or a problem that interferes with a person's cognitive, emotional or social abilities.

Mental illness: A disorder diagnosed by a medical professional that significantly interferes with an individual's cognitive, emotional or social abilities. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

Moral injury: The psychological, social and spiritual impact of events involving betrayal or transgression of one's own deeply held moral beliefs and values occurring in high-stakes situations. Moral injury also encompasses the bio-psycho-social-spiritual distress that occurs following a violation or betrayal of one's moral compass.

MRCA: *Military Rehabilitation and Compensation Act 2004* (Cth). The MRCA provides rehabilitation and compensation coverage for members of the ADF who served on or after 1 July 2004.

MSBS: Military Superannuation and Benefits Scheme. MSBS is a partly funded, defined benefit superannuation scheme that opened to new entrants of the ADF on 1 October 1991, replacing the Defence Force Retirement and Death Benefits Scheme.

NDIS: National Disability Insurance Scheme. The NDIS is the Australian Government scheme that provides funding to eligible people, based on their individual needs, that is used to purchase supports and services to help them pursue their goals.

NRL: National Rugby League. The NRL is the sports organisation that runs a competition featuring 15 Australian teams and one New Zealand team.

OAM: Medal of the Order of Australia. An OAM is awarded to Australians for service worthy of particular recognition.

Officer: An ADF enlistment type. Officer entry usually requires completing or undergoing tertiary qualifications, and is geared towards leadership and managerial positions within the ADF.

Open Arms: Open Arms – Veterans & Family Counselling. A provider of mental health assessment and counselling for Australian veterans and their families.

PAMT: Provisional Access to Medical Treatment. PAMT involves eligible DVA claimants receiving medical and allied health treatment on a provisional basis.

Phoenix Australia: Australian National Centre of Excellence in Posttraumatic Mental Health.

PMKeyS: Personnel Management Key Solution. PMKeyS is the management record for all Defence personnel in the areas of administration and leave, development and training, career management, organisational structure, workforce planning, and recruitment.

POPS: Post-Operational Psychological Screen. POPS takes place after an ADF operation and aims to identify individuals who have not reintegrated into occupational, familial or social functioning, and/or are demonstrating signs of adverse post-trauma responses.

Psychiatrist: A specialist medical doctor who assesses and treats patients with mental health problems.

Psychologist: A mental health professional registered with the Psychology Board of Australia.

PTSD: Post-traumatic stress disorder. PTSD is a particular set of reactions that can develop in people who have been through a traumatic event that threatened their life or safety, or the life or safety of others around them.

Royal Commission into Defence and Veteran Suicide: An inquiry into Defence and veteran suicide deaths, established on 8 July 2021. The Royal Commission is required and authorised to inquire into matters consistent with its Terms of Reference.

RPL: Recognition of Prior Learning. RPL is the recognition of the formal, informal and non-formal skills and knowledge that an individual has. This learning is commonly mapped to a formally recognised unit of credit or qualification.

RtAPS: Return to Australia Psychological Screening. RtAPS is provided to all deployed ADF members nearing the end of their deployment. The aims of RtAPS are to document traumatic exposure; document and manage current psychological status; provide advice and education to facilitate a smooth post-deployment transition; and provide information to Command on the psychological health of the deployed force.

SeMPRO: Sexual Misconduct Prevention and Response Office. SeMPRO is the dedicated avenue for accessing services inside and outside Defence regarding sexual misconduct in Defence.

SERCAT: Service Category. SERCAT is the system that categorises the service type of ADF members.

Sleeping rough: A term used to describe a form of homelessness, commonly taken to mean an individual who is sleeping in outdoor areas, including on streets, in parks, squatting, staying in cars or living in improvised dwellings.

SRCA: *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth). The SRCA is a no-fault workers' compensation Act for veterans who sustain injury during their service.

Stigma: The (incorrectly attributed) negative view of an individual because of a particular behaviour, characteristic, attribute, such as skin colour, cultural background, a disability, a mental illness or mental ill health.

Suicidal behaviours: Behaviours that include a person thinking about or planning a suicide (suicidal ideation), attempting suicide or taking their own life.

Suicidal ideation: Serious thoughts about taking one's own life.

Suicidality: An umbrella term that refers to death by suicide, suicidal ideation and suicidal attempts.

Suicide: A deliberate act resulting in the end of one's own life.

Suicide attempt: An act of deliberate self-inflicted injury with a non-fatal outcome, where there is evidence that the person had at least some intent to die.

TPI: Totally and Permanently Incapacitated.

TPI payment: Special Rate of Disability Pension. TPI payments are the primary means by which TPI veterans receive compensation from DVA.

Unacceptable behaviour: Unreasonable conduct at work or in any situation that may be connected to Defence that is offensive, belittling, abusive or threatening to another person, or adverse to moral, disciplinary or workplace cohesion. Unacceptable behaviour may result in psychological injury.

VEA: *Veterans' Entitlements Act 1986* (Cth). The VEA covers payments and benefits relating service in wartime and certain operational deployments, as well as certain peacetime service, between 7 December 1972 and 30 June 2004.

Veteran Card: An entitlements card administered by DVA. The Veteran Card is commonly referred to using the colour of the card (i.e. Gold Card, White Card or Orange Card), with access to benefits determined by DVA and tiered according to the colour of the card.

Veteran Centric Reform: A veteran-focused and lifetime wellbeing model approach to veteran welfare and veteran affairs reform.

Veteran: In this report, any current or former ADF member who has given at least one day of service in the ADF.

Voluntary discharge: The voluntary termination of a person's employment with the ADF. This category of discharge includes voluntary redundancies and resignations.

VSO: Veteran support organisation. VSOs provide assistance to ADF members, veterans and their families, but do not necessarily have a membership base of ex-service ADF members and may not focus exclusively on ex-serving ADF members.

WASP: Wellbeing and Support Program. WASP is a community case management service model for a subset of veterans with complex health needs.

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Appendices

Appendix A – Terms of Reference

8 December 2020

The death by suicide of any Australian Defence Force (ADF) member or veteran is tragic for the family and the wider Australian community. Taking action to help prevent these suicides is a priority for the Australian Government. The latest annual report produced by the Australian Institute of Health and Welfare states there have been 465 certified deaths by suicide by ADF members and veterans who have served since 2001.[1] Ex-serving men and women are particularly at risk, with the rate of suicide being much higher than in the broader Australian population.[2]

The Australian Government is establishing a new independent National Commissioner for Defence and Veteran Suicide Prevention (the National Commissioner) to inquire into deaths by suicide of ADF members and veterans.

As a first priority, the National Commissioner will undertake an Independent Review of Past ADF and Veteran Suicides (the Review). It is important to look back, to learn from the past, and improve our understanding of the factors that have contributed to these deaths by suicide. These insights will help inform recommendations to Government to help prevent further deaths.

So that the Review can commence as quickly as possible, it will initially be overseen by the interim National Commissioner.

As part of the Review the National Commissioner can consider any past death by suicide, or suspected suicide, of an ADF member or veteran.[3] This includes enabling families to share their story, provide insights, and speak to the impact of the loss of their loved ones.

1 Number of deaths by suicide amongst ADF members and veterans, who had at least 1 day of service, between 1 January 2001 and 31 December 2018, as outlined in the most recent AIHW report *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update*. Causes of death for a small number of records may change due to revisions to cause of death data by the ABS. See the ABS Causes of death, Australia for more details.

2 The age-adjusted rate of suicide over the period 2001-2018 was 21% higher for ex-serving men than men in the broader Australian population, and 127% (2.27 times) higher among ex-serving women compared to women in the broader Australian population.

3 Consistent with the National Commissioner legislation before the Parliament, cases where the coronial process has not been finalised may be included subject to avoiding any prejudice to the coronial process or any separate civil or criminal proceedings.

Objectives of the Review

The objectives of the Review are to[4]:

a. Identify and understand the risk and protective factors relevant to past deaths by suicide among ADF members and veterans;
b. Provide affected families the opportunity to share their stories, provide insights, and speak to the impact of the loss of their loved ones;
c. Make recommendations to Government to inform more tailored and effective strategies for suicide prevention among ADF members and veterans; and
d. Provide a foundation for the future work of the National Commissioner.

Conduct of the Review

In undertaking the Review, the wellbeing of families will be of paramount importance. Families will be invited to participate, on a voluntary basis, to share their views and experiences to inform the Review. Engagement with families will be in accordance with a trauma-informed and restorative approach, and be culturally appropriate. Families will be assisted to access counselling services to support them to participate in the Review. Where appropriate, families providing evidence to, or appearing at, any hearing the National Commissioner may decide to hold to inform the Review, will receive access to legal assistance to support their participation in the process.

The Review will:

a. Analyse available data and information to identify trends, systemic issues, and common risk and protective factors, including consideration of social and cultural factors;
b. Consider the possible contribution of pre-service, service, transition, and post-service issues;
c. Examine available research and data relating to suicidal ideation and incidence of suicide attempts and self-harm among ADF members and veterans; and
d. Take account of the findings and recommendations of previous relevant reports and inquiries.

The National Commissioner will consult widely with relevant stakeholders and experts, including but not limited to the Prime Minister's National Suicide Prevention Adviser, the Deputy Chief Medical Officer for Mental Health, the Department of Defence, the Inspector-General of the Australian Defence Force, and the Department of Veterans' Affairs (including Open Arms and the Veteran Family Advocate).

The National Commissioner will be supported in their data and information analysis by expert technical assistance from the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the Australian Institute of Health and Welfare (AIHW). This analysis will rely on available data and information in relation to deaths by suicide of ADF members and veterans. Necessary ethics approvals will be obtained in accordance with national principles and standards set by the National Health and Medical Research Council.

4 Consistent with the National Commissioner legislation before the Parliament, the Review will not make findings of civil or criminal wrongdoing, or make findings on the cause of death.

Powers of the National Commissioner

Subject to the passage of legislation, in conducting the Review the National Commissioner will be able to exercise Royal Commission-like powers to:

a. Make broad-ranging inquiries relevant to these terms of reference and hear from any relevant party (including ADF members, veterans, and their families)
b. Receive submissions
c. Compel the production of evidence
d. Summon witnesses
e. Convene public and private hearings; and
f. Make findings and recommendations.

The National Commissioner will be independent from Government, and will make any recommendations they consider appropriate, including recommendations about policy, legislative, administrative or structural reforms to support suicide prevention efforts and improve the wellbeing of ADF members and veterans. In conducting the Review, if the National Commissioner identifies any matter that requires referral to an authority for further investigation (for example a criminal matter), such referral will be facilitated.

Timeframes and deliverables

The National Commissioner will provide the following, which will be tabled by the Australian Government in Parliament:

- An Interim Report to Government within 12 months of commencing the Review (by 16 November 2021); and
- A Final Report, with recommendations to Government, within 18 months (by 16 May 2022).

The Australian Government will table a formal response in Parliament to the National Commissioner's Final Report. The National Commissioner will monitor the implementation of recommendations made, as part of the National Commissioner's ongoing role.

Appendix B – Supplementary Terms of Reference

Supplementary Terms of Reference

Independent Review of Past Defence and Veteran Suicides

6th August 2021

On 16 November 2020, the Australian Government appointed Dr Bernadette Boss CSC as the interim National Commissioner and provided her with Terms of Reference to undertake an Independent Review of Past Defence and Veteran Suicides (the Review). The Review has examined defence and veteran deaths by suicide, with its main focus being to contribute to a greater understanding of the issues, trends and risk factors that are relevant to these deaths.

On 8 December 2020, the Terms of Reference for the Review were revised to clarify and reflect the intention of the Review to include any past Australian Defence Force member or veteran death by suicide or suspected suicide.

On 8 July 2021, the Royal Commission into Defence and Veteran Suicide was established by Letters Patent. The Royal Commission will draw on the work already undertaken by the interim National Commissioner with the findings of the Review providing a foundation for the work of the Royal Commission.

The Terms of Reference for the Review have been adjusted accordingly to ensure the Royal Commission can draw on the work of the interim National Commissioner in a timely way.

Timeframes and deliverables

The Australian Government requests that the interim National Commissioner finalise the Review, including community engagement, and provide a report to Government by 15 September 2021. The report will not be required to exhaustively address all aspects of the Terms of Reference (as revised on 8 December 2020). The Report will be tabled by the Australian Government in Parliament, and will be referred to the Royal Commission to inform its inquiries.

To ensure the interim National Commissioner's work complements, and does not duplicate, the inquiries of the Royal Commission, the findings and any recommendations made in the report should be based on the information already collected as at the date these supplementary Terms of Reference have been issued.

The interim National Commissioner will provide assistance and support people who have engaged with her to transition to engage with the Royal Commission, should they wish to do so.

Appendix C – Letters Patent Establishing the Royal Commission into Defence and Veteran Suicide

ELIZABETH THE SECOND, by the Grace of God Queen of Australia and Her other Realms and Territories, Head of the Commonwealth

TO

Mr Naguib Kaldas APM,

The Honourable James Sholto Douglas QC, and

Dr Peggy Brown AO

GREETING

RECOGNISING the unique nature of military service, and the ongoing impact such service may have on the physical and mental health of defence members and veterans.

AND that as a community Australians value the contribution and sacrifice made by defence members and veterans in their service, and the sacrifice of their families.

AND that every death by suicide is a tragic event, and that there is an overrepresentation of defence and veteran deaths by suicide in Australia, and that this overrepresentation should be acknowledged and understood to ensure that learnings are made and to prevent future deaths by suicide.

AND the critical role played by, and broad concept of, families, carers, friends and others as the support network for defence members and veterans.

AND that government and non-government organisations including the Australian Defence Force (the ADF), the Department of Veterans' Affairs, ex-service organisations and the health care system provide important services (including mental health support services) and support for defence members, veterans and their families that are beneficial to wellbeing and whole-of-life care.

AND that Australia as a nation must take action to examine and expose all systemic issues and risk factors related to suicide, and implement actions to address the systemic issues and risk factors exposed.

AND that hearing from defence members, veterans, their families and others about their individual experiences will be a central contribution to your inquiry and these experiences can inform best-practice, strategies and reforms and can assist in prevention and healing.

AND all Australian Governments have expressed their support for, and undertaken to cooperate with, your inquiry.

AND that your independent inquiry, including its findings and recommendations, will provide a foundation for the future work of the National Commissioner for Defence and Veteran Suicide Prevention.

NOW THEREFORE We do, by these Our Letters Patent issued in Our name by Our Governor-General of the Commonwealth of Australia on the advice of the Federal Executive Council and under the Constitution of the Commonwealth of Australia, the Royal Commissions Act 1902 and every other enabling power, appoint you to be a Commission of inquiry, and require and authorise you to inquire into the following matters:

(a) systemic issues and any common themes among defence and veteran deaths by suicide, or defence members and veterans who have other lived experience of suicide behaviour or risk factors (including attempted or contemplated suicide, feelings of suicide or poor mental health outcomes);

(b) a systemic analysis of the contributing risk factors relevant to defence and veteran death by suicide, including the possible contribution of pre-service, service (including training and deployments), transition, separation and post-service issues, such as the following:

  (i) the manner or time in which the defence member or veteran was recruited to the ADF;

  (ii) the relevance, if any, of the particular branch, service or posting history, or the rank of the defence member or veteran;

  (iii) the manner or time in which the defence member or veteran transitioned from the ADF or transitioned between service categories;

  (iv) the availability, accessibility, timeliness and quality of health, wellbeing and support services (including mental health support services) to the defence member or veteran, and the effectiveness of such services;

  (v) the manner and extent to which information about the defence member or veteran is held by and shared within and between different government entities;

  (vi) the reporting and recording of information, relevant to the mental and physical health of defence members and veterans, at enlistment and during and after service;

(c) impact of culture within the ADF, the Department of Defence and the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing;

(d) the role of non-government organisations, including ex-service organisations, in providing relevant services and support for defence members, veterans, their families and others;

(e) protective and rehabilitative factors for defence members and veterans who have lived experience of suicide behaviour or risk factors;

(f) any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others:

(i) affected by a defence and veteran death by suicide; or

(ii) who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;

(g) any systemic issues in the nature of defence members' and veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities (including those acting on behalf of those entities) about support services, claims or entitlements relevant to defence and veteran deaths by suicide or relevant to defence members and veterans who have other lived experience of suicide behaviour or risk factors, including any systemic issues in engaging with multiple government entities;

(h) the legislative and policy frameworks, administered by the Department of Defence, the Department of Veterans' Affairs and other Commonwealth, State or Territory government entities, relating to the support services, claims and entitlements referred to in paragraph (g);

(i) any systemic risk factors contributing to defence and veteran death by suicide, including the following:

(i) defence members' and veterans' social or family contexts;

(ii) housing or employment issues for defence members and veterans;

(iii) defence members' and veterans' economic and financial circumstances;

(j) any matter reasonably incidental to a matter referred to in paragraphs (a) to (i) or that you believe is reasonably relevant to your inquiry.

AND We direct you to make any recommendations arising out of your inquiry that you consider appropriate, including recommendations about any policy, legislative, administrative or structural reforms.

AND, without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, We direct you, for the purposes of your inquiry and recommendations, to have regard to the following matters:

(k) the findings and recommendations of previous relevant reports and inquiries (including relevant coronial inquiries, the Productivity Commission *A Better Way to Support Veterans* inquiry (2019), and other relevant Royal Commissions and commissions of inquiry), including any assessment of the adequacy and extent of implementation of those recommendations;

(l) the work of, and any relevant information and data provided to you by, the interim National Commissioner for Defence and Veteran Suicide Prevention or the National Commissioner for Defence and Veteran Suicide Prevention;

(m) the support available to members of the defence forces of other countries and veterans of such defence forces, particularly in Canada, New Zealand, the United Kingdom, and the United States of America;

(n) ways in which government and non-government organisations and the community could:

  (i) address systemic risk factors relevant to defence and veteran death by suicide; and

  (ii) better protect and support vulnerable defence members and veterans;

(o) desirable support services for, and engagement with, families and others affected by defence and veteran death by suicide or who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;

(p) opportunities to promote understanding of suicide behaviour and risk factors, and protective factors, within the ADF and veteran communities, and the broader Australian community.

AND We further declare that you are not required by these Our Letters Patent to inquire, or to continue to inquire, into a particular matter to the extent that you are satisfied that the matter has been, is being, or will be, sufficiently and appropriately dealt with by another inquiry or investigation or a criminal or civil proceeding.

AND We further declare that you are not required by these Our Letters Patent to make findings on the manner or cause of death in relation to a particular defence and veteran death by suicide.

AND, without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, We direct you, for the purposes of your inquiry and recommendations, to consider the following matters, and We authorise you, as you consider appropriate, having regard to the date by which you are required to submit your final report, to take (or refrain from taking) any action arising out of your consideration:

(q) the need to establish accessible and appropriate trauma-informed arrangements for the following people to engage with your inquiry and to provide evidence to you, and share information with you, about their experiences, recognising that some people may not wish to share their experiences:

(i) defence members and veterans with lived experience of suicide behaviour or risk factors;

(ii) families and others affected by defence and veteran death by suicide, or who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;

(r) the need to focus your inquiry and recommendations on systemic issues, recognising nevertheless that you will be informed by individual experiences and may need to make referrals to appropriate authorities;

(s) the need to establish mechanisms to facilitate the timely communication of information, or the furnishing of evidence, documents or things, in accordance with section 6P of the *Royal Commissions Act 1902* or any other relevant law, including, for example, for the purpose of enabling the timely investigation and prosecution of offences;

(t) the need to ensure that evidence that may be received by you that identifies particular individuals as having been subject to inappropriate treatment is dealt with in a way that does not prejudice current or future criminal or civil proceedings or coronial inquiries or other contemporaneous inquiries;

(u) the need to establish appropriate arrangements in relation to current and previous inquiries, in Australia and elsewhere, for evidence and information to be shared with you in ways consistent with relevant obligations so that the work of those inquiries, including, with any necessary consents, the testimony of witnesses, can be taken into account by you in a way that avoids unnecessary duplication, improves efficiency and avoids unnecessary trauma to witnesses;

(v) the need to recognise and appropriately protect any intelligence information or operationally sensitive information obtained by you;

(w) the need to establish appropriate arrangements with the heads of the relevant Australian intelligence entities for obtaining, storing, accessing, using, disclosing and returning intelligence information relating to an Australian intelligence entity.

AND We appoint you, Mr Naguib Kaldas APM, to be the Chair of the Commission.

AND We direct that the Chair be responsible for ensuring the effective, orderly and expeditious conduct of the inquiry in all its facets and, in discharging that responsibility, the Chair may give directions to other appointed Commissioners.

AND We declare that you are a relevant Commission for the purposes of sections 4 and 5 of the *Royal Commissions Act 1902*.

AND We declare that you are a Royal Commission to which item 5 of the table in subsection 355-70(1) in Schedule 1 to the *Taxation Administration Act 1953* applies.

AND We declare that you are authorised to conduct your inquiry into any matter under these Our Letters Patent in combination with any inquiry into the same matter, or a matter related to that matter, that you are directed or authorised to conduct by any Commission, or under any order or appointment, made by any of Our Governors of the States or by the Government of any of Our Territories.

AND We declare that in these Our Letters Patent:

Australian Defence Force or ***ADF*** has the same meaning as in the *Defence Act 1903*.

Australian intelligence entity means:

(a) the Australian Secret Intelligence Service; or
(b) the Australian Security Intelligence Organisation; or
(c) the Australian Geospatial-Intelligence Organisation; or
(d) the Defence Intelligence Organisation; or
(e) the Australian Signals Directorate; or
(f) the Office of National Intelligence.

defence and veteran death by suicide means the death of a defence member or veteran by suicide, or suspected suicide.

defence member means a member of the Defence Force (within the meaning of the *Defence Act 1903*).

Note: The Defence Force includes the Naval Reserve, the Army Reserve and the Air Force Reserve.

Department of Defence means the Department administered by the Minister administering the *Defence Force Discipline Act 1982*.

Department of Veterans' Affairs means the Department administered by the Minister administering the *Veterans' Entitlements Act 1986*.

head, of an Australian intelligence entity, means:

(a) in relation to the Australian Security Intelligence Organisation—the Director-General of Security; or

(b) in relation to the Australian Secret Intelligence Service—the Director-General of the Australian Secret Intelligence Service; or

(c) in relation to the Australian Signals Directorate—the Director-General of the Australian Signals Directorate; or

(d) in relation to the part of the Department of Defence known as the Australian Geospatial-Intelligence Organisation—the Director of that part of the Department; or

(e) in relation to the part of the Department of Defence known as the Defence Intelligence Organisation—the Director of that part of the Department; or

(f) in relation to the Office of National Intelligence—the Director-General of National Intelligence.

intelligence information means information:

(a) that was acquired or prepared by or on behalf of an Australian intelligence entity in connection with its functions; or

(b) that relates to the performance by an Australian intelligence entity of its functions; or

(c) that identifies a person as being, or having been, a staff member (within the meaning of the *Intelligence Services Act 2001*) or agent of the Australian Secret Intelligence Service or the Australian Security Intelligence Organisation.

law enforcement or security agency means any of the following agencies:

(a) the Australian Defence Force;

(b) the Australian Federal Police;

(c) the Australian Criminal Intelligence Commission;

(d) the Department administered by the Minister administering the *Australian Border Force Act 2015*;

(e) the Office of the Special Investigator;

(f) the police force of a State or Territory.

operationally sensitive information means:

(a) information about information sources or operational activities or methods available to a law enforcement or security agency; or

(b) information about particular operations that have been, are being or are proposed to be undertaken by a law enforcement or security agency, or about proceedings relating to those operations; or

(c) information provided by a foreign government, or by an agency of a foreign government, where that government does not consent to the public disclosure of the information.

veteran means a person who has served, or is serving, as a member of the Permanent Forces (within the meaning of the *Defence Act 1903*) or as a member of the Reserves (within the meaning of the *Defence Act 1903*).

AND We:

(x) require you to begin your inquiry as soon as practicable; and

(y) require you to make your inquiry as expeditiously as possible; and

(z) require you to ensure the inquiry is conducted in a professional, impartial, respectful and courteous manner, including appropriately managing any actual or perceived conflicts of interest; and

(za) require you to submit to Our Governor-General an interim report that you consider appropriate not later than 11 August 2022, focusing on:

(i) issues requiring urgent or immediate action; and

(ii) any other matters you consider necessary or you consider should be referred to the interim National Commissioner for Defence and Veteran Suicide Prevention or the National Commissioner for Defence and Veteran Suicide Prevention; and

(zb) require you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 15 June 2023.

IN WITNESS, We have caused these Our Letters to be made Patent.

WITNESS General the Honourable David Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia.

Dated 8 July 2021

[signed]

Governor-General

By His Excellency's Command

[signed]

Attorney-General

Appendix D – Round Table Meeting Attendees and Summaries

Below are the complete lists of round tables I have convened to date and summaries of the matters discussed.

Community group round tables

Topics discussed included:

- transition out of and mental health drivers for leaving the Australian Defence Force (ADF)
- mental health and wellbeing services
- Department of Veterans' Affairs (DVA) claims processes and supports
- other relevant matters.

Date	Location	Organisation in attendance
3 December 2020	Canberra	• Australian War Widows • Defence Force Welfare Association • Council for Women and Families United by Defence Service • Defence Families of Australia • Returned and Services League (RSL), Australian Capital Territory Branch
8 December 2020	Brisbane	• Australian Veteran Alliance • Council for Women and Families United by Defence Service • Defence Force Welfare Association • Gallipoli Medical Research Foundation • Mates4Mates • Vietnam Veterans Association of Australia, Queensland Branch • Soldier On • The Warrior's Return • RSL, Queensland Branch

Date	Location	Organisation in attendance
10 December 2020	Melbourne	• Air Force Association • Carry On Victoria • Hawthorn RSL • RSL, Victorian Branch • The Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women West Australian Branch • Vietnam Veterans Association of Australia Victorian Branch • Victorian Defence Reserves Association
14 December 2020	Perth	• Australian Special Air Service Association • Defence Force Welfare Association, Western Australian Branch • Legacy WA • RSL, Western Australia Branch • Vietnam Veterans Association of Australia • Vietnam Veterans Association of Australia, Western Australian Branch
16 December 2020	Sydney	• Australian Peacekeeper & Peacemaker Veterans' Association • Australian War Widows NSW • Council for Women and Families United by Defence Service • Defence Reserves Association • Disaster Relief Australia • Legacy Australia • Vietnam Veterans Association of Australia, New South Wales Branch • Voice of a Veteran
18 January 2021	Townsville	• Vietnam Veterans Association of Australia • Townsville RSL • The Oasis Townsville • RSL, Queensland Branch • Totally and Permanently Disabled Ex Servicepersons Association • Women's Veterans Network Australia • Hounds 4 Healing

Date	Location	Organisation in attendance
19 January 2021	Townsville	• Australian War Widows, Queensland and Townsville Sub-Branch • Royal Australian Air Force (RAAF) Association, Queensland Division, Townsville Branch • The Oasis Townsville • Townsville Suicide Prevention Network • National Servicemen's Association of Australia Queensland Inc. • Legacy Australia • Mates4Mates • RAR Association • Veterans Support Centre North Queensland Inc.
20 January 2021	Brisbane	• Defence Force Welfare Association • Aussie Heroes Foundation Ltd • Veterans and Emergency Services Personnel Mental Health Network Committee, RANZCP • Veterans Care • Survive to Thrive Nation • RAR Association • Timor Awakening
21 January 2021	Brisbane	• Australian War Widows • Stand Tall for PTS • Red Shield Defence Services • Trojans Trek Foundation • Veterans and Emergency Services Personnel Mental Health Network Committee, The Royal Australian & New Zealand College of Psychiatrists • Gallipoli Medical Research Foundation • Toowong Private Hospital • REDSIX • Bravery Trust • Wounded Heroes

Date	Location	Organisation in attendance
28 January 2021	Hobart	• RSL National • RSL, Tasmanian Branch • The Partners of Veterans Association of Australian Inc. • University of Tasmania • Australian Federation of Totally and Permanently Incapacitated Ex Servicemen and Women Ltd. • Vietnam Veterans Association, Tasmanian Branch • Naval Association of Australia • Tasmanian Regional Support Chaplains
3 February 2021	Adelaide	• Ex-Military Rehabilitation Centre Inc. • Flinders University • Legacy – South Australia and Broken Hill • Military chaplains • Military and Emergency Services Health Australia • University of Adelaide • Veterans' Advisory Council South Australia • Vietnam Veterans Association of Australia South Australian Branch
4 February 2021	Adelaide	• Flinders University • Defence Force Welfare Association • Partners of Veterans Association of Australia Inc. • Phoenix Australia • Royal Australian Army Regiment Association • RSL South Australia and Northern Territory
23 March 2021	Sydney	• Military Historian • University of Sydney • Modern Soldier • Wounded Heroes • RSL LifeCare
30 June 2021	Darwin (Held virtually)	• Reeling Veterans • Veterans Australia NT • Council of Australian Veterans • Soldier On • Mates4Mates Northern Territory

Mental health organisation round tables

Topics discussed included:

- how the mental health and suicide prevention sectors are operating mental health and wellbeing services
- challenges and opportunities facing the sector nationally
- reasons for the higher suicide rate among veterans and opportunities to address this
- whether generalist services incorporate veteran specific knowledge and expertise
- other relevant matters.

Date	Location	Organisation in attendance
21 April 2021	Canberra	• Open Arms • Mental Health Australia • Australian College of Mental Health Nurses • Relationships Australia, Canberra and Regional • Lifeline Canberra • Centre for Mental Health Research, Australian National University • OzHelp • Garrison Health & Army Health Services, Department of Defence • Suicide Prevention and Digital Health Branch, Department of Health
12 May 2021	Melbourne	• Mind Australia • Thirrili • SANE Australia • Phoenix Australia • Australian Association of Social Workers • Australian Psychological Society

Department of Defence round table

Topics discussed included:

- factors contributing to ADF and veteran suicide deaths
- Defence processes to identify and support those at risk
- stigma reduction efforts
- transitioning those at risk of mental health and suicide education
- how to involve/support families
- Joint Transition Authority update
- sharing of information with other agencies to support claims
- support for personnel being medically discharged
- information/support with DVA applications prior to discharge
- ADF to DVA transition for those with suicide/mental health risk

Date	Location	Organisation in attendance
16 February 2021	Canberra	• Department of Defence

Department of Veterans' Affairs round table

Topics discussed included:

- factors contributing to veteran suicide deaths
- DVA efforts to identify those at risk of suicide/mental health issues
- DVA review processes following a suicide death
- outcomes of any DVA suicide prevention trials
- how does DVA work with Defence to manage transition
- update on the Joint Transition Authority
- services available for veterans – availability, uptake and evaluation
- barriers to service uses, including timeframes
- continuity of care after discharge
- timeframes for the claims assessment process
- claims process negatively impacts mental health
- quality of DVA support during claims process
- update on Combined Benefits Processing Trial
- complexity of multiple compensation schemes

Date	Location	Organisation in attendance
17 February 2021	Canberra	• Department of Veterans Affairs

State and territory government and first responder round tables

Topics discussed included:

- state and territory government approaches to collecting and monitoring information about ADF personnel and veterans
- interactions state and territory government agencies have with the Department of Defence and DVA, in particular in relation to Defence and veteran suicide prevention and response
- the provision of mental health and other supports to veterans and their families
- how the jurisdiction responds to veteran specific issues
- key challenges and opportunities in the mental health and suicide prevention sectors
- strategies to improve the health and wellbeing for trauma-exposed workplaces
- experiences of providing services to veterans and their families
- service coordination and engagement across sectors and governments and
- other relevant matters.

Date	Location	Organisation in attendance
24 March 2021	Sydney	• Ministry of Health, NSW • National Centre for Veterans' Healthcare • NSW Mental Health Commission • Department of Communities and Justice
12 April 2021	Perth	• Department of Health, WA • Department of Jobs, Tourism, Science and Innovation, WA • Department of Communities, WA
13 April 2021	Perth	• Uniting Care WA • 360 Health and Community • Sir Charles Gairdner Hospital • WA Mental Health Commission • WA Primary Health Alliance • The University of Western Australia • Sirens of Silence • Department of Fire and Emergency Services, WA
18 May 2021	Brisbane (Held virtually)	• Department of Premier and Cabinet, Qld • Queensland Health • Department of Communities, Housing and Digital Economy • Coroner's Court of Queensland • Queensland Corrections • Queensland Police • Department of Employment, Small Business and Training • Queensland Mental Health Commission

Date	Location	Organisation in attendance
22 June 2021	Adelaide	• South Australia Ambulance • South Australian Metropolitan Fire Service • Office of the Premier's Advocate for Suicide Prevention • Neami National
23 June 2021	Adelaide	• Office of the Chief Psychiatrist, South Australia • Health Services Programs and Funding • Wellbeing SA • Issues Working Group for Suicide Prevention • Veterans SA • South Australia Police • Northern Adelaide Local Health Network (NALHN) • Central Adelaide Local Health Network (CALHN)
29 June 2021	Northern Territory (Held virtually)	• Northern Territory Police, Fire and Emergency Services
30 June 2021	Northern Territory (Held virtually)	• Department of Industry, Tourism and Trade NT • Department of Health NT
7 July 2021	Canberra	• ACT Health Directorate • Treasury and Economic Development Directorate • Community Services Directorate • Suicide Prevention ACT
8 July 2021	Hobart	• Department of Justice • Department of Education • Department of Communities, Sport and Recreation • Department of Health
8 July 2021	Hobart	• Department of Health • Department of Police, Fire and Emergency Management • Mental Health, Alcohol and Drug Directorate

Appendix E – List of Site Visits

Below is a complete list of my engagements with veterans through site visits.

Date	Location	Organisation
18 January 2021	Townsville, Queensland / Bindal and Wulgurukaba country	**Mates4Mates Recovery Centre** Mates4Mates Townsville Family Recovery Centre offers a range of support by providing serving and ex-serving people and their families with access to support and rehabilitation services, as well as community involvement opportunities. The Family Recovery Centre is co-located at the RSL Queensland's Townsville branch, providing access to RSL QLD Veteran Services' Officers who can support with the DVA claims process.
18 January 2021	Townsville, Queensland / Bindal and Wulgurukaba country	**The Oasis Townsville** The objectives of The Oasis Townsville include supporting ADF members and veterans, including through the direct relief of poverty, suffering, destitution, helplessness, to facilitate emergency accommodation or respite housing, to provide access to transition, education or employment service providers and other veteran orientated support organisations, and to promote social engagement of ADF members and veterans to alleviate the pre-cursors that can contribute to suicide.
28 January 2021	Hobart, Tasmania / Nipalunna country	**Standby Tasmania** Standby Tasmania a leading suicide postvention program dedicated to assisting people and communities bereaved or impacted by suicide. StandBy was established in 2002 to meet the need for a coordinated community response to suicide. StandBy is now recognised as a leading suicide postvention program dedicated to assisting people and communities bereaved or impacted by suicide.
3 February 2021	Port Adelaide, South Australia / Kaurna country	**Defence Shed** The Defence Shed Port Adelaide (Defence Shed) provides peer support to current and ex-serving Defence and emergency services personnel through community based projects and activities. The aim of these activities is to support the mental health and wellbeing of ADF members and veterans, and emergency services personnel, and their families by minimising social isolation, encouraging social engagement and promoting a purposeful life.

Date	Location	Organisation
2 March 2021	Trentham, Victoria / Djadjawurrung country	**Path of the Horse** The Path of the Horse is an equine assisted learning centre and Registered Charity, located in Trentham, Victoria. The centre provides equine psychotherapy support to veterans, first responders and their families to better manage Post-Traumatic Stress Disorder (PTSD), anxiety and depression. They also offer services to individuals with autism, people dealing with addictions, self-harm and grief.
25 June 2021	Adelaide, South Australia / Kaurna country	**Operation K9** Operation K9 is a program provided by the Royal Society for the Blind, the purpose of which is to provide assistance dogs to veterans who have been diagnosed with PTSD. The assistance dogs are trained to provide support, independence and social interaction to veterans, and can perform tasks such as retrieving medication, seeking help, and interrupting episodes of stress and anxiety.
15 July 2021	Darwin, Northern Territory / Larrakia country	**Thirrili Ltd** Thirrili Ltd is a not-for-profit organisation which provides support services for Indigenous families dealing with suicide, grief, loss and trauma. During this visit, I heard about the unique challenges faced by Aboriginal and Torres Strait Islander veterans and what supports are available to them.

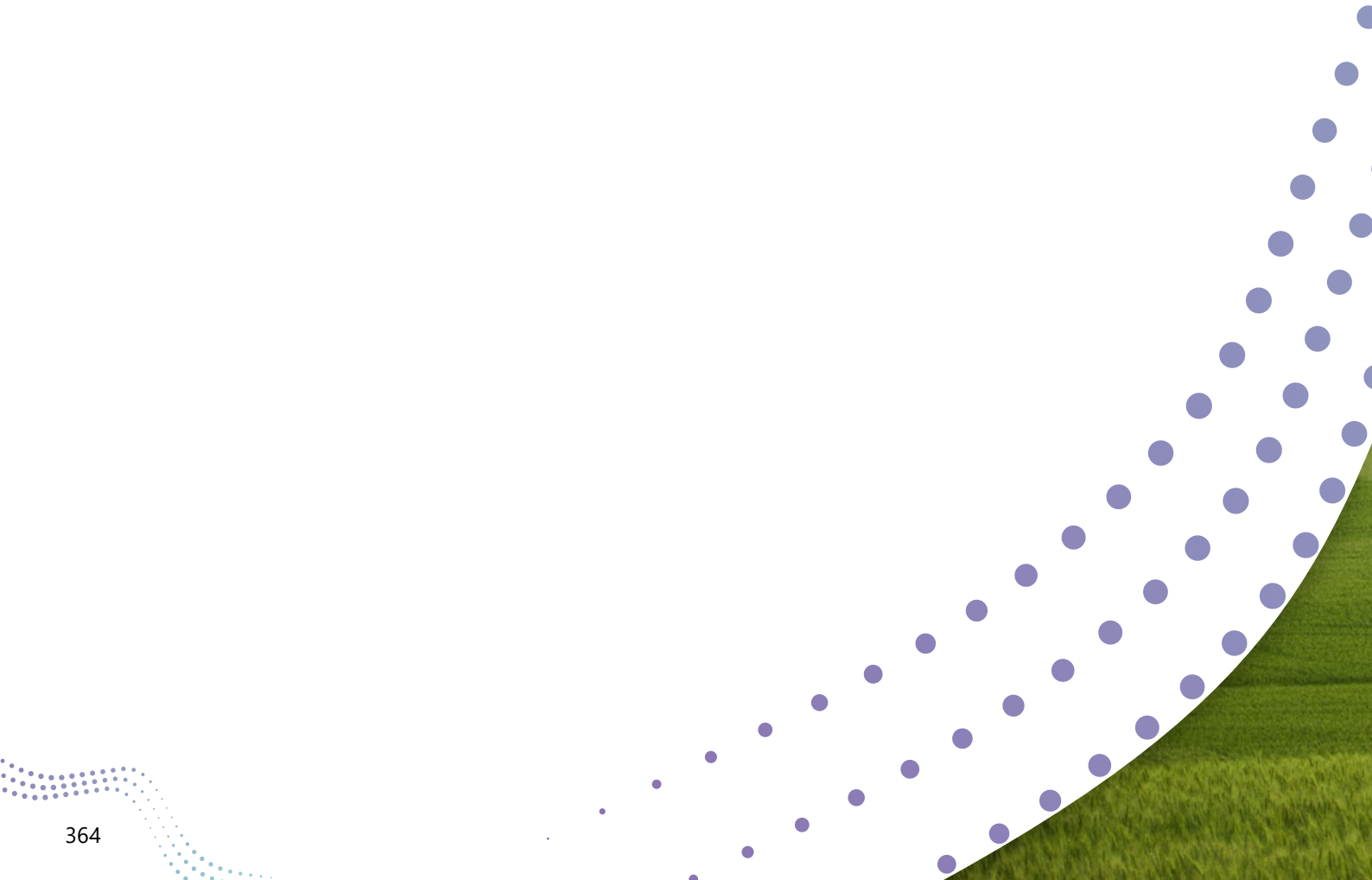
Appendix F – Overview of Requests for Information

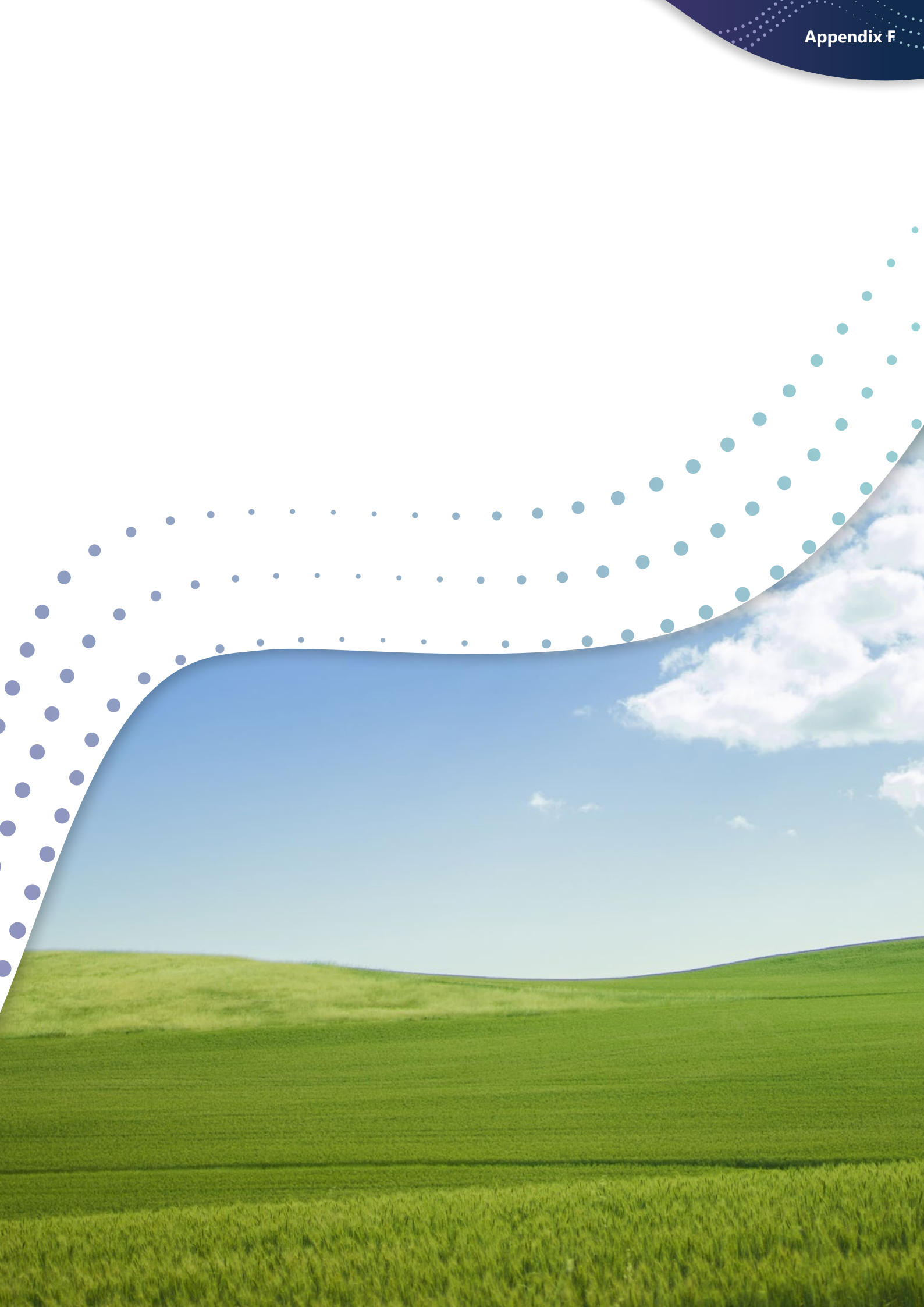
Below is a list of the requests for information (RFIs) my office has issued to various government department and organisations. The list includes information on the name of the department or organisation and an overview of the types of information sought.

Name of department/ organisation	Overview of information sought
Department of Veterans' Affairs (DVA)	• Identity of veterans known or suspected to have died by suicide • Reports related to suicide, mental health and mental health support services • Responses to report recommendations, including implementation progress • Claimants who died before having their claims determined • Programs and initiatives addressing suicide prevention and mental health • Compensation and payments available for veterans • Services and support available for veterans • Claims process and management of claims • Veteran homelessness • Further information regarding DVA responses to report recommendations and associated budget measures
Australian Defence Force (ADF)	• Identity of serving members known or suspected to have died by suicide • Reports related to suicide, mental health and mental health support services • Responses to report recommendations, including implementation progress • Commission of Inquiry reports • PMKeyS data and service records • Services and support available for veterans • Programs and initiatives addressing suicide prevention and mental health, including training for ADF members • Further information relating to report recommendations and associated budget measures • Information about Gallipoli Medical Research Foundation

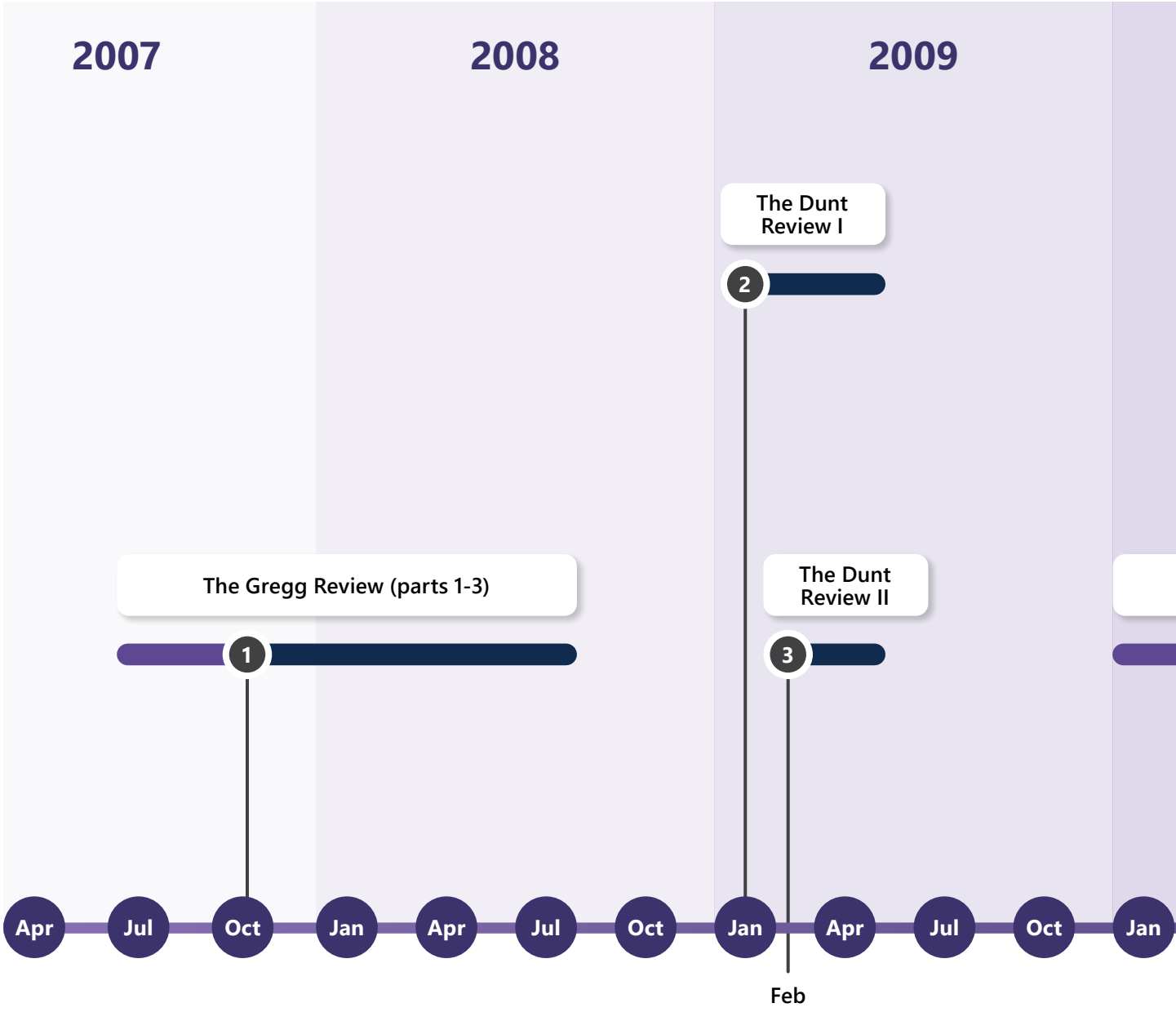
Name of department/ organisation	Overview of information sought
Inspector-General of the Australian Defence Force	• Reports examining deaths by suicide • Coronial reports referred to in IGADF reports • Information about the involvement of family members in the inquiry process • Training provided to IGADF officers conducting inquiries into suicide deaths
Department of Health	• Mental health and suicide prevention trials provided by the Department of Health • Novel and emerging mental health treatments • Data collection in relation to suicide • Coding and case-mix information relevant to presentation at hospitals of patients who have served in the ADF
Australian War Memorial	• Information about policies around inclusion of names on memorials
RSL (South Australia)	• Information about policies around inclusion of names on memorials
Royal Australian and New Zealand College of Psychiatrists	• Information about the availability of psychiatric services to the Defence and veteran communities • Information about recruitment and training of psychiatrists, including specialised training relevant to military service • Information about the size and distribution of the psychiatry workforce in Australia • Information about the provision of psychiatric services through DVA, and to veterans generally
Office for Veterans Affairs (NSW)	• Information about the NSW Suicide Data Monitoring System and sharing data with the Office of the National Commissioner for Defence and Veteran Suicide Prevention • Information about community initiatives
Australian Taxation Office	• Information relating to the treatment of military invalidity benefits following the decision in *Commissioner of Taxation v Douglas* (2020) FCA 220 • Information about the 'streamlined amendment process' adopted following that decision

Name of department/ organisation	Overview of information sought
Psychology Board of Australia	• Information about the availability of psychological services to the Defence and veteran communities • Information about the recruitment and training of psychologists, including specialised training relevant to military service • Information about the size and distribution of the psychology workforce in Australia • Information relating to the closure of the 4+2 internship program and alternative pathways to registration as a psychologist • Information about the provision of psychological services through DVA, and to veterans generally
Independent Hospital Pricing Authority	• Information relating to coding and reporting of suicide or suicide-related events



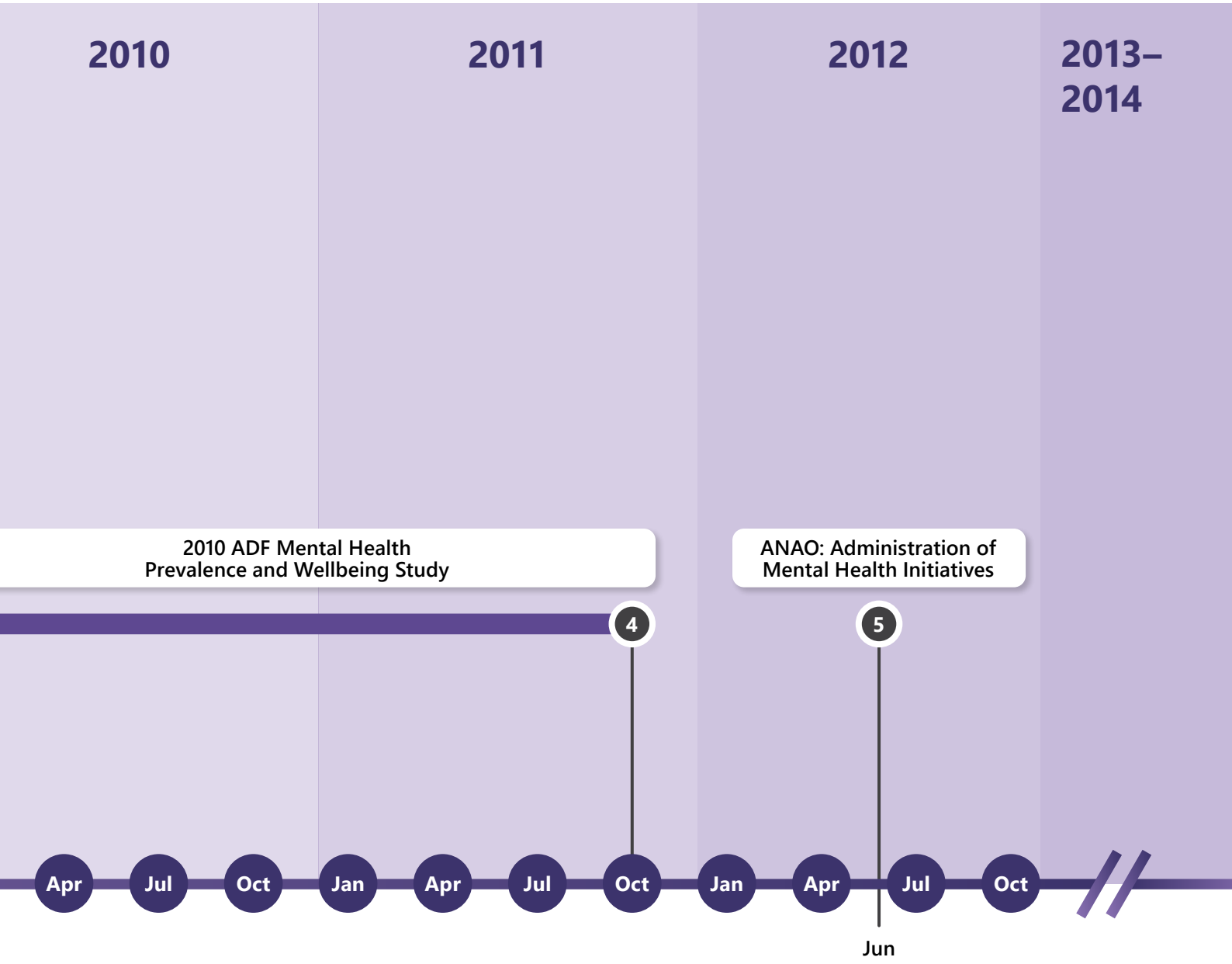


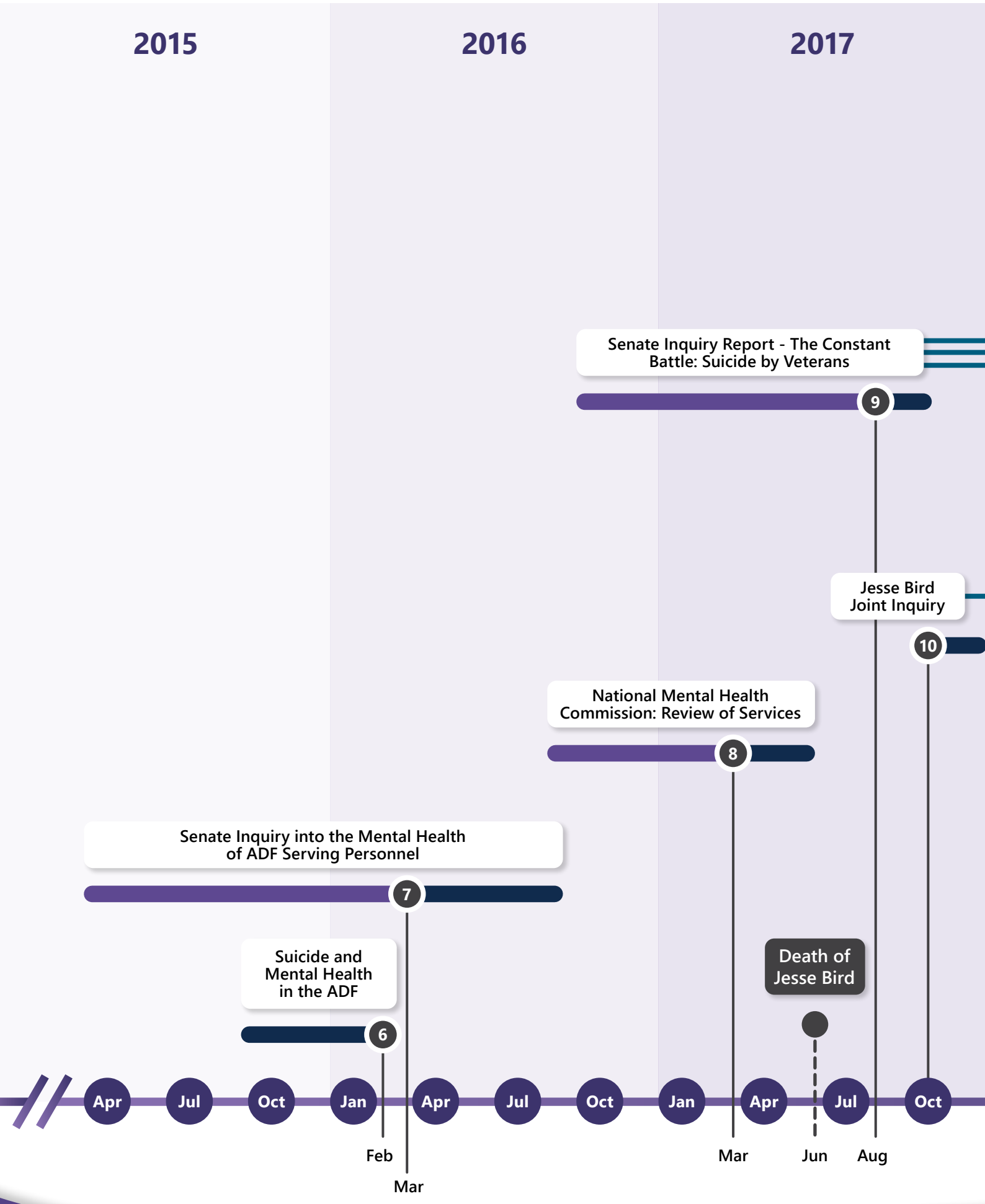
Appendix G – Timeline of Key Inquiries, Reviews and Studies



Key

- Commencement and undertaking of inquiry, review or study
- Development and release of Government response
- Development and release of interim Government response
- Inquiry/review/study release date
- Inquiry/review and Government response release date
- Inquiry, review or study directly following recommendations or Government response to earlier inquiries, reviews or studies
- Break in timeline




2015
2016
2017
Senate Inquiry Report - The Constant Battle: Suicide by Veterans
9
Jesse Bird Joint Inquiry
10
National Mental Health Commission: Review of Services
8
Senate Inquiry into the Mental Health of ADF Serving Personnel
7
Suicide and Mental Health in the ADF
6
Death of Jesse Bird
Apr
Jul
Oct
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Apr
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Apr
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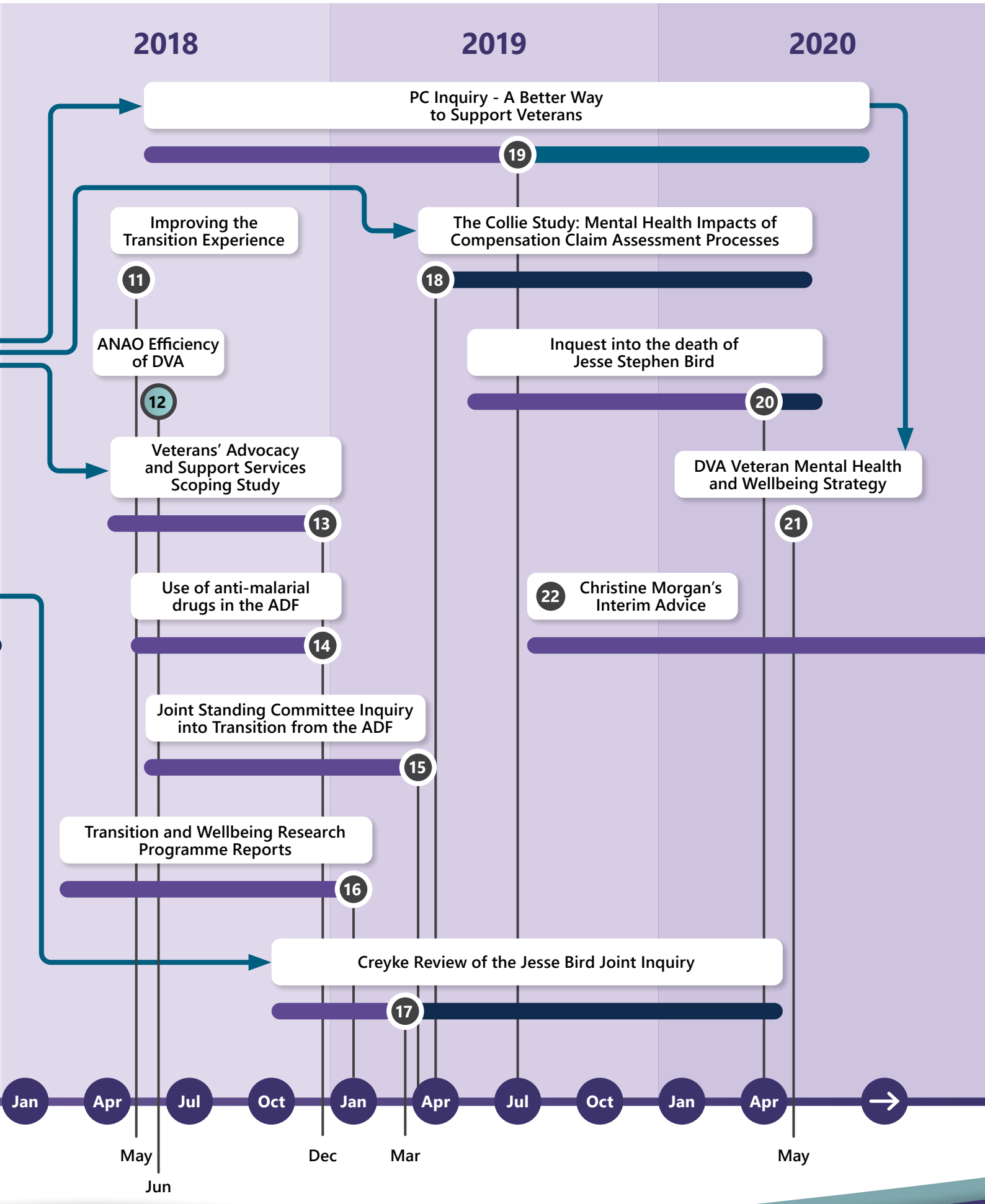
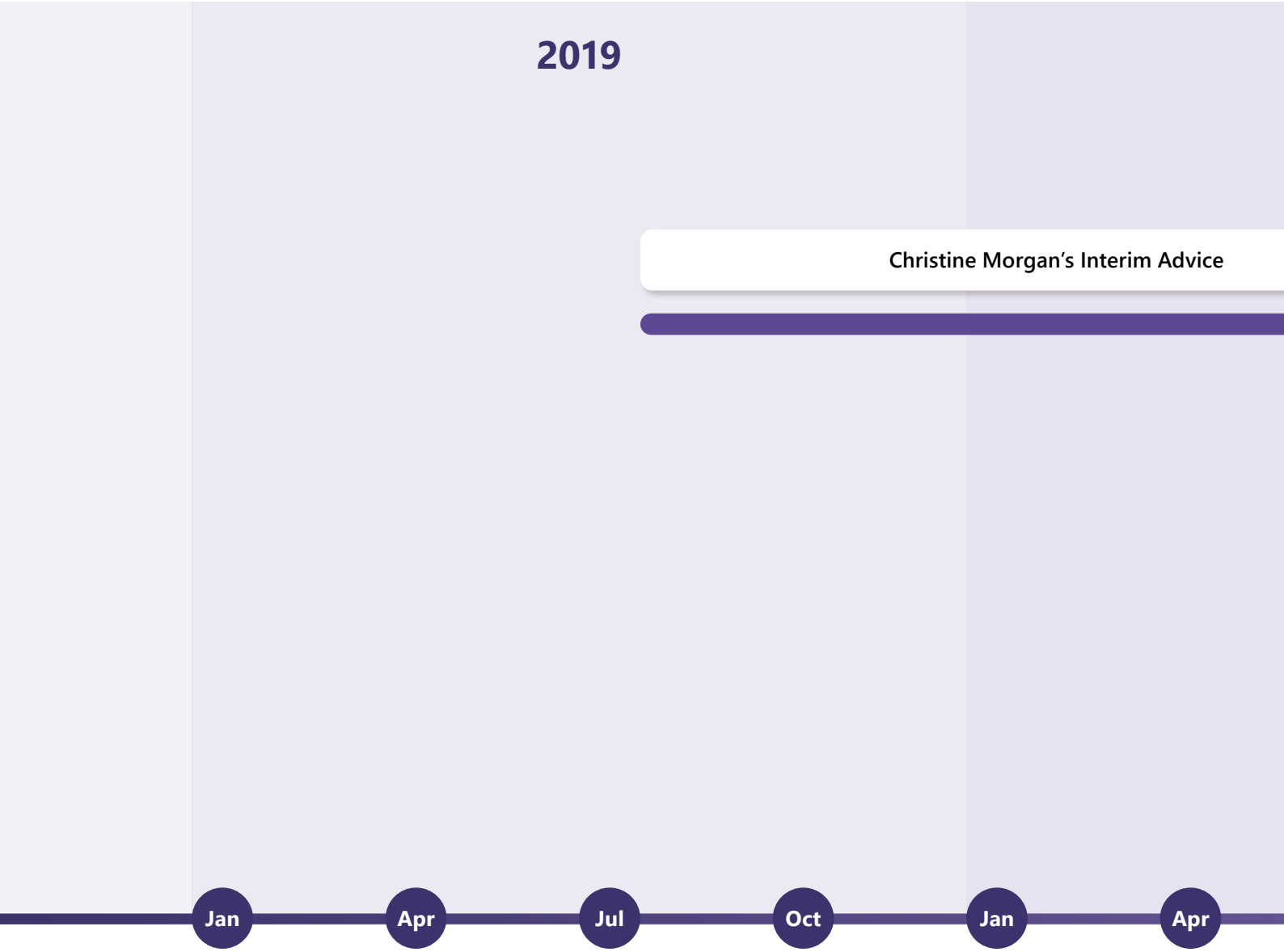
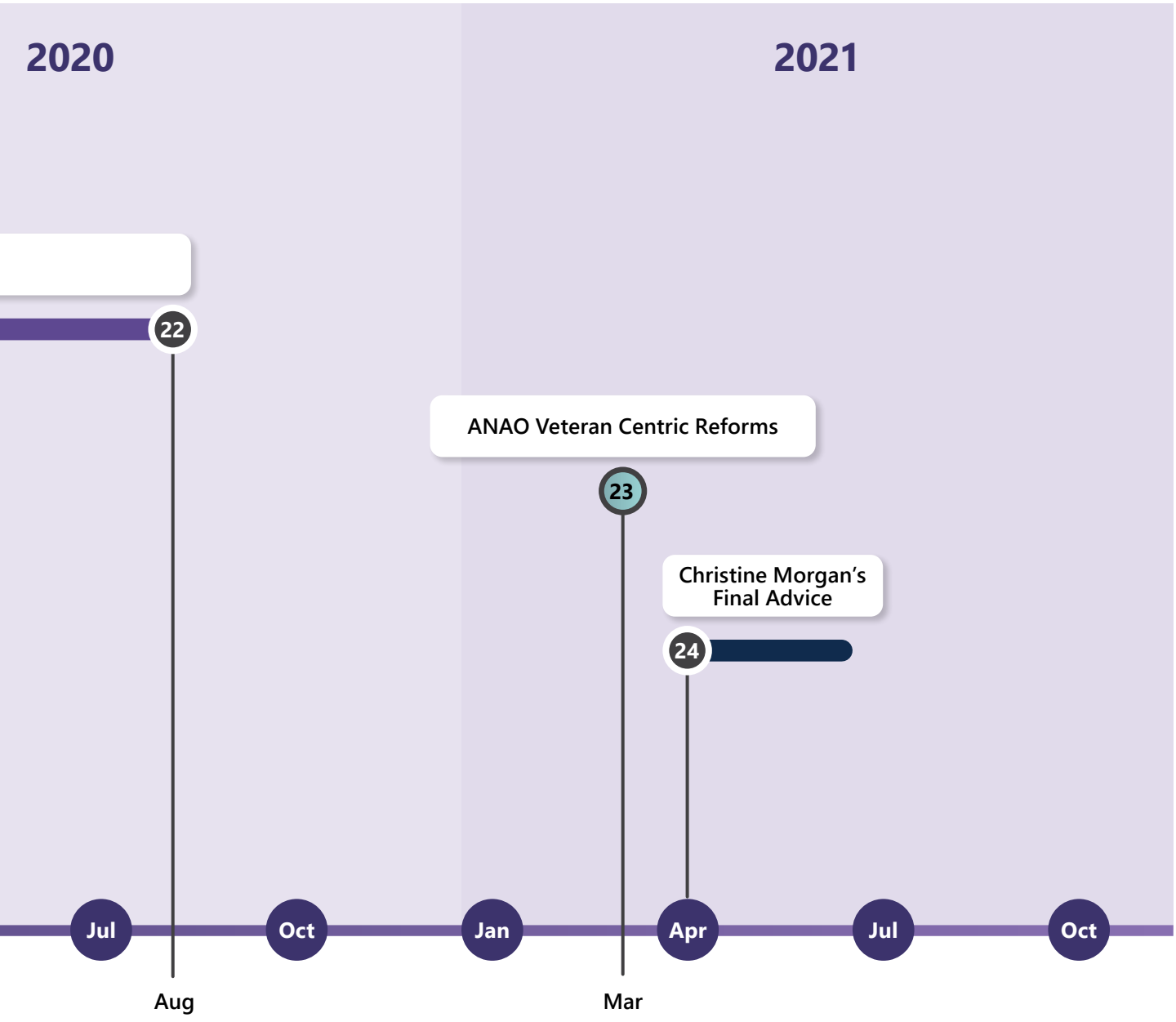
Oct
Feb
Mar
Mar
Jun
Aug


2018
2019
2020
PC Inquiry - A Better Way to Support Veterans
19
Improving the Transition Experience
11
The Collie Study: Mental Health Impacts of Compensation Claim Assessment Processes
18
ANAO Efficiency of DVA
12
Inquest into the death of Jesse Stephen Bird
20
Veterans' Advocacy and Support Services Scoping Study
13
DVA Veteran Mental Health and Wellbeing Strategy
21
Use of anti-malarial drugs in the ADF
14
22
Christine Morgan's Interim Advice
Joint Standing Committee Inquiry into Transition from the ADF
15
Transition and Wellbeing Research Programme Reports
16
Creyke Review of the Jesse Bird Joint Inquiry
17
Jan
Apr
Jul
Oct
Jan
Apr
Jul
Oct
Jan
Apr
May
Jun
Dec
Mar
May

Key

- Commencement and undertaking of inquiry, review or study
- Development and release of Government response
- Development and release of interim Government response
- Inquiry/review/study release date
- Inquiry/review and Government response release date
- Inquiry, review or study directly following recommendations or Government response to earlier inquiries, reviews or studies
- Break in timeline




2020
2021
22
ANAO Veteran Centric Reforms
23
Christine Morgan's Final Advice
24
Jul
Oct
Jan
Apr
Jul
Oct
Aug
Mar

Appendix H – List of Past Reviews and Inquiries with Government's Responses to Recommendations

Name	Date	Recommendations and Government resonse
Inspector General Australian Defence Force Inquiry Report 8246320 Signaller Geffrey Phillip Gregg By the Inspector-General of the Australian Defence Force	2007	Total recommendations: **8** **4** recs accepted and implemented **1** rec partially implemented **3** recs accepted, alternative implemented
Investigation / Inquiry Report for the Department of Veterans' Affairs and ComSuper Relating to Their Dealings with the Late Mr Geffrey Phillip Gregg[1] By Christopher Doogan AM	2007	Total recommendations: **1*** **Also **6** 'considerations', only 1 of which appears to be partially implemented, with the remainder not addressed.* **1** rec accepted and implemented
Review of Commonwealth Agencies' Relationship with the Late Signaller Geffrey Gregg Part 3: Systemic and Cross-agency Issues[2] By Ron McLeod AM	2007	Total recommendations: **11** **3** recs accepted and implemented **1** rec accepted, alternative implemented **7** recs do not have a response
Independent Study into Suicide in the Ex-Service Community By Professor David Dunt	2009	Total recommendations: **21** **9** recs accepted and implemented **10** recs accepted, alternative implemented **1** rec accepted in principle **1** rec partially accepted
Review of Mental Health Care in the ADF and Transition through Discharge By Professor David Dunt	2009	Total recommendations: **52** **28** recs accepted and implemented **5** recs accepted and being implemented **17** recs accepted, alternative implemented **2** recs partially accepted

1 Report is not publicly available and was received through a request for information to the Department of Defence

2 Ibid.

Name	Date	Recommendations and Government resonse
Administration of Mental Health Initiatives to Support Younger Veterans By the Australian National Audit Office	2012	Total recommendations: **5** **2** recs accepted and implemented **3** recs accepted in principle
Senate Inquiry into the Processes to Support Victims of Abuse in Defence By the Senate Foreign Affairs, Defence and Trade References Committee	2014	Total recommendations: **7** **6** recs noted **1** rec not accepted
Mental Health of Australian Defence Force Members and Veterans By the Senate Foreign Affairs, Defence and Trade References Committee	2016	Total recommendations: **25** **3** recs accepted and implemented **1** rec accepted, alternative implemented **4** recs accepted in principle **7** recs partially accepted **6** recs noted **4** recs not accepted
Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families: Findings and Recommendations By the National Mental Health Commission	2017	Total recommendations: **23** **10** recs accepted and implemented **1** rec accepted and being implemented **9** recs accepted, alternative implemented **3** recs not accepted
Inquiry into Suicide by Veterans and Ex-Service Personnel, The Constant Battle: Suicide by Veterans By the Senate Foreign Affairs, Defence and Trade References Committee	2017	Total recommendations: **24** **16** recs accepted and implemented **3** recs accepted and being implemented **3** recs accepted, alternative implemented **2** recs accepted in principle
Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case By the Department of Defence and the Department of Veterans' Affairs	2017	Total recommendations: **19** **12** recs accepted and implemented **6** recs accepted and being implemented **1** rec accepted, alternative implemented
Improving the Transition Experience By the Department of Defence and the Department of Veterans' Affairs	2018	Total recommendations: **7, all under consideration**

Name	Date	Recommendations and Government resonse
Veterans' Advocacy and Support Service Scoping Study: A Modern Professional Sustainable Service for Australian Veterans and their Families By Robert Cornall AO	2018	Total recommendations: **12, all under consideration**
Use of the Quinoline Anti-malarial Drugs Mefloquine and Tafenoquine in the Australian Defence Force By the Senate Foreign Affairs, Defence and Trade References Committee	2018	Total recommendations: **14** **5** recs accepted and implemented **1** rec accepted and being implemented **6** recs accepted, alternative implemented **2** recs accepted in principle
Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs By the Australian National Audit Office	2018	Total recommendations: **6** **6** recs accepted and implemented
Mental Health Impacts of Compensation Claim Assessment Processes By Professor Alex Collie	2019	Total recommendations: **11** **3** recs accepted and implemented **6** recs accepted and being implemented **1** rec accepted, alternative implemented **1** rec under consideration
Inquiry into Transition from the Australian Defence Force (ADF) By the Joint Standing Committee on Foreign Affairs, Defence and Trade	2019	Total recommendations: **11, all under consideration**
A Better Way to Support Veterans Productivity Commission	2019	Total recommendations: **69** **4** recs accepted and implemented **7** recs accepted and being implemented **13** recs accepted, alternative implemented **1** rec not accepted, alternative implemented **8** recs partially accepted and implemented **34** recs under consideration **2** recs not accepted

Name	Date	Recommendations and Government resonse
Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case By Emeritus Professor Robin Creyke AO	2019	Total recommendations: **0*** ***10** 'suggested actions' were made in relation to the implementation of recommendations of the Joint Defence/ DVA Inquiry into the Jesse Bird case.
Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird By Coroner Jacqui Hawkins	2020	Total recommendations: **5** **1** rec accepted and implemented **2** recs accepted and being implemented **1** rec not accepted, alternative implemented **1** rec under consideration
Effectiveness of the Planning and Management of Veteran Centric Reforms By the Australian National Audit Office	2020	Total recommendations: **4** **4** recs accepted and being implemented

Appendix I – Department of Veterans' Affairs Response to Request for Information (RFI-04-DVA-12-2020)

The redactions below have been made at the request of the Department of Veterans' Affairs.

Australian Government
Department of Veterans' Affairs
OFFICE OF THE SECRETARY
PRESIDENT REPATRIATION COMMISSION

Dr Bernadette Boss CSC
Interim National Commissioner for Defence and Veteran Suicide Prevention
GPO Box 1347
Canberra ACT 2601

By email: enquiries@ncdvsp.gov.au

Dear Dr Boss

I write to you to provide you with the Department of Veterans' Affairs (DVA) response to your letter of 10 December 2020, requesting information on client deaths while awaiting claims determination.

I would like to flag that providing accurate and complete responses to the questions posed has been challenging and difficult as there are a number of DVA systems which are not linked and the data is held across a range of sources which are not readily aggregated. I also offer that DVA systems have been designed to capture the data necessary to undertake our legislated functions and therefore information made available to us beyond these purposes is not recorded as searchable data, rather in free text areas or separate records.

Thank you for your agreement to an extension to 8 February 2021 to support us to complete the response as comprehensively as possible.

Not for publication

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CANBERRA CITY ACT 2601

GPO BOX 9998
BRISBANE QLD 4001
AUSTRALIA

TELEPHONE (02) 6289 6736
FACSIMILE (02) 6289 6257
INTERNET www.dva.gov.au

Saluting Their Service

First, there are currently no time limits on veterans being able to submit a claim under VEA and MRCA. That is, a veteran may claim any condition (or multiple conditions) at any time, during their service in the ADF or subsequently. Second, there is no limit on the number of times a veteran may claim a particular condition. A veteran may lodge a claim for a particular condition, even if identical claims have previously been rejected. While this allows veterans to include up-to-date medical information, it also means that veterans who have a belief that a particular condition is caused through their service may pursue that condition, regardless of the merits (noting DVA has a requirement for medical evidence under our legislation).

Other issues beyond the control of DVA may also delay the processing of the claim, including delays in us receiving medical evidence from specialists or time taken by a veteran in responding to requests for information.

To assist further in understanding claim processing, the information at Attachment 2 details the number of claims lodged alongside the median Time Taken To Process (TTTP) a claim under each Act for the period July 2018 to December 2020.

In addition to the claims for income support, compensation and other allowances that DVA administers (Outcome 1[1]), DVA also administers a range of programs under Outcome 2 that could be considered "*claims for entitlements, compensation, treatment or some other form of benefit*" in the context of your request. The breadth of programs and services is considerable including, but not limited to, pharmaceutical benefits; hospital services; community care and support programs; counselling and other health services. The majority of these programs are delivered through third party providers.

Extracting individual client level information for the full range of available programs would be a highly resource intensive process, across multiple systems and other records, where DVA holds the information. Therefore, DVA has not included this information in our response. Moreover, we face a number of privacy challenges in providing you with individual client information including because the information of their spouse and family members, who may or may not be DVA clients, is likely to be in those files. DVA does not have a basis under Australian Privacy Principle 6 to disclose this material to your office in the absence of consent, which is impractical given the size of disclosure.

1 Outcome 1: Aims to maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation and other support services, including advice and information about entitlements.

Outcome 2: Aims to maintain and enhance physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.

Outcome 3: Acknowledgement and commemoration of those who served Australia and its allies in wars, conflict and peace operation through promoting recognition of service and sacrifice, preservation of Australia's wartime heritage, and official commemorations.

We do note your interest in understanding the accessibility and timeliness of DVA's services and programs and we have set out an overview in respect of health and wellbeing services at Attachment 3.

We further note that aggregate data being supplied to you through AIHW as part of the Independent Review of Defence and Veteran Deaths includes in its scope data regarding DVA client access to health services and pharmaceutical utilisation, among other datasets, which will assist in informing you about service access both for those who have died by suicide and at a whole-of-Defence personnel/veteran population level. We expect that this will provide valuable, complementary information to that which is supplied in this response.

Further explanatory material is provided below to assist you in considering the response and DVA's operating context, including the services and support available while claims are being determined.

Context for Outcome 1 claims trends and data supplied

DVA administers claims for entitlements compensation, rehabilitation and other benefits through key legislation being:

- The *Veterans' Entitlements Act 1986* (VEA) which provides for pensions and other benefits to medical and other treatment for veterans and their dependants, mostly arising from overseas defence service rendered prior to 1 July 2004, with some residual peacetime eligibility for service rendered on or after 7 December 1972.
- The *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) which provides for compensation and rehabilitation arising from peacetime and peacekeeping service up to and including 30 June 2004 and operational service between 7 April 1994 and 30 June 2004.
- The *Military Rehabilitation and Compensation Act 2004* (MRCA) which provides for compensation, rehabilitation and other benefits in relation to defence service on or after 1 July 2004.

The Acts have different eligibility requirements and provide different forms of compensation and support depending on the characteristics of the veteran and the nature of their military service. It is also relevant to note that the legislative framework is complex and difficult for veterans to understand. There are inconsistencies across the three Acts and 70 percent of veterans have overlapping eligibility under more than one Act. Nonetheless, no support, entitlements or benefits can flow to a veteran until they have initiated contact with DVA and initiated a claim.

DVA has continued to experience an increase in claim numbers as a result of several factors including a very high operational tempo in Australia through our involvement in Iraq, Afghanistan, East Timor, Solomon Islands, Rwanda and then through the bushfires and now COVID-19; and the success of the *Veteran Centric Reform - Putting Veterans and their Families First Program*, which has encouraged more veterans and their families to engage with us. Volumes in relation to the most common claims have doubled in the past two years (120,000 claims were received in 2019-20).

This ongoing, significant increase in claims has affected DVA's ability to meet timeliness targets in many of these claim types. DVA is working to reduce claims processing times overall but we are often not able to meet expectations. To make a thorough evidence-based decision we often require information from third parties (for example, treating doctors). The length of time taken to receive this information is often outside DVA's control and can impact processing times.

DVA is committed to reducing these timeframes and, through Government investment in claims processing, has achieved considerable success in improving outcomes for veterans and their families, The Australian Government has provided an additional $54 million over two financial years (2019-20 and 2020-21) to meet the demand and increase claims processing resources.

At the same time, DVA continues to focus on increased training, procedural support and policy advice and continue to focus on quality improvement in our claim decision- making.

The initiatives outlined below have been iteratively introduced, consistent with our commitment to continuous learning and change.

Support and assistance with lodging claims

DVA's Veterans' Access Network (VAN) and Veteran Support Officers (VSOs) are responsible for the access channels for our veteran community. VANs provide the direct interface and support for members of the veteran community through multiple access channels including telephony, email, online, surface mail and face-to-face. VSOs provide hands-on support to serving and transitioning veterans on ADF bases. In partnership with Services Australia, DVA also supports the Mobile Services Centre Pilot Program, which provides access to DVA services in rural and regional areas around the country. They provide advice and information about the programs and support available from DVA, and advice about how to lodge claims for DVA benefits and services.

Additionally, DVA continues to work with Defence to gather all relevant information required for timely claim processing.

Where a member does not have an electronic service history that DVA can access, DVA accepts the service history as stated by the member, processes the claim without delay, and pursues the necessary supporting paperwork later. This allows for the provision of treatment when required. The client's service is confirmed before compensation is paid.

When DVA accepts liability claims under MRCA and the veteran indicates to DVA that they are seeking health treatment and/or compensation, DVA now registers a claims without the need for a veteran to apply. Through phone contact with the client there is also greater opportunity to more quickly identify other claims or benefits that may provide further support to the client.

Prioritisation of claims

If a veteran is experiencing significant life events such as being homeless (or is at risk of being homeless), suffering complex co-morbidities, a terminal illness, life threatening condition(s) and/or are unemployed or suffering financial hardship, claims are prioritised. Priority is also considered for those soon to be medical discharged from Defence, if the discharging conditions have not yet been determined.

The straight-through processing of claims for veterans with warlike service claiming certain mental health conditions has been implemented. This process uses a veteran's profile and details of service as evidence that a relevant Statement of Principles factor for a diagnosed condition is met, enabling the claim to be accepted without the need for further investigation. This has been expanded to include additional medical conditions (some of which are not limited to warlike service) making in total 40 conditions for which streamlined or straight through processing occurs.

Services and support available while claims are being determined

DVA recognises that extended processing times may have a detrimental impact on veteran health, consistent with findings of The Mental Health Impacts of Compensation Claim Assessment Processes report by Professor Collie, commissioned by DVA. There are a range of services and support available while claims are being determined.

Non-Liability Health Care (NLHC) provides current and former members of the ADF with access to DVA funded treatment for certain health conditions without the need to establish a link between the condition and the person's service. Treatment is available for any mental health condition, regardless of when the veteran served, for how long, or the nature of their service. The arrangements are separate to any compensation claim and allow veterans to seek treatment early, with the aim of providing better health outcomes in the future. NLHC is available to anyone with one day of continuous full-time service in the ADF, and some reservists.

The Provisional Access to Medical Treatment (PAMT) Trial enables eligible veterans to receive medical and allied health treatment on a provisional basis for one or more of the 20 most commonly accepted conditions for ex-serving members of the ADF, which include 16 musculoskeletal, two hearing and two skin conditions. The trial was extended in 2019–20 to ensure veterans continue to be able to access medical treatment while we work to reduce the backlog of liability claims.

Information of the Veteran Payment is provided in DVA's response to your request for information of 10 December 2020 (DVA RFI #4).

Free and confidential counselling and support to service and ex-service men and women, as well as their partners and children is available from Open Arms — Veterans & Families Counselling (Open Arms).

Additional support for at-risk clients

DVA has developed and implemented processes for escalation of at-risk clients during claims determination.

When a veteran calls DVA, staff are now trained to recognise Client Risk indicators, which can include mental health concerns, financial hardship and unemployment. DVA has developed a Client Support Framework which includes At-Risk Flags and has delivered national training for all client-facing staff on the identification and support of high risk and vulnerable clients.

Where DVA staff identify that a veteran is at risk or vulnerable, they refer the veteran to Open Arms (if the veteran is not already an Open Arms client) or to a DVA social worker for a 'wellness check'.

Our Client Support Framework includes the establishment of a Triage and Connect team to manage internal referrals of veterans who may need additional support. The Triage and Connect team assesses, responds, and coordinates access to support services. It includes staff experienced in assisting clients with DVA business and supports, and social workers who can assist with mental health and other concerns. The team also manages referrals for case coordination and support services, and consideration for participation in specialised programs such as the Wellbeing and Support Program.

The Wellbeing and Support Program (previously known as the Case Management Pilot), provides tailored, intensive and supportive case management support to two groups of veterans and their families who have complex medical and non-medical needs: veterans with complex needs transitioning from the ADF to civilian life, and former members who are experiencing crisis.

Open Arms clinicians identify clients with clinical risk factors and flag their records where there is elevated risk. Where there is any level of risk identified, clinicians complete a Risk Assessment and Management Plan. This ensure that clinicians consider the constellation of risk factors that might be present for each client, and to safely plan accordingly for those risk factors. Where a veteran is flagged as having elevated risk, a team-oriented or mental health clinical coordination approach is taken to manage their care. This approach includes mental health clinical coordinators, liaison with DVA and community services, as well as the involvement of community and peer workers, utilising 'lived experience' peers to enhance the management of vulnerable clients.

Open Arms is enhancing the ability for clinicians to manage risk with the rollout of the SafeSide Framework for Recovery-Oriented Suicide Prevention. This is a formulation based approach to suicide risk assessment with a focus on planning rather than predication. It is widely accepted that suicide cannot be predicted, and this module aims instead to assess vulnerability and strength, and develop plans to mitigate risk and extend supports.

The Coordinated Client Support (CCS) service provides assistance and tailored support to complex and high needs clients.

Provision of advice regarding unsuccessful claims

Where a veteran's claim has been determined as unsuccessful by DVA, staff are trained and directed to call the veteran before the letter is sent to discuss the decision and inform the veteran of their options, including appeal rights.

Case conferencing of high risk or complex cases is conducted by an interdepartmental team, including DVA executive, Triage and Connect, Coordinated Client Support, DVA security and Open Arms.

Not for publication

DVA remains available to meet with you and your Office if it would be of assistance to further discuss any part of DVA's response.

Yours sincerely

[signed]

Liz Cosson AM CSC
Secretary

8 February 2021

Appendix J – Department of Veterans' Affairs Response to Request for Information (RFI-04-DVA-12-2020) Attachment 2 – Time Taken to Process Claims

Request for Information in relation to the Review of Past Defence and Veteran Suicides

RFI#2 – Attachment 2 – Time Taken To Process Claims

Summary of Time Taken to Process Claims

To support an understanding of claims processing timeframes, the material contained in Attachment 2 includes information relating to DVA claims administered under key portfolio legislation being:

- The *Veterans' Entitlements Act 1986 (VEA)*
- The *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*
- The *Military Rehabilitation and Compensation Act 2004 (MRCA)*

The data is provided for claims under these Acts relating to:

- VEA Disability Pension
- DRCA Initial Liability
- DRCA Incapacity
- DRCA Permanent Impairment
- MRCA Initial Liability
- MRCA Incapacity
- MRCA Permanent Impairment

The data provided includes:

- The net number of claims lodged (excluding claims lodged and subsequently withdrawn) and determined for the period July 2018 to December 2020.
- Data relating to all claims during the specified period, data is not limited to claims relating to deceased veterans.
- The median Time Taken to Process (TTTP), across key legislation for each month during the specified period, recorded in calendar days, form the date of lodgement to the date of decision.
- Data has been provided from July 2018 onwards as this is when reporting on median timeframes commenced; prior to this date averages were reported.

Across all claims categories over the past 2.5 years, the number of claims lodged has in the most part consistently exceeded the number of claims determined month on month.

In some claims, such as MRCA Initial Liability, claims lodged were double those determined. This has resulted in the build-up of on-hand claims and in turn, longer time taken to process claims.

Significant improvements in MRCA and DRCA Permanent Impairment determinations, and therefore median days to determine, was a result of investment by Government in additional resources from December 2019 to July 2020.

Over this time, claims processing teams have experienced staff turnover, requiring regular training of new delegates. In most claim categories, it is expected that delegates become proficient in one Act in around 6-8 months. Proficiency in all three Acts under which claims may be decided is around 18-22 months.

A high proportion of potential dual or tri Act eligibility is seen in MRCA Initial Liability. The allocation of MRCA Initial Liability claims are streamed to Delegates under four categories based on their current level of training and experience: MRCA Straight-through processing; MRCA eligibility only; Dual Act eligibility; Tri Act eligibility.

Claims are typically allocated to Delegates in the order in which they are received. Delegates are assigned to teams who generally determine claims under one Act – for example, DRCA Permanent Impairment; MRCA Initial Liability.

Small numbers of Delegates are now trained to decide both the liability and the impairment claim under one Act, allowing for more streamlined processing of a veteran's claim from initial liability through to compensation. There is also ongoing training to build more capabilities in consideration of dual and tri Act eligibility, following the establishment of a team focusing on our oldest tri Act claims.

Time Taken to Process claims relating to the *Veterans' Entitlements Act 1986*

The V*eteran's Entitlements Act 1986* (VEA) provides pensions and other benefits for veterans and their dependants, mostly arising from Defence service prior to 1 July 2004.

The VEA covers service in wartime and certain operational deployments, as well as certain peacetime service between 7 December 1972 and 30 June 2004. Some British nuclear test Defence service during the 1950's and 1960's in Australia is also covered.

If an individual has an injury or disease arising out of, or aggravated by, a period of full-time service when they were covered under the VEA, they may be eligible for a disability pension and medical treatment.

Under the VEA, compensation is paid as a fortnightly pension. VEA benefits are paid for life and, depending on the level of disability pension, may include access to the Veteran Gold Card for health care treatment.

Offsetting provisions apply to VEA disability pensions where the same condition is accepted under both the VEA and the DRCA.

Explanatory notes on the data provided below

The timeliness target of 100 days for VEA Disability Pension was implemented in September 2015 following a review of DVA's Programme Performance Indicators (PPI). At that time, the target was changed from 'average within 75 days' to 'median (50th percentile) within 100 days'.

The number of net claims lodged excludes those claims lodged and subsequently withdrawn. A claim may be withdrawn for a number of reasons, including combining multiple claims together into a single claim, withdrawal is requested by the veteran, or the claim is invalid as it is a repeat claim lodged within the relevant appeal period.

Where relevant, data is provided for both claims and conditions determined. Clients may lodge multiple claims, and claims may be submitted with multiple conditions.

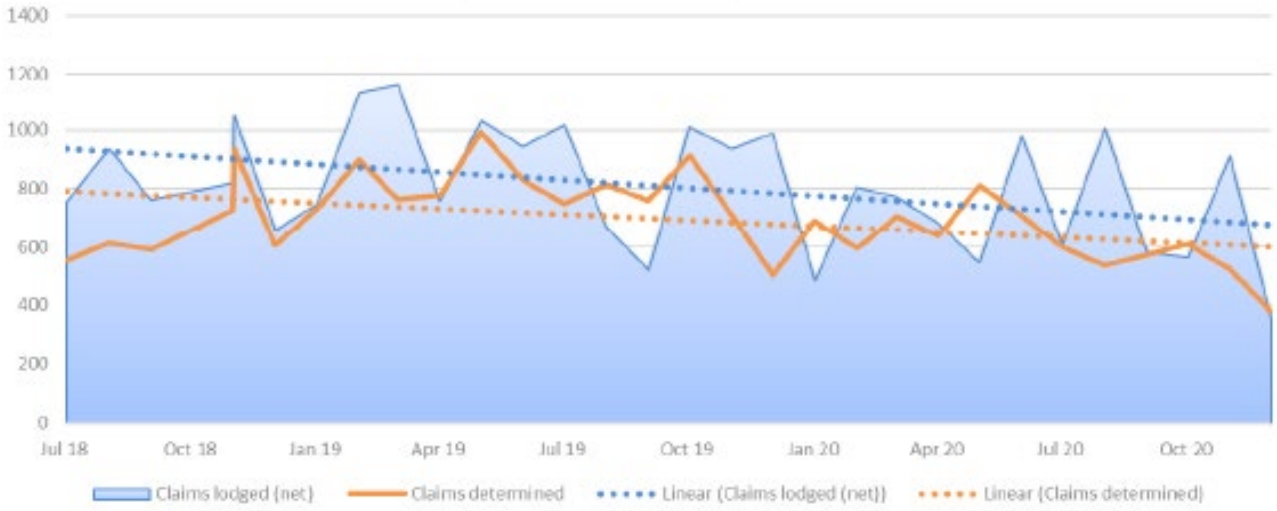
All data is recorded in calendar days.

VEA Disability Pension claims

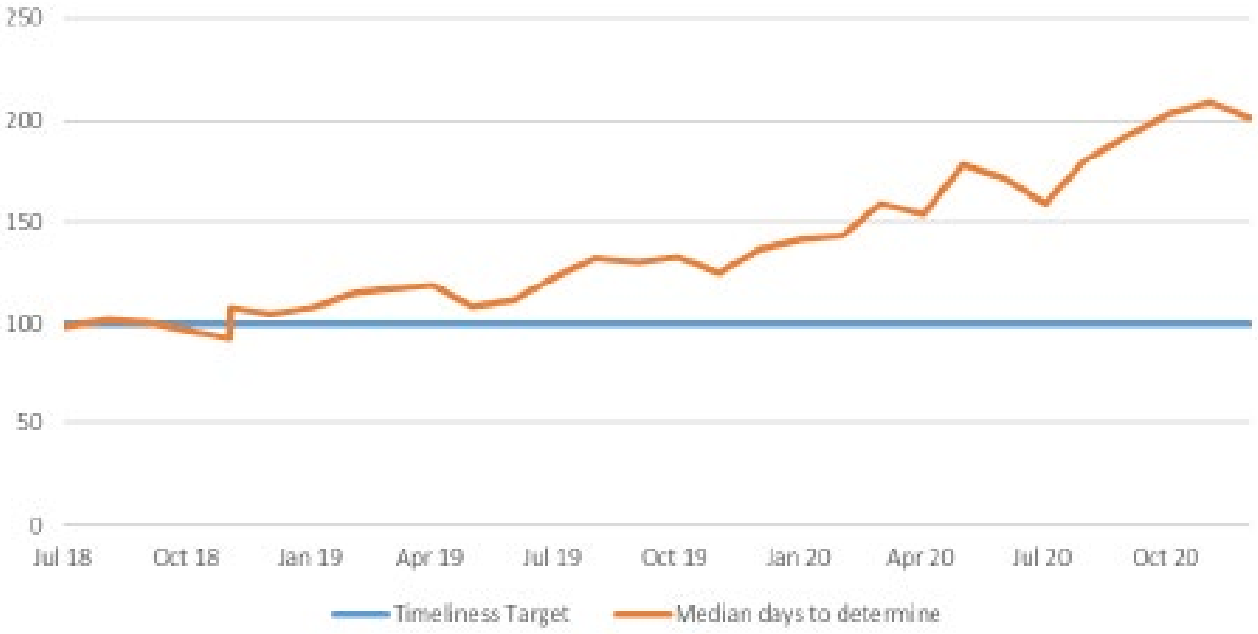
VEA Disability Pension

Date	Timeliness Target	Claims lodged (net)	Claims determined	Conditions determined	Median days to determine
Jul 18	100	753	554	976	99
Aug 18	100	938	613	1225	102
Sep 18	100	763	590	958	101
Oct 18	100	821	727	1251	93
Nov 18	100	1052	937	1533	108
Dec 18	100	658	604	1120	105
Jan 19	100	747	734	1250	108
Feb 19	100	1128	897	1353	115
Mar 19	100	1152	762	1342	117
Apr 19	100	758	779	1384	119
May 19	100	1034	993	2006	109
Jun 19	100	944	830	1460	112
Jul 19	100	1017	749	1508	123
Aug 19	100	671	816	1587	132
Sep 19	100	519	761	1447	130
Oct 19	100	1011	914	1808	133
Nov 19	100	936	713	1442	125
Dec 19	100	990	503	997	137
Jan 20	100	483	689	1335	141
Feb 20	100	807	595	1199	143
Mar 20	100	772	705	1544	159
Apr 20	100	679	639	1222	154
May 20	100	544	810	1866	178
Jun 20	100	982	710	1562	171
Jul 20	100	609	598	1212	159
Aug 20	100	1007	535	1024	181
Sep 20	100	581	571	1067	193
Oct 20	100	563	609	1169	203
Nov 20	100	912	520	1020	209
Dec 20	100	350	377	711	201

VEA Disability Pension: claims lodged and determined



VEA Disability Pension: median days to determine



Time Taken To Process claims relating to the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*

The *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) provides compensation to current and former members of the Australian Defence Force (ADF) with conditions linked to service prior to 1 July 2004.

Compensation coverage under the DRCA can be provided for injuries, diseases or deaths that are linked to most peacetime ADF service between 3 January 1949 and 30 June 2004 (which includes British Nuclear Test Defence service), as well as hazardous and peacekeeping service during the same period. The DRCA also covers certain periods of operational service between 7 April 1994 and 30 June 2004, including warlike and non-warlike service.

Claims made under DRCA may relate to:

DRCA Initial Liability - An initial determination that an individual's condition related to Defence service.

DRCA Permanent Impairment - Permanent Impairment compensation is paid for the functional loss, pain and suffering and the lifestyle effects from injury or disease accepted as related to DRCA service.

DRCA Incapacity - Incapacity payments are payments for economic loss if an individual is unable to work or has a reduced capacity to work because of an injury or disease accepted as service related under the DRCA.

Explanatory notes on the data provided below

Following a review of DVA's Programme Performance Indicators (PPI) in September 2015, timeliness targets for claims lodged under the DRCA was changed or put in place.

For DRCA Liability claims, the target was changed from 'average within 120 days' to 'median (50th percentile) within 100 days'. At the time, timeliness targets for DRCA Permanent Impairment and DRCA incapacity were not reported. The equivalent target of 100 days was established for DRCA Permanent Impairment claims, and a target of 50 days was established for DRCA Incapacity claims.

Net claims lodged excludes those claims lodged and subsequently withdrawn. A claim may be withdrawn for a number of reasons, including combining multiple claims together into a single claim, withdrawal is requested by the veteran, or the claim is invalid as itis a repeat claim lodged within the relevant appeal period.

Where relevant, data is provided for both claims and conditions determined. Clients may lodge multiple claims, and claims may be submitted with multiple conditions. Data on conditions for DRCA Initial Liability was captured from July 2019 onwards.

All data is recorded in calendar days.

DRCA Initial Liabilty claims

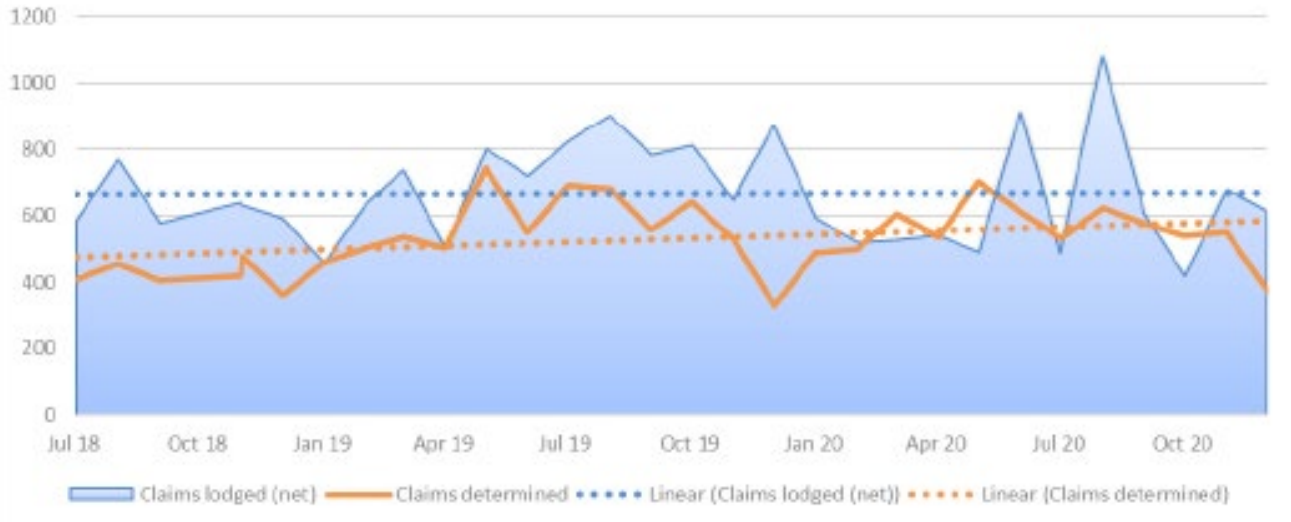
DRCA

Date	Timeliness Target
Jul 18	100
Aug 18	100
Sep 18	100
Oct 18	100
Nov 18	100
Dec 18	100
Jan 19	100
Feb 19	100
Mar 19	100
Apr 19	100
May 19	100
Jun 19	100
Jul 19	100
Aug 19	100
Sep 19	100
Oct 19	100
Nov 19	100
Dec 19	100
Jan 20	100
Feb 20	100
Mar 20	100
Apr 20	100
May 20	100
Jun 20	100
Jul 20	100
Aug 20	100
Sep 20	100
Oct 20	100
Nov 20	100
Dec 20	100

DRCA Initial Liability

Date	Claims lodged (net)	Claims determined	Conditions determined	Median days to determine
Jul 18	584	410		143
Aug 18	770	456		149
Sep 18	576	405		115
Oct 18	639	422		111
Nov 18	632	479		120
Dec 18	592	364		123
Jan 19	458	459		143
Feb 19	634	502		133
Mar 19	735	536		149
Apr 19	502	502		135
May 19	802	741		130
Jun 19	718	552		121
Jul 19	823	690	2544	114
Aug 19	901	679	1936	133
Sep 19	782	556	1572	126
Oct 19	811	641	1350	135
Nov 19	647	530	1522	139
Dec 19	872	330	666	147
Jan 20	591	491	1049	162
Feb 20	519	500	1086	164
Mar 20	526	605	1286	168
Apr 20	541	536	1065	170
May 20	492	703	1467	195
Jun 20	914	611	1305	196
Jul 20	486	532	804	177
Aug 20	1083	623	1210	189
Sep 20	607	574	1171	201
Oct 20	418	539	1204	237
Nov 20	678	552	1235	232
Dec 20	615	379	815	219

DRCA Initial Liability: claims lodged and determined



DRCA Initial Liability: median days to determine

DRCA Permanent Impairment claims

DRCA

Date	Timeliness Target
Jul 18	100
Aug 18	100
Sep 18	100
Oct 18	100
Nov 18	100
Dec 18	100
Jan 19	100
Feb 19	100
Mar 19	100
Apr 19	100
May 19	100
Jun 19	100
Jul 19	100
Aug 19	100
Sep 19	100
Oct 19	100
Nov 19	100
Dec 19	100
Jan 20	100
Feb 20	100
Mar 20	100
Apr 20	100
May 20	100
Jun 20	100
Jul 20	100
Aug 20	100
Sep 20	100
Oct 20	100
Nov 20	100
Dec 20	100

DRCA Permanent Impairment

Date	Claims lodged (net)	Claims determined	Median days to determine
Jul 18	906	528	65
Aug 18	1158	485	67
Sep 18	852	518	65
Oct 18	892	586	68
Nov 18	450	611	75
Dec 18	569	533	69
Jan 19	562	625	85
Feb 19	839	629	82
Mar 19	482	734	93
Apr 19	766	529	75
May 19	1213	752	92
Jun 19	1066	708	105
Jul 19	1269	702	112
Aug 19	1406	706	103
Sep 19	827	611	114
Oct 19	1298	617	139
Nov 19	888	596	147
Dec 19	861	378	155
Jan 20	874	558	185
Feb 20	920	500	189
Mar 20	836	794	216
Apr 20	1021	923	185
May 20	879	1178	188
Jun 20	941	1449	180
Jul 20	836	949	164
Aug 20	924	908	167
Sep 20	891	980	158
Oct 20	854	924	168
Nov 20	622	1001	163
Dec 20	676	800	163

DRCA Permanent Impairment: claims lodged and determined

DRCA Permanent Impairment: median days to determine

DRCA Incapacity Claims

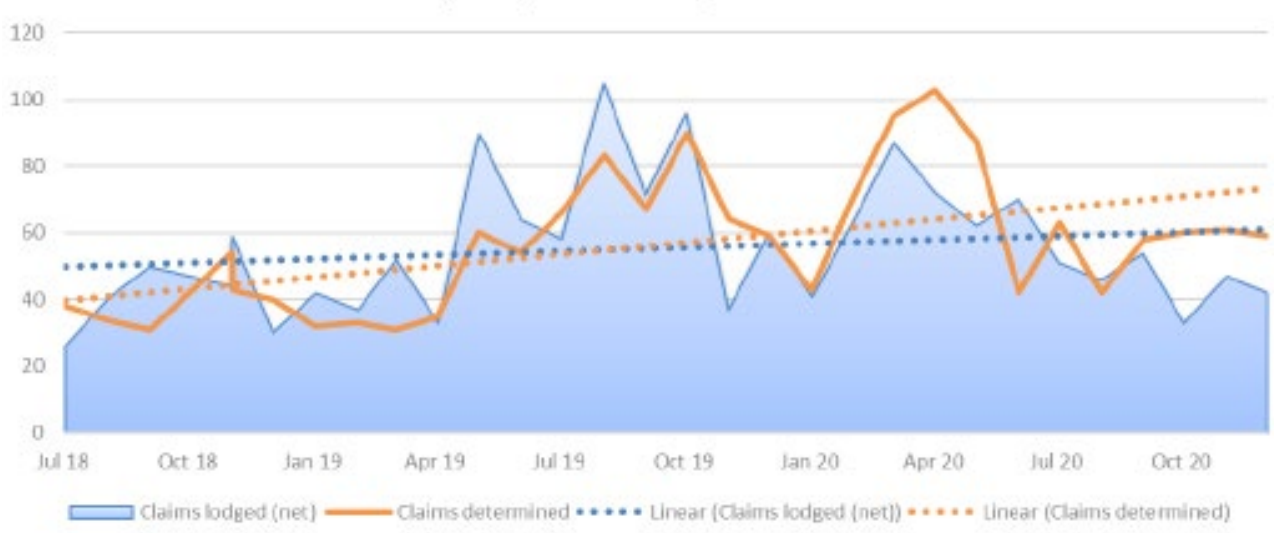
DRCA

Date	Timeliness Target
Jul 18	50
Aug 18	50
Sep 18	50
Oct 18	50
Nov 18	50
Dec 18	50
Jan 19	50
Feb 19	50
Mar 19	50
Apr 19	50
May 19	50
Jun 19	50
Jul 19	50
Aug 19	50
Sep 19	50
Oct 19	50
Nov 19	50
Dec 19	50
Jan 20	50
Feb 20	50
Mar 20	50
Apr 20	50
May 20	50
Jun 20	50
Jul 20	50
Aug 20	50
Sep 20	50
Oct 20	50
Nov 20	50
Dec 20	50

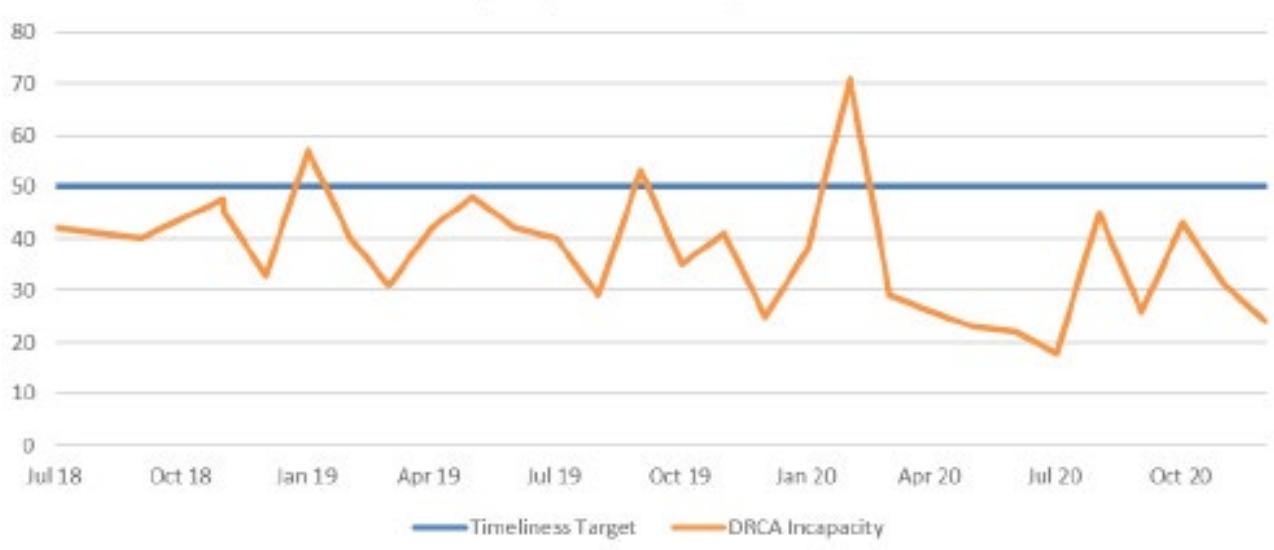
DRCA Incapacity

Date	Claims lodged (net)	Claims determined	Median days to determine
Jul 18	26	38	42
Aug 18	40	34	41
Sep 18	50	31	40
Oct 18	44	54	47.5
Nov 18	59	43	45
Dec 18	30	40	35
Jan 19	42	32	57
Feb 19	37	33	40
Mar 19	52	31	31
Apr 19	33	35	42
May 19	90	60	48
Jun 19	64	54	42
Jul 19	58	66	40
Aug 19	105	83	29
Sep 19	71	67	53
Oct 19	96	90	35
Nov 19	37	64	41
Dec 19	60	59	25
Jan 20	41	43	38
Feb 20	64	71	71
Mar 20	87	95	29
Apr 20	72	103	26
May 20	65	88	23
Jun 20	70	41	22
Jul 20	51	63	18
Aug 20	46	42	45
Sep 20	54	58	26
Oct 20	33	60	43
Nov 20	47	61	31
Dec 20	42	59	24

DRCA Incapacity: claims lodged and determined



DRCA Incapacity: median days to determine



Time Taken To Process claims relating to the *Military Rehabilitation and Compensation Act 2004*

The *Military Rehabilitation and Compensation Act 2004* (MRCA) provides compensation, rehabilitation and other benefits in relation to defence service on or after 1 July 2004. The Act also provides compensation and other benefits for the dependants of certain deceased members whose death is the result of service on or after 1July 2004.

Claims made under MRCA may relate to:

MRCA Initial Liability - An initial determination that an individual's condition related to Defence service.

MRCA Permanent Impairment - Permanent impairment compensation is paid for the functional loss, pain, suffering and the lifestyle effects resulting from injury or disease accepted as related to MRCA service.

MRCA Incapacity - Incapacity payments are payments for economic loss if an individual is unable to work or has a reduced capacity to work because of an injury or disease accepted as service related under the MRCA.

Explanatory notes on the data provided below

Following a review of DVA's Programme Performance Indicators (PPI) in September 2015, timeliness targets for claims lodged under the MRCA was changed or put in place.
For MRCA Liability claims, the target was changed from 'average within 120 days' to 'median (50th percentile) within 100 days'. At the time, timeliness targets for MRCA Permanent Impairment and MRCA incapacity were not reported. The equivalent target of 100 days was established for MRCA Permanent Impairment claims, and a target of 50 days was established for MRCA Incapacity claims.

The target for MRCA Liability and MRCA Permanent Impairment changed in November 2019 to 90 days from the date of lodgement or the date of receipt of information requested under section 330 of the Act, following the passing of the Australian Veterans' Recognition (Putting Veterans and their Families First) Act 2019.

Net claims lodged excludes those claims lodged and subsequently withdrawn. A claim may be withdrawn for a number of reasons, including combining multiple claims together into a single claim, withdrawal is requested by the veteran, or the claim is invalid as it is a repeat claim lodged within the relevant appeal period.

Where relevant, data is provided for both claims and conditions determined. Clients may lodge multiple claims, and claims may be submitted with multiple conditions. Data on conditions was captured for MRCA Initial Liability claims from November 2018 onwards.

A claim will be registered under MRCA Initial Liability where service records indicate MRCA eligibility. However, clients may also have coverage under either the DRCA or VEA, known as dual or tri Act eligibility claims. Current reporting suggests more than 50% of claims lodged under MRCA potentially have either dual or tri Act eligibility.

All data is recorded in calendar days.

MRCA Initial Liability claims

MRCA

Date	Timeliness Target
Jul 18	100
Aug 18	100
Sep 18	100
Oct 18	100
Nov 18	100
Dec 18	100
Jan 19	100
Feb 19	100
Mar 19	100
Apr 19	100
May 19	100
Jun 19	100
Jul 19	100
Aug 19	100
Sep 19	100
Oct 19	100
Nov 19	90
Dec 19	90
Jan 20	90
Feb 20	90
Mar 20	90
Apr 20	90
May 20	90
Jun 20	90
Jul 20	90
Aug 20	90
Sep 20	90
Oct 20	90
Nov 20	90
Dec 20	90

MRCA Initial Liability

Date	Claims lodged (net)	Claims determined	Conditions determined	Median days to determine
Jul 18	1237	89		65
Aug 18	1521	1276		71
Sep 18	1255	1199		74
Oct 18	1600	1427		64
Nov 18	1702	1513	3164	67
Dec 18	1410	113	2613	64
Jan 19	1259	1411	3076	64
Feb 19	1954	1472	3323	71
Mar 19	2255	1695	3685	58
Apr 19	2249	1596	3001	48
May 19	2980	2230	4538	60
Jun 19	2555	2057	4134	63
Jul 19	2754	1816	3682	77
Aug 19	3058	1540	3086	79
Sep 19	2388	1541	3096	93
Oct 19	3167	1955	3967	99
Nov 19	2144	1436	3074	115
Dec 19	3368	1078	1934	124
Jan 20	2090	1265	2600	128
Feb 20	2711	1515	2673	136
Mar 20	2883	1663	2828	182
Apr 20	2951	1674	3056	174
May 20	2760	1591	2959	190
Jun 20	3510	2073	3307	192
Jul 20	2322	2092	3348	170
Aug 20	2998	1833	3036	161
Sep 20	2351	1597	2729	174
Oct 20	2169	1982	3263	141
Nov 20	2436	1721	3042	191
Dec 20	1462	1422	2413	190

MRCA Initial Liability: claims lodged and determined

MRCA Initial Liability: median days to determine

MRCA Permanent Impairment Claims

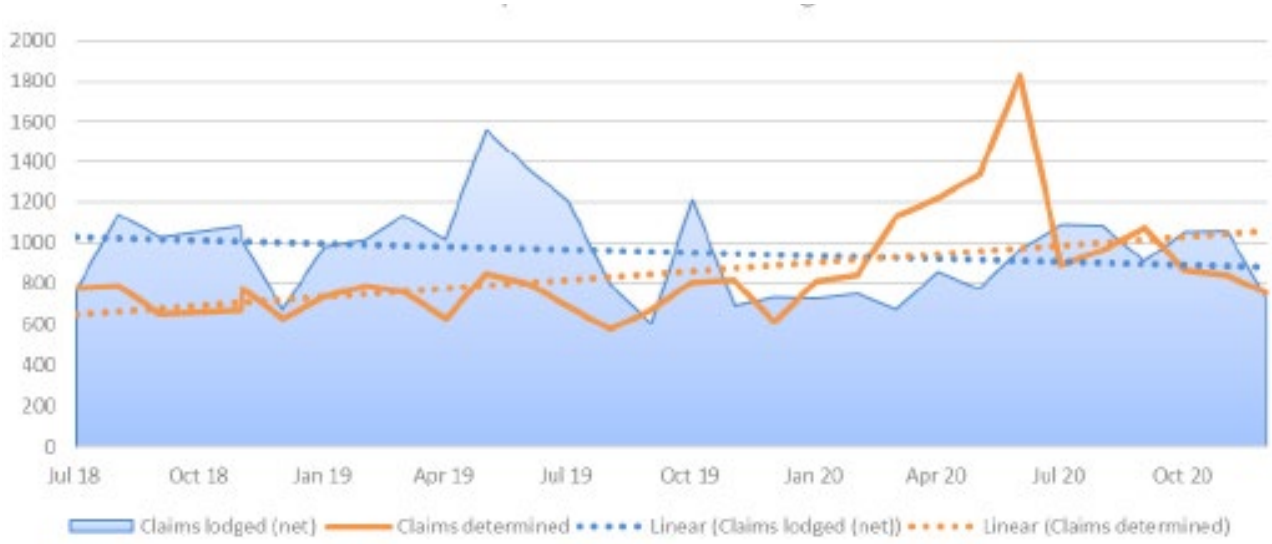
MRCA

Date	Timeliness Target (MRCA)
Jul 18	100
Aug 18	100
Sep 18	100
Oct 18	100
Nov 18	100
Dec 18	100
Jan 19	100
Feb 19	100
Mar 19	100
Apr 19	100
May 19	100
Jun 19	100
Jul 19	100
Aug 19	100
Sep 19	100
Oct 19	100
Nov 19	90
Dec 19	90
Jan 20	90
Feb 20	90
Mar 20	90
Apr 20	90
May 20	90
Jun 20	90
Jul 20	90
Aug 20	90
Sep 20	90
Oct 20	90
Nov 20	90
Dec 20	90

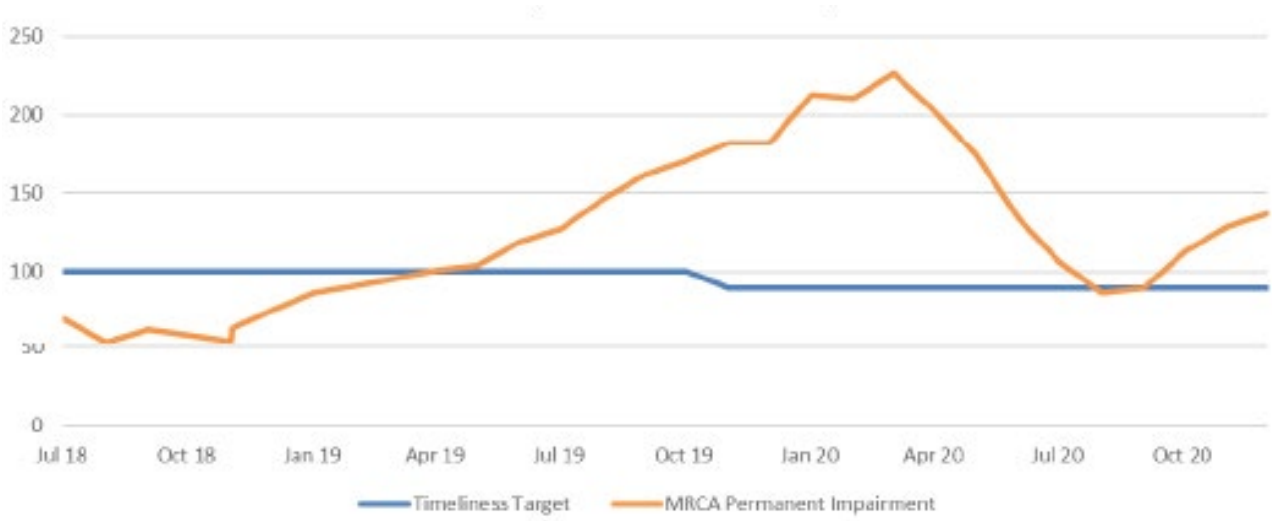
MRCA Permanent Impairment

Date	Claims lodged (net)	Claims determined	Median days to determine
Jul 18	765	774	70
Aug 18	1139	786	55
Sep 18	1025	652	63
Oct 18	1083	668	56
Nov 18	1018	776	64
Dec 18	669	626	75
Jan 19	978	734	87
Feb 19	1016	789	91
Mar 19	1134	759	96
Apr 19	1014	626	101
May 19	1560	849	104
Jun 19	1363	796	119
Jul 19	1206	684	127
Aug 19	797	575	146
Sep 19	600	671	162
Oct 19	1208	803	171
Nov 19	691	818	182
Dec 19	730	609	182
Jan 20	724	808	213
Feb 20	750	839	211
Mar 20	673	1128	227
Apr 20	857	1220	202
May 20	770	1337	175
Jun 20	968	1831	134
Jul 20	1088	885	106
Aug 20	1080	962	87
Sep 20	908	1070	90
Oct 20	1052	862	113
Nov 20	1055	842	129
Dec 20	719	752	137

MRCA Permanent Impairment: claims lodged and determined



MRCA Permanent Impairment: median days to determine



MRCA Incapacity claims

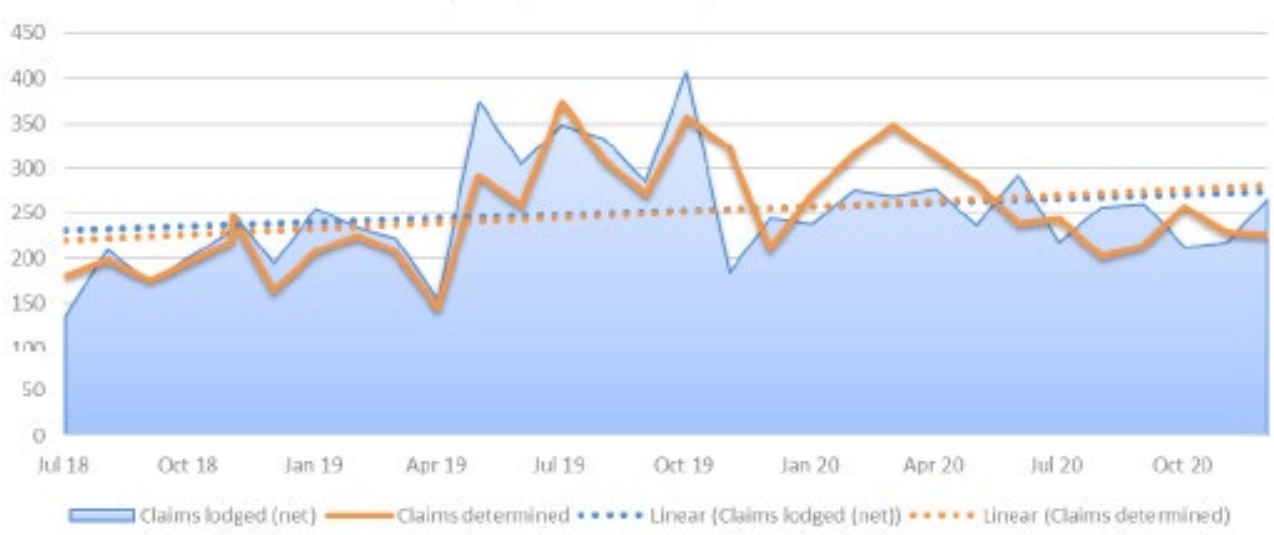
MRCA

Date	Timeliness Target
Jul 18	50
Aug 18	50
Sep 18	50
Oct 18	50
Nov 18	50
Dec 18	50
Jan 19	50
Feb 19	50
Mar 19	50
Apr 19	50
May 19	50
Jun 19	50
Jul 19	50
Aug 19	50
Sep 19	50
Oct 19	50
Nov 19	50
Dec 19	50
Jan 20	50
Feb 20	50
Mar 20	50
Apr 20	50
May 20	50
Jun 20	50
Jul 20	50
Aug 20	50
Sep 20	50
Oct 20	50
Nov 20	50
Dec 20	50

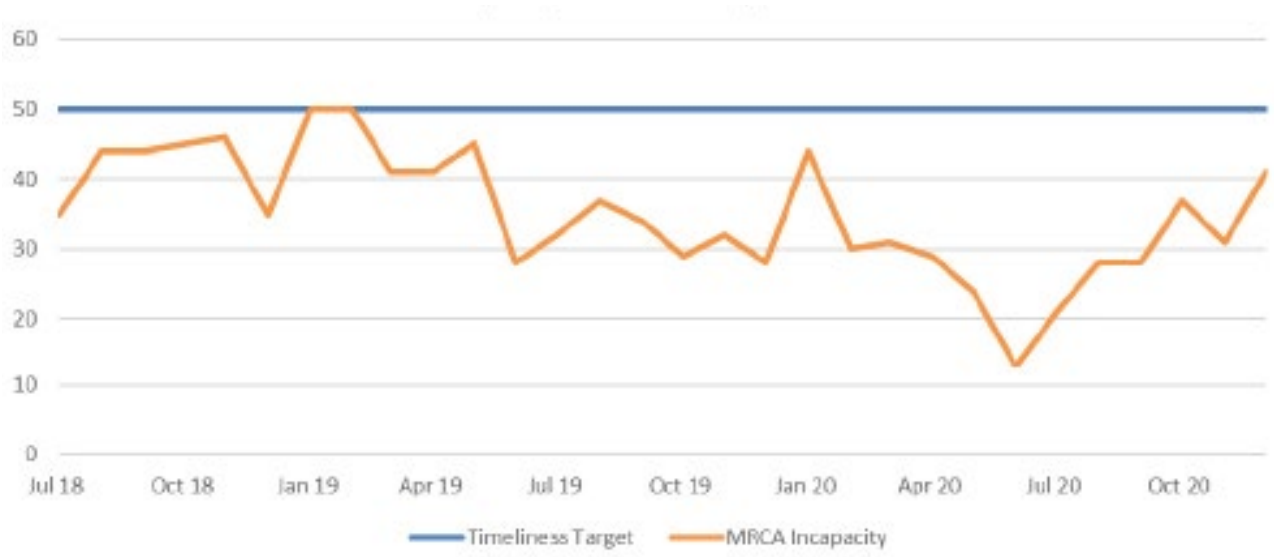
MRCA Incapacity

Date	Claims lodged (net)	Claims determined	Median days to determine
Jul 18	137	181	35
Aug 18	210	198	44
Sep 18	174	176	44
Oct 18	230	219	46
Nov 18	250	248	45.5
Dec 18	194	164	35
Jan 19	255	208	50
Feb 19	234	225	50
Mar 19	222	208	41
Apr 19	154	145	41
May 19	375	292	45
Jun 19	304	259	28
Jul 19	349	375	32
Aug 19	334	309	37
Sep 19	285	271	34
Oct 19	407	357	29
Nov 19	184	324	32
Dec 19	245	211	28
Jan 20	238	271	44
Feb 20	275	316	30
Mar 20	268	349	31
Apr 20	277	314	29
May 20	237	282	24
Jun 20	292	239	13
Jul 20	218	244	21
Aug 20	256	203	28
Sep 20	260	214	28
Oct 20	213	257	37
Nov 20	218	229	31
Dec 20	266	226	41

MRCA Incapacity: claims lodged and determined



MRCA Incapacity: median days to determine



Appendix K – Letter from the Secretary of Defence, the Secretary of Department of Veterans' Affairs and the Chief of the Defence Force

Australian Government
Department of Veterans' Affairs

Australian Government
Department of Defence

EC21-000849

Dr Bernadette Boss CSC

Interim National Commissioner for Defence and Veteran Suicide Prevention
Office of the National Commissioner for Defence and Veteran Suicide Prevention
15 National Circuit
BARTON ACT 2600

Dear Commissioner Boss,

Joint Defence DVA Summary of Current and Planned Information Sharing Arrangements

As promised during the Round Table meeting with the Department of Defence (Defence) on 17 February 2021, Enclosure 1 provides a summary of the current and planned information sharing arrangements between Defence and the Department of Veterans' Affairs (DVA). Where relevant, similar information sharing arrangements exist, or are catered for in the improvement initiatives currently underway, between Defence and the Commonwealth Superannuation Corporation (CSC).

Ten years ago, the primary mechanism for sharing data between Defence and DVA was in writing in response to a formal request. While Defence continues to respond to such requests, additional information sharing arrangements have been iteratively introduced that have helped improve the timeliness of the information flow for the benefit of current and former members.

These initiatives include providing DVA staff with direct access to certain Defence information systems, where appropriate; the introduction of two interdepartmental web services that allow veterans to apply on-line to have their Qualifying Service recognised, and/or to submit a claim for initial liability, and the introduction of the Early Engagement Model whereby Defence advises DVA of agreed trigger points along a member's career.

However, both Departments recognised that further work was required, particularly in automating data exchanges, and we are now in the final stages of implementing two initiatives under the joint Support for Wounded, Injured and Ill Program that will deliver more effective and efficient information exchanges.

The first initiative, the Defence DVA Electronic Information Exchange Project, aims to provide system to system information exchange for personal, service, pay, leave entitlement and incident data held digitally by Defence. This project will also deliver a Very Large File Transfer capability to deal predominantly with digitised legacy health records and allow DVA to electronically advise Defence on initial liability claims, and subsequent determinations, relating to serving members (as required or permitted by Legislation).

The second initiative, the Single Access Mechanism Request Management System, will introduce a modern, semi-automated request management system. This new management system will replace the current arrangements and allow resources to be correctly focused on a timely response to requests.

Both these projects are about to enter their respective final test phases and are due to enter service in the third quarter of 2021.

While these initiatives will significantly improve the timely flow of information between our two Departments, we are jointly looking at what more can be done. This includes provision for the future electronic access for DVA into a new Defence eHealth System, which is due for delivery in 2023, and the implementation of a shared strategic Data Sharing and Analytical Solution to exploit the significant whole-of-life longitudinal records that can be abstracted from data sources within each of our Departments and that of the CSC.

Yours sincerely

Mr Greg Moriarty
Secretary, Department of Defence

General Angus J Campbell, AO, DSC
Chief of the Defence Force

Ms Liz Cosson, AM, CSC
Secretary, Department of Veterans' Affairs

Enclosure:

1. Summary of the Current and Planned Information Sharing Arrangements between Defence and Veterans' Affairs

Enclosure 1
To EC21-000849

Summary of the Current and Planned Information Sharing Arrangements between Defence and Veterans' Affairs

In line with the key operating principles that underpin the Memorandum of Understanding between the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) for the Cooperative Delivery of Care and Support, both Departments remain committed to sharing information in the most effective manner and significant effort has been, and continues to be, expended to improve overall effectiveness and responsiveness.

Current Arrangements

The current information sharing arrangements are limited by the lack of integration between Defence and DVA, caused in part by legacy ICT environments.

The Single Access Mechanism.

The key component of the current information sharing arrangements is the Single Access Mechanism. The Single Access Mechanism provides for the submission, management and response to requests for information held by Defence that is not available through other arrangements. This includes information held by Defence in other than digital form or where Defence is required to exercise judgement, interpret policy and/or redact/partial extract information in support of the consideration of a claim or request. The Single Access Mechanism deals with a significant volume of requests each year, most of which generate multiple internal requests as information may be held across different locations.

Defence augments the Single Access Mechanism through the use of the file transfer capability inherent in ForceNet, the Defence e-Communications tool. ForceNet allows for the electronic transfer of large files, some of which are over 200 Mb, in response to requests from DVA. Prior to the use of ForceNet, the Defence Single Access Mechanism team copied files to DVD and couriered these to DVA for uploading. The use of ForceNet not only reduced the financial and staff costs associated with the provision of this information but greatly improved both the response times and the security around the transfer of personal information.

The Early Engagement Model

In 2016, the Defence and DVA introduced the Early Engagement Model to help DVA establish a relationship with a member as early in their career as practical. Defence now advises DVA whenever a member:

- enlists in or is appointed to the Australian Defence Force;
- is involved in a serious incident which results in a medical classification of Seriously, or Very Seriously, Ill;
- is to separate from service on medical grounds, or for any reason associated with the use of prohibited substances or the misuse of alcohol (administrative separations);
- transitions from permanent service; or
- separates from the Australian Defence Force.

The information disclosed includes the member's service and contact details. No sensitive personal information is shared under the Early Engagement Model.

Information on enlistment/appointment/transition or separation is provided in bulk on a fortnightly basis by email/spreadsheet and is then used by DVA to register the member, and initiate contact. Advice on the transition from permanent service is also used by DVA to issue eligible veterans with a White Card for Non-Liability Health Care for mental health conditions.

Information relating to serious incidents, and medical or administrative separations, is passed by email on an individual basis and is designed to allow Veterans Affairs to engage with the member to determine what support they may need should they wish to make a claim for initial liability.

Transfer of Care

Joint Health Command staff engage with their DVA counterparts, and with the members consent, will share information with DVA to ensure the continuity of care for separating members involved in the Australian Defence Force Rehabilitation Program where there is a Commonwealth liability.

Joint Health Command also engages with Open Arms – Veterans & Families Counselling (Open Arms) in the management of individuals referred to Open Arms for counselling and programs. Information is also shared where there is an issue of risk to self or others, if an individual is accessing Open Arms Support.

Direct Access to Defence Systems

Noting the deficiencies of the current arrangements, and in an effort to improve the flow of information, Defence has provided select staff within DVA with direct access to the Personnel Management Key Solution (PMKeyS), Sentinel Work Health and Safety management system and the Defence eHealth System. Access is via remote log on to either the Defence Protected Network for PMKeyS and Sentinel or via an external web service for the Defence eHealth System.

While access to the Defence eHealth System is utilised by DVA, including by On-base DVA Veteran Support Officers, the complex nature of the PMKeyS database, and the fact that remote access to PMKeyS and Sentinel is read-only, has reduced the utility of the these arrangements.

DVA Web Services

In parallel to the provision of this access, DVA and Defence established two interdepartmental web services to support the electronic exchange of PMKeyS data in response to a veteran's on-line request to either have their Qualifying Service recognised and/or to submit a claim for initial liability or support through MyService. The latter was an early deliverable under the Veterans Centric Reform program.

While the information exchanged through these two web services was limited to that necessary to confirm a member's identity and operational history, both contributed positively to the information flow between Defence and DVA, reduced the pressure on the Single Access Mechanism and, importantly, provided a bridge on which greater system to system integration could be developed.

Current Initiatives

Defence and DVA collectively recognised the deficiencies associated with the current arrangements and endorsed two initiatives under the joint Support for Wounded, Injured and Ill Program to deliver more effective and efficient information flows. These are the:

- Defence Department of DVA Electronic Information Exchange Project; and
- Single Access Mechanism Request Management System Project.

Electronic Information Exchange Project

The Electronic Information Exchange Project will allow for the system to system exchange of personal, service, pay, leave entitlement and incident information, where that information is held digitally by Defence. This will expedite the transfer of information and remove the need for staff within DVA to personally log into the Defence Protected Network. The new arrangements will also support the exchange of elements of information on members with protected identities, something that is not available under the current access arrangements, necessitating a request through the Single Access Mechanism.

The project will also deliver a Very Large File Transfer capability to replace the use of ForceNet and allow DVA to provide Defence information electronically on individual claims and determination for serving members, enhancing Defence's ability to exercise its duty of care. The provision of claims and determination data electronically not only replaces the use of CD/DVDs and Fax but will improve Defence access to the information provided through a new searchable interface.

The Electronic Information Exchange Project will allow DVA to electronically pull, on demand, information on an individual in response to a claim or request for support while Defence, under the Early Engagement Model, will push certain personal information to DVA at agreed points in a member's career.

There are four discrete work streams under the Electronic Information Exchange project: Human Resources, Work, Health and Safety/Incident, Claims and Determinations and the Very Large File Transfer capability. Development of all four work streams is complete and they are about to enter their respective final test phases. The relevant capabilities are expected to enter service in the third quarter of 2021.

Integration with the Defence eHealth System was excluded from this project as the current eHealth System is to be replaced in the near future. The replacement system will allow for future integration with DVA. Until this is achieved, Veteran's Affairs will sustain its direct access to the Defence eHealth System.

The Single Access Mechanism Request Management System Project

Up until 1 March 2021, the Single Access Mechanism was email/spreadsheet based and staff intensive which impacted the overall response times to requests from DVA. This legacy system is in the process of being replaced by a modern, semi-automated Request Management System that will be fully integrated with DVA.

The new system is being introduced in two phases:

- Release 1, which entered service on 1 March 2021, provides Defence staff access to new functionality; and
- Release 2, due to go live in the third quarter of 2021, provides for a fully integrated service operating electronically between Defence, DVA and the Commonwealth Superannuation Corporation.

Release 2 is about to enter system integration and end to end user acceptance testing and will use the Very Large File Transfer capability being introduced under the Electronic Information Exchange Project as its transfer mechanism. The ForceNet transfer capability will be retained as a back-up in case of system outages.

Release 2 will also allow for the automated provision of health records of current serving members that precede the introduction of the Defence eHealth System. Defence completed the digitisation of these paper records, to archival standards, in mid-2020.

Looking Ahead

While a lot has changed over the last ten years in how Defence and DVA share information, work continues to further enhance DVA knowledge of and/or ability to engagement with veterans.

CDF/Defence-Initiated Claims

Defence and DVA are currently planning a pilot of CDF/Defence-initiated claims under the *Military Rehabilitation and Compensation Act, 2004* which, with the member's consent, would allow Defence to electronically advise DVA when a member suffers a service related injury or illness. DVA will seek Military Rehabilitation and Compensation Commission approval for the electronic advice provided by Defence to be considered as a claim under the Act. This will then allow DVA to make a determination on initial liability as close to as possible to the time of injury or illness. Claims for incapacity or economic loss would remain the responsibility of the veteran for submission at a later date.

The pilot is expected to commence in the second half of 2021 and will be limited geographically and by condition, to allow both Departments to properly explore this initiative before considering the development and implementation of a mature national scheme.

Data Sharing and Analytics Solution

In response to the Productivity Commission Inquiry Report, "A better Way to Support Veterans", Defence and DVA are developing a joint Data Sharing and Analytics Solution (DSAS), underpinned by complementary wellbeing frameworks. The DSAS will provide timely evidence-based (or data driven) insights to improve health, wellbeing and safety outcomes for current and former serving ADF members while reducing lifetime compensation and support costs.

In the 2020-21 Budget the Government provided an additional $0.5 million in 2020-21 towards the stage 1 scoping of DSAS. Stage 1 is well underway, with a focus on scoping the DSAS including the governance and architecture requirements to bridge the gap between existing capabilities and future data and insight requirements across Defence and DVA. It is envisaged that DSAS would require build over three progressive stages between FY2020-21 and FY2023-24.

Privacy Considerations

Consideration is also being given to including a recommendation in the current review of the *Defence Act, 1903* that Defence and DVA are deemed a single entity for the purposes of the *Privacy Act, 1988.* This was a recommendation of the Productivity Commission Inquiry Report and, if progressed and accepted by Government, the subsequent amendment to the *Defence Act* would improve the ability of both Departments to effectively share information in support of both individual members and the broader veteran community.

National e-Health Record

Consideration is being given to how the Joint Health Command and Open Arms health records can be incorporated, with informed consent, into the national e-health record system.

Commonwealth Superannuation Corporation

While this summary has focused on the current and planned information sharing arrangements between Defence and DVA, similar arrangements exist between Defence and the Commonwealth Superannuation Corporation.

The Commonwealth Superannuation Corporation:

- uses the existing Single Access Mechanism and is an active participant in the development and implementation of the Single Access Mechanism Request Management System project;
- has direct access to the Defence eHealth System and, as a result, has reduced its requests through the Single Access Mechanism by over 50 percent;
- is an active participant in the development and implementation of the Electronic Information Exchange project; and
- is engaged with Defence and DVA on the development of a strategic data analytics capability.

Interim National Commissioner for
Defence and Veteran Suicide Prevention