RSL Australia

RSL AUSTRALIA
ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

SUBMISSION BY

Returned & Services League Australia

November 2021

RSL AUSTRALIA

The Returned & Services League of Australia (RSL Australia) was formed in 1916 in response to the lack of a unified approach to the organisation of repatriation facilities and medical services for those returning from the Great War. Since its formation, RSL Australia has evolved into the nation's largest Ex-Service Organisation, operating through a federated structure of State and Territory Branches and 1,154 Sub-Branches, and representing approximately 150,000 members. RSL Australia continues to evolve to meet the needs of each generation of servicemen and women. RSL Australia today supports public debate, education, and increased public awareness of issues relating to the Veterans' Affairs portfolio. RSL Australia also serves as a sounding board for the Government in the development of policy and practice.

RSL NATIONAL OFFICE

RSL Australia is supported by a National Office and executive team situated in Canberra. The National Office coordinates and promotes the national interests of the organisation, makes representations to Parliamentarians, Government, Commonwealth Departments and other bodies. It conducts advocacy and outreach in support of RSL Australia's mission, to deliver well-being, support and assistance on behalf of all Veterans, serving members and their families.

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RSL Australia Royal Commission Submission Details

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Statement by RSL Australia via the National Office

The Royal Commission into Defence and Veteran Suicide intends to publish some of the submissions that it receives, only where the person making the submission has indicated that they agree to its publication. However, the Royal Commission reserves the right not to publish certain submissions or to redact information within a submission. This includes circumstances where the information in a submission is not relevant to the Royal Commission's terms of reference, where matters are subject to a non-publication order, or where there are privacy concerns about the information. RSL Australia has prepared this submission with the knowledge that the report may be released publicly, in part or in full, by the Royal Commission. All States and Territories were invited to provide input to this report.

FOREWORD

Over the last decade, there have been calls at the national level to address the issue of Defence and Veteran suicide. As a result, there have been various high profile and less well-publicised reviews, studies and inquiries. Some recommendations have been actioned and resulted in modest change, but most recommendations have been left unactioned.

In recognition of this sensitive and deeply personal issue, the establishment of this Royal Commission into Defence and Veteran Suicide demonstrates the importance of this topic to our nation.

RSL Australia recognises that suicide and suicide prevention are topics of national importance that affect the lives of so many Australians. This is not solely a Defence issue; however, within the context of military service, there is a range of unique characteristics and risk factors that warrant individual and specialised attention.

RSL Australia is passionate about providing services and support to servicemen and women. It is a firm believer in the need for a deep unpacking of the systemic issues, risks and opportunities to better support our nation's military and their families, past and present.

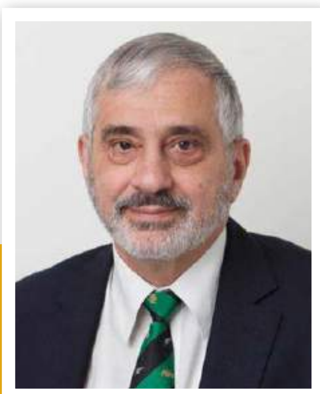
We sincerely welcome the Royal Commission into Defence and Veteran Suicide and provide the Inquiry with our full commitment and support. In preparing this submission, RSL Australia has experienced an outpouring of interest, consideration, reflection and personal input by our members. This contribution has been compiled by the leadership of our State and Territory Branches and consolidated into this national submission. I wish to sincerely thank every person who has contributed to this submission. There is a clear desire for unified change.

In moving to provide evidence to the Inquiry, we must recognise there are many components of how Australia's Veterans' Affairs is managed and of which we can be very proud. However, we recognise more can be done, particularly in the areas of suicide prevention and addressing those latent risks and known factors at the national, organisational, community, and individual levels.

We encourage this Royal Commission to dig deep with compassion and grace, to leverage past studies, work and exploration of this issue, with a singular view of determining one national pathway to address the issues, risks and latent failures that may exist in the governance, management structures, services and support for Defence members and Veterans.

For over a hundred years, RSL Australia has provided a support network, services and an organisation of camaraderie and recognition for current and ex-serving members. It is clear that Australia's Veteran profile is changing, and the services, support and approach needed by our serving and ex-service members also need to evolve to meet those changing needs.

We welcome the Royal Commission of Inquiry into Defence and Veteran Suicide. RSL Australia stands committed to supporting our nation's servicemen and women, and playing our part in coordinating a national approach to addressing suicide prevention for our Defence members and Veterans.



Greg Melick
National President
Returned and Services League Australia

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PART 1

RSL AUSTRALIA ROYAL COMMISSION SUBMISSION OVERVIEW

- Introduction
- Royal Commission Terms of Reference
- RSL Australia – Who Are We?
- RSL Australia Scope and Commitment to Veterans' Affairs
- Relationship with Other Reports, Studies and Reviews
- Assumptions and Limitations

Introduction

The Royal Commission into Defence and Veteran Suicide was established on 8 July 2021. The Royal Commissioners are required to produce an interim report by 11 August 2022 and a final report by 23 June 2023.

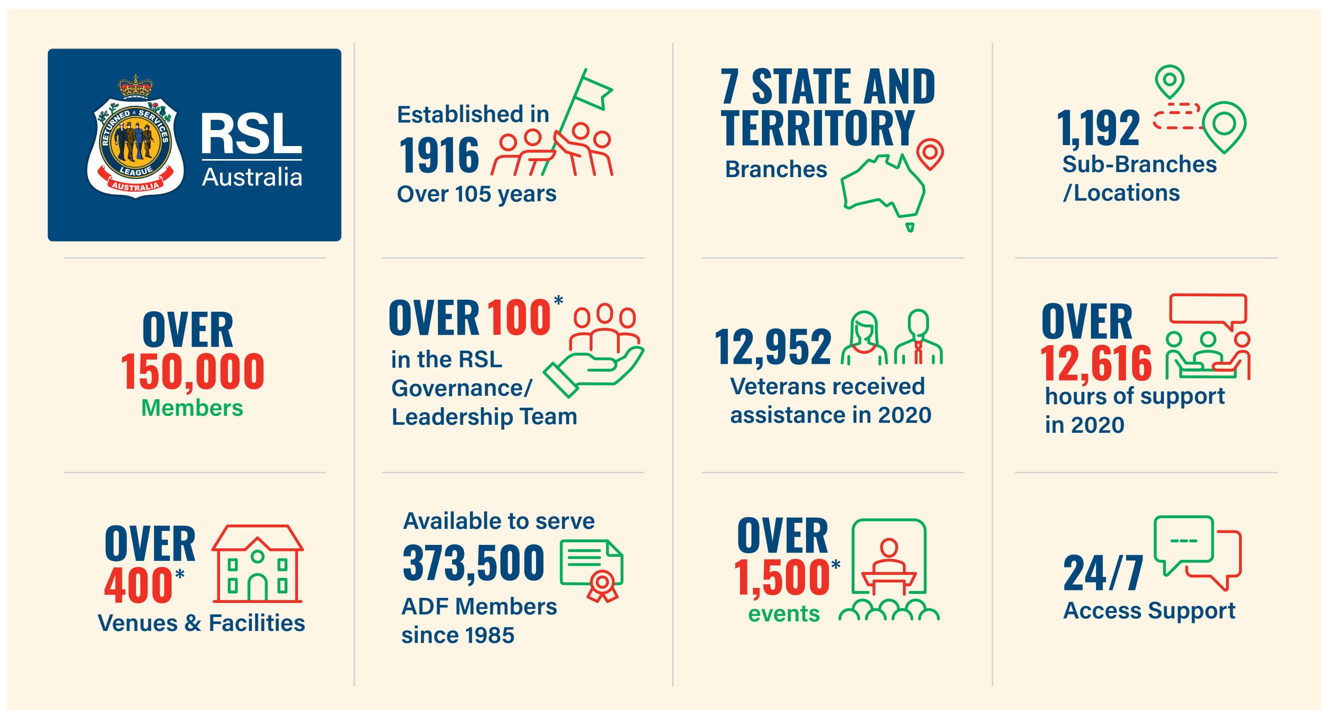
Royal Commission Terms of Reference

The Terms of Reference for the Commission of Inquiry are presented at Annex A. The Inquiry is to adopt a focus on identification of systemic issues, common themes and risk factors that may impact on Defence and Veteran suicide.

RSL Australia – Who Are We?

The Returned & Services League of Australia (RSL Australia) was formed in 1916 in response to the lack of a unified approach to the organisation of repatriation facilities and medical services for those returning from the Great War. Since its formation, RSL Australia has evolved into the nation's largest Ex-Service Organisation (ESO), operating through a federated structure of State and Territory Branches and Sub-Branches, and representing approximately 150,000 members.

Traditionally known for the commemorative activities for Australia's Veterans and ANZACs, RSL Australia now provides advocacy, programs and support to a multi-generational demographic. The profile of the Australian Veteran is changing, and the challenges, interests and support needs are also evolving with greater use of technology and social media.



**Estimate based on national average.*

RSL Australia continues to evolve to meet the needs of each generation of servicemen and women. RSL Australia today supports public debate, education and increased public awareness of issues relating to the Veterans' Affairs portfolio. RSL Australia also serves as a sounding board for the Government in the development of policy and practice for Veterans' Affairs.

RSL Australia Scope and Commitment to Veterans' Affairs

With a national network and infrastructure spanning close to 1,200 locations and 150,000 active members, RSL Australia has an organisational framework that provides access to a significant number of past and present servicemen and women.

As a federated organisation, RSL Australia has a broad remit that includes providing support, advocacy and camaraderie. The scope and commitment to Veterans' Affairs spans the spectrum of advocacy, national policy development, family and welfare services, sports and social programs and more recently, wellbeing training and support for employment transition.

Traditionally known and recognised for the coordination and conduct of commemorative services, RSL Australia is responding to the changing support needs and demands of Defence and Veterans by actively catering for a younger generation of Defence members transitioning out of full time or reserve military service.

Supporting Veterans and Their Families: Our Sub-Branches have a presence in most Australian communities and provide outreach and member support. They play an integral role in connecting Veterans to services, providing practical support, and helping Veterans with Department of Veterans' Affairs (DVA) claims to ensure they receive their entitlements.

Advocating for Veterans' Rights: RSL Australia advocates for Veterans' welfare. We work with government to shape national policy, seek fairness and support, communicate Veteran needs to government and seek accountability from the government to meet its obligations.

Commemoration and Camaraderie: We connect Veterans to their local communities and encourage camaraderie, mateship and recreation. We work within communities to share the stories and history of those who have served. We commemorate, recognise via awards and scholarships, and keep the ANZAC spirit alive.

Veterans' Employment: We help Veterans transition into civilian life and find a fulfilling career post separation from Defence, connecting potential employees and employers in a range of industries.

Wellbeing and Support: RSL Australia provides member care, wellbeing programs and support to Veterans and their families. RSL Australia has a range of new programs that connect Veterans with activities, social networks, sport, and after-hours care.

The scope of support and commitment to Veterans' Affairs positions RSL Australia, its leadership, and membership base to provide sound insight into the systemic failures in the current arrangements, issues and risk factors that may contribute to Defence and Veteran suicide.

Relationship with Other Reports, Studies and Reviews

In preparing this submission there was notable recognition of the considerable body of work that exists including past reviews, inquiries, and reports into the topics of Veteran wellbeing and suicide. Many of the points raised in the RSL State and Territory submissions reflect issues that have previously been raised and included in these reports.

The release in September 2021 of the Preliminary Interim Report[1] by the Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss, adds to a considerable body of work that examines issues relating to Australian Defence Force (ADF), member and Veteran wellbeing, mental health, and suicide. As this report notes, extensive examination has occurred into matters relevant to Defence and Veteran suicide between 2007 and 2021, and a focus of the report is the more than 21 previous reports completed and their more than 335 recommendations. The recently released final report[2] by the Australian Institute of Health and Welfare (AIHW) to the Independent Review of Past Defence and Veteran Suicides notes that between 2001 and 2018, 465 ADF members died by suicide with the majority being ex-serving members. Data contained in AIHW's recently released fourth annual report[3] on suicide among permanent, reserve, and ex-serving ADF members shows that between 1985 and 2019, there were 1,273 certified deaths by suicide among members with ADF service since 1 January 1985. While such reports and data inform our understanding, Defence and Veteran suicides are not just a statistic but a tragedy and societal failure for Defence Veterans, their families and friends, the communities in which they live, and the nation.

There was overwhelming agreement by those who compiled the RSL Australia submission to the Royal Commission that a full review of previous findings, factual data and whether there had been successful and complete implementation of past recommendations should be undertaken by the Commission. RSL Australia has been an active contributor to these various reviews and would welcome the opportunity to work with the Inquiry to undertake this specific task.

Assumptions and Limitations

This submission has been prepared with the following assumptions and limitations:

- RSL Australia is not an allied health or medical service provider and has opted not to be an authoritative source of national statistics
- A detailed survey of RSL Australia's membership base has not been conducted in relation to the impact of Defence and Veteran suicide
- The RSL Australia national submission is a compilation of State and Territory based submissions, which are included as an addendum to this submission
- A detailed risk profile at the national level has not been developed, yet the systemic issues and risk factors presented in this submission are well founded and reflect the view of RSL Australia
- A full review of legislative, regulations and policy framework is required and has not been undertaken by RSL Australia.

1: Commonwealth of Australia. 2021. Preliminary Interim Report, Interim National Commissioner for Defence and Veteran Suicide Prevention, September 29.

2: Australian Institute of Health and Welfare 2021. Final report to the Independent Review of Past Defence and Veteran Suicides. Cat. no. PHE 295. Canberra: AIHW.

3: Australian Institute of Health and Welfare 2021: Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019. Cat. no. PHE 290. Canberra: AIHW.

Context to RSL Australia's Collective Submission

RSL Australia has prepared a national submission to the Royal Commission into Defence and Veteran Suicide that takes into account all input documented in each of the State and Territory submissions attached in Enclosures 1-5. These enclosures detail submissions from:

- RSL Australian Capital Territory Branch
- RSL New South Wales Branch
- RSL Queensland Branch
- RSL South Australia / Northern Territory Branch
- RSL Victoria Branch.

PART 2

RSL AUSTRALIA
NATIONAL RESPONSE TO THE ROYAL COMMISSION

- Submission Overview
- A: Systemic Issues and Common Themes
- B: Contributing Risk Factors
- C: Culture, Physical and Mental Wellbeing
- D: Non-Government Organisations
- E: Protective and Rehabilitative Factors
- F: Availability and Effectiveness of Support Services
- G: Engagement with Government
- H: Legislative and Policy Framework
- I: Social, Family, Housing, Employment, Economic and Financial Factors
- J: Other Matters Relevant to the Inquiry

Submission Overview

This submission has been prepared by the RSL Australia National Office under the stewardship of the Chief Executive Officer and on behalf of the RSL Australia National President. RSL Australia, its National Office, Branches and Sub-Branches have prepared formal submissions to the Royal Commission. Parts of RSL Australia maintain close working relationships with other Ex-Service Organisations (ESO) and have contributed to those ESO's separate submissions to the Inquiry. There are a range of issues, systemic and latent, risks and opportunities to improve the current landscape for Australia's Defence Members and Veterans.

Part 2 of RSL Australia's submission has been prepared as a strategic overview of the detailed submissions attached in Enclosures 1-5 presented within a sector wide, governance framework and national context. We trust that this approach, presented below against the Commission of Inquiry's Terms of Reference, assists the Commission of Inquiry in distilling the views of RSL Australia on this important topic. RSL Australia has considered all the material submitted and has considered the following five key aspects of the Veterans' Affairs ecosystem.

RSL Australia - Common Themes and Areas of Submission

These five key areas above are further expanded in response to terms of reference item A on the following pages and are representative of RSL Australia's National Office view of the common issues, systemic risks and areas requiring attention.

RSL Australia's submission summarised in Part 2 of this report is a consolidated and strategic view of the issues, risks and opportunities at a national level. It is not simply a repetition of the depth of content in the State and Territory Branch submissions.

Not all State and Territory Branch Submissions addressed all ten items detailed in the Inquiry's Terms of Reference. There is a high level of consideration in these State and Territory Branch submissions which should be read in their entirety. RSL Australia's submission is also supported by a high-level summary of key solutions, ideas and recommendations for consideration by the Commissioners presented in Part 3 of this report. As the Inquiry progresses, we are confident that more information will come to light, and if required or beneficial, RSL Australia is open to seeking further input from its 150,000 members.

A: Systemic Issues and Common Themes

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: The 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).

When determining and presenting the 'systemic issues and common themes' in relation to Defence and Veteran suicide, RSL Australia National Office has compiled this response, taking into account the various levels of context that deal with different issues and risks. Distilling issues and risks at the national, organisation and individual levels has ensured RSL Australia does not duplicate the detail provided in the State and Territory Branch responses. In presenting the summation of RSL Australia's response to the Royal Commission, this report presents a high level, strategic summation from the national perspective for consideration by the Commissioners.

Veteran suicide is not a new phenomenon and is a multi-generational issue impacting Australia's youngest and most recent serving members and Veterans through to many older Veterans who served in Vietnam, as well as prior campaigns and conflicts. The battlefield has evolved over the generations and the issues, risk factors and impact of military life and service has also evolved.

Mental health issues in military personnel past and present have unique characteristics. Many who join the ADF enjoy the benefits of stability, certainty and support in many areas of their life. During and post separation from Defence, increased instability caused by stepping out of the structure of Defence, coupled with the fear of the unknown, is widely recognised. The profile and attention toward mental health and wellbeing has also increased in recent times, shining light on this difficult topic. In order to distil the systemic issues and common themes, the following is provided as a strategic summation by RSL Australia:

GOVERNANCE ARRANGEMENTS:

The area of Veterans' Affairs is wide and far-reaching and in recent years has evolved in a relatively unplanned manner to now incorporate a plethora of social, support and wellbeing services. It is timely that the national governance arrangements and framework are reviewed for their suitability for the current and future needs of Defence members and Veterans. This area of systemic issue and risk includes, yet is not limited to:

- **Legislative Model:** The current legislative framework could be considered outdated and has not kept pace with the changing context, requirements and future expected demands of those who require transition, support and assistance. It is acknowledged that there is frustration and confusion caused by the complexity of repatriation legalisation.
- **Sector Oversight:** The sector definition, scope and framework as it stands in 2021 is not clearly defined and is not readily available, thus leaving an unclear basis for coordinated oversight and interface.
- **Funding Model:** The current funding arrangements rely on government grants, programs and public fund-raising efforts. This model, although suitable in the past, may carry with it systemic weaknesses and issues in sustaining this sector into the future.
- **Inter-Departmental/Organisational Performance:** Public comment has indicated that there are approximately 3,500 existing ESOs, with the number growing. This, coupled with multiple government departments involvement in Veterans' Affairs, creates a complex landscape that is difficult to navigate.

NATIONAL FRAMEWORK:
There is a wide and varied group of organisations, government agencies, and individuals involved in providing both funded and voluntary services to Defence members and Veterans in the areas of social, mental health, and transition support. A common theme in RSL Australia's observations is the absence of a clear national framework. This includes, yet is not limited to, the following systemic issues and risk factors:

- **National Coordination:** One of the common themes recognised in RSL Australia's submission was the need for greater national coordination in the area of ESO and Veteran support and programs. RSL Australia has naturally leant into leadership within this area, and will continue to play an important role in coordinating stakeholders and organisations.
- **Service Coverage in Rural and Regional Communities:** Changes made to the delivery of services via the Veterans' Access Network has impacted veterans in rural and regional areas where services have not been replicated with DVA nominated representatives within the Centrelink/Services Australia network.
- **Role Definition and Accreditation:** It has been recognised that there are many organisations undertaking the same role, duplicating effort and drawing from the same volunteer and donation base for resourcing. Accreditation (other than with the Australian Charities and Not-for-profits Commission) is not a key feature of moderation within the ESO sector.
- **Communication and Access Pathways:** A common issue that Veterans experience when separating from Defence is knowing where to find relevant information, services and how to access support. A common response is that the landscape is confusing, not easily accessible and when elements are accessed, it can be overwhelming, exhausting and frustrating.
- **Volunteers:** This sector is heavily reliant on a volunteer workforce to augment government departments, services and programs. The management of volunteers has its own inherent risk factors and unique challenges that could be alleviated with adjustments of the national framework.

RISK MANAGEMENT:
RSL Australia is cognisant that suicide and suicide prevention is an area of national importance that impacts all Australians. Understanding the true risk profile, risk factors and risk mitigation strategies is key to addressing this issue at a systemic and national level. In order to achieve this, it is important that the following systemic issues and risk factors are addressed:

- **Risk Profile, National Data and Research:** The sector-wide risk profile is not well defined, and many organisations and agencies undertake data driven research, studies and assessments to understand the risks. A coordinated approach to collating these efforts would provide clarity of the risk profile at the various levels. The provision of clear appointment for data collection agencies, coupled with a clear communication and stakeholder engagement strategy would greatly assist in determining a common view of the risks that face Australia's Defence Members and Veterans.
- **Surveillance and Sector Performance:** It is not clear if there is a national approach to assessing the changing needs of Australia's Veterans, utilising a data driven approach to monitor sector performance.

SUPPORT AND VETERAN CARE:

Providing dedicated support to Australia's Veterans is important to Australian society. This area has many common themes, risk factors and detail and is the basis for a large element of RSL Australia's submission. Areas worthy of note at the strategic, national level include, yet are not limited to:

- **Changing Veteran Profile:** The profile of Veterans has changed, and the challenges, risk factors and tolerances are also notably different. This requires a multi-generational approach to manage depression, as well as the causes, risk factors and triggers that can lead to poor mental health outcomes and suicide. The task to support the spectrum of Veterans has grown and the model, legalisation and support available has not kept in step with these changes.
- **Services, Programs and Access:** One of the most significant issues identified by Veterans was the difficulties in accessing proper support. Excessive waiting times, fees, shortages of services in rural and regional areas and general lack of information regarding available programs has a negative impact on Australia's Veterans. RSL Australia is leading a national collaboration to produce an easily accessible and geographically enabled catalogue of services for Defence members and Veterans.
- **Transition from Defence:** There are known difficulties in assimilating to conditions outside of Defence, especially in first five years post separation. A potential systemic issue is likely insufficient preparation for transition prior to separation from the military. In some instances, administrative or medical discharges prior to a member's desired separation date can increase the risk of instability, anxiety and depression.
- **Mental Health Services:** There is a national shortage of medical and mental health professionals, which has been further stretched during the recent COVID-19 pandemic. A lack of availability of mental health professionals is seen as a key factor in not being able to initiate early intervention to prevent Veteran suicide. Differentiation also exists in the fee structure and scaling for mental health services provided under differing Federal Government programs of NDIS, DVA and Medicare scales, where prioritisation may occur between clients within differing payment regimes.

CULTURE:

RSL Australia prides itself in providing an environment that is inclusive and supportive of Defence members and Veterans, creating a positive culture. RSL Australia is aware of many instances where Veterans have, through their attempts to access support and entitlements, not felt valued or respected. The level of maturity and continued improvement of culture is an element of leadership and requires continued attention and focus. The area of culture is a common theme that includes, yet is not limited to:

- **Leadership:** The provision of effective, modern and compassionate leadership when it comes to dealing with matters of Veteran support, access and entitlements.
- **Values and Behaviours:** For those who support Australia's Veterans, in particular paid employees of government departments or organisations, it is important that there is a common and agreed understanding of the values and signature behaviours.
- **Continuous Improvement:** This sector needs a culture of continuous monitoring, review and improvement to stay at the forefront of the needs of Australia's servicemen and women to minimise risk and maximise transition to life post military service.
- **Availability and Training of Staff:** There appears to be a lack of sufficiently trained staff to assist with claims processing and management. This lack of sufficient permanent trained DVA staff, coupled with the recent increase (doubling of claims), has put added pressure on the system. To the Veteran accessing support, this delay and difficulty in the claims process is often perceived as a lack of priority, importance or value.

B: Contributing Risk Factors

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: 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.*

Analysis undertaken by RSL Australia into contributing risk factors was informed by submissions received from RSL State and Territory Branches and identifies contributing risk factors relevant to Defence and Veteran death by suicide, including the possible contribution of pre-service, service transition, separation and post-service issues.

- **Resilience and Identity:** Resilience to stress and the ability to manage stress from an early age were noted as being potential contributors to Defence and Veteran death by suicide. The potential for unresolved identity issues upon entering service, including sexual identity, was also identified as a contributing risk factor relevant to Defence and Veteran death by suicide. This causal factor is more prevalent in the separation and post-service phases.
- **Adequacy of Root Cause Data and Analytics:** Identification of contributing risk factors is supported by the inclusion of anecdotal evidence to infer contribution. Such evidence suggests that some ADF personnel are not as well equipped mentally and physically as their antecedents. While the ADF possesses historical data on linkages between historical campaigns and Defence and Veteran death by suicide, this data has not been sufficiently analysed to prove or disprove this hypothesis, and there is a requirement for further data research and analysis to be conducted. This causal factor is relevant across all phases of the Veteran lifecycle experience.
- **Post-traumatic Stress Disorder and Campaign Exposure:** In considering a particular Service or member posting history or the rank of the Defence member or Veteran, several factors were highlighted. The conclusion of the ADF role in Afghanistan is one of several recent events that have affected and will continue to affect the Veteran community, to the extent they may affect suicide rates unless these risks are noted and managed accordingly. Similarly, the recently released Brereton Report has the potential to impact and affect the Veteran community. Other deployments were also identified that continue to affect some Veterans including service in Uganda, Cambodia, East Timor and Bougainville, and the continuous support provided by the Royal Australian Navy in the Gulf Region since 1990. Veterans continue to be affected by their response to the Bali Bombing, the 2004 Indian Ocean tsunami, and most recently to the 2020 bushfires and the support provided by Defence personnel to the COVID-19 pandemic in Operation COVID-19 Assist. The array of exposure of Defence personnel in recent campaigns differs to that experienced by the Veteran population who served in earlier conflicts. This causal factor is relevant across all phases of the Veteran lifecycle experience.
- **Public and Community Sentiment and Support:** In considering the role of 'whole of community' support as a factor that may result in Defence and Veteran death by suicide, it was noted that cohorts who served in the Vietnam war, and then since 1990, have had limited 'whole of community' support. In addition, while a well-developed suite of systems, processes, culture and care considerations do exist to support pre-service, service transition and separation matters, it was noted that a key issue for consideration should be whether individual command and management deviations from these systemic practices has occurred to contribute to individual experiences and whether this deviation is more prolific in certain areas of the military.

**Note: additional detail in Terms of Reference items i. to vi. has been addressed yet not included in the graphic box.*

- **Access to Support, Programs and Services:** In considering the availability, accessibility, timeliness and quality of health, wellbeing, and support services available to the Defence member or Veteran, the availability and take-up of psychiatric support and treatment was influenced by the complexity of the conditions that affect Veterans and the fact that psychiatric treatment is a through-life issue where patients are case managed rather than cured. Several responses referenced the need for the health system to be better structured in that they augment an individual and their community's capacity when their coping mechanisms cannot meet demands during crisis. Several Veterans talked of a health system that was not equipped to effectively help Veterans in crisis. At the RSL Sub-Branch level, many members noted that they were often not equipped to adequately support Veterans experiencing suicidality. This causal factor is more prevalent in the separation and post-service phases.
- **Transition Readiness:** There is an array of risk factors associated with the various phases of military services including, yet not limited to, pre-transition, transition and post-separation. Early or unexpected discharge for a Defence member can often increase the risk factors associated for that individual leading to a greater impact and at times negative outcome on mental health and wellbeing. This causal factor is more prevalent in the separation and post-service phases.

The high level risk factors outlined above are to be considered alongside the detailed submissions included in State and Territory Branch submissions in Part 5. RSL Australia is not privy to the full spectrum of reporting and data capture and as an organisation is considering what real time data and statistics can be collected as part of the day-to-day activities of the RSL.

C: Culture, Physical and Mental Wellbeing

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: The 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.

RSL Australia has not undertaken a deep examination of the culture of the ADS, the Department of Defence or Department of Veterans' Affairs. However, as a member based organisation of over 150,000 ex-servicemen and women, RSL Australia has access to a significant base of personnel with their own individual or collective experiences. Culture is often referred to as the set of ideas, customs, social behaviours or beliefs of a particular people or society. In regard to this aspect of the Royal Commission into Defence and Veteran Suicide, the following observations and key points are offered:

- **Cultural Overview:** There are many positive cultural traits of the military and those who serve. However, it is recognised that there is a different organisational culture across the various Services in the ADF and for that matter, different Units.
- **Cultural Development:** Over the last two decades, improvements in Defence culture, behaviours and values has been a key area of focus. These cultural development campaigns have focused on removing discrimination (various minority groups), bullying, unacceptable initiation practices and rituals, elitism, alcoholism, violence, fraud and misconduct and more recently behaviours which were conducive to the coverup of potential war crimes.

- **Leadership Focus:** The current ADF and Defence Senior Leadership Group are very capable modern managers and are cognisant of transition risk, operational challenges and military wellbeing. This forward leaning approach to Defence member and Veteran welfare and pastoral care is evident and a core component of shaping the culture of Defence. In regard to the issue of Defence and Veteran suicide and the risk and contributing factors which may lead to this tragic outcome, it may prove valuable to seek clear direction and messaging from ADF and Defence leadership in regard to this issue that can then be carried and implemented by ESOs and other supporting stakeholders and organisations.
- **Unique Traits of Military Personnel:** Military service is inherently dangerous both in conflict and in the training required to maintain readiness. Risk of injury or death can be high and the uncertainty on partners and family may cause stress and insecurity. It is often acknowledged that those who serve seek a higher level of professionalism and professional pride. This frequently comes with a downside of not being comfortable to speak up or reach out if help is needed. Feelings of shame, guilt or loss are often associated with depression and suicide. There is a real and perceived view that if you experience any form of mental health issue or event, the stigma associated with this could be career or socially limiting in military circles. The operational and combat elements of the military have inculcated an ethos of intensity, regimented command and control, military professionalism, warrior focus and winning zeal. These essential ingredients of a successful military do not translate well into the civilian world in either an employment, relationship, or social setting. This often creates identity issues or conflict of behaviour and culture. Comprehensive debriefing forms a key component of the transition out of the military to unwind much of that high level command and control warrior focus.
- **Societal Tolerance:** Socio-political views, political analysis and community involvement in current affairs and military campaigns has changed over the decades and continues to be an area of public interest. It should be noted that, depending on the political and community appetite at the time, Defence members and Veterans may experience various support, prejudice or bias which could contribute to mental health outcomes. This is another key area requiring accurate data, surveillance and risk profile monitoring.

All organisational cultures evolve and require ongoing attention to improve and change behaviours and values. Defence is no different. Noting the various focal areas of cultural development and change within the ADF, Department of Defence and Department of Veterans' Affairs, continued development of a positive culture will be an ongoing area requiring leadership commitment.

D: Non-Government Organisations

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: The role of non-government organisations, including ex-service organisations, in providing relevant services and support for defence members, veterans, their families and others.

Over the last two decades, the ESO sector has increased in size, complexity and scope of support. While this reflects a growing need and demand for this type of community support for Defence members and Veterans, the level and pace of growth has been unplanned and may or may not adequately cover the full suite of service, programs and support required by the changing Veteran demographic. RSL Australia believes there is a key role for non-government organisations in providing services and support for Defence members, Veterans and their families. Many who are involved in non-government organisations including ESOs are ex-servicemen and women themselves, and they are extremely passionate towards and committed to Veteran support. This in itself provides an admirable mission to which a large cohort of paid employees and volunteers commit tens of thousands of hours.

RSL Australia, as one of the largest and well known ESOs in Australia, shares the following observations with the Royal Commission:

- **Numerous ESOs Offering Varied Services:** While ESOs provide valuable support and advice to Veterans and those that experience thoughts and behaviours relating to suicide, the current ESO landscape or sector is unplanned and has a number of gaps and overlaps in the provision of services and support. In some services, the field of ESOs exists to support former Defence personnel and Veterans may be perceived as crowded, in other areas there is little to no service. However, there is a requirement for a more unified organisational approach to communication and dialogue on advice and advocacy.
- **Advocacy and One-Voice to Government:** Governments at all levels are seeking one voice from the Veteran community at a time when there is anything but one voice available. While smaller-sized organisations have an important role to play in supporting Defence and Veteran personnel, a more unified national voice is required that coalesces and amplifies the ESO voice across Australia.
- **Value of Community-based Organisations and Networks:** Practical support offered or coordinated by Veteran and community groups and networks including local RSL Sub-Branches, church groups, sporting or hobby groups contribute to ensuring personal connections, camaraderie and mateship are established and maintained. This support enables Veterans to 'share the burden' through the emotional support of colleagues and friends who have had similar experiences.
- **Social Media and Public Messaging:** There is a plethora of quasi single issue Veteran related groups that use social media to advocate on specific or single item topics. In some cases, these entities do not always provide a full-service support arrangement. There is a risk that an unstructured or self-administered model for advocacy groups may cause confusion, could possibly overwhelm Veterans, encourage negative 'victim' identity, and potentially contribute to the erosion of self-worth of many Veterans. On the other hand, there is a significant need to access past services into the digital world and leverage social media in a constructive and well-coordinated manner as part of the overall national framework for Veterans' Affairs.
- **Department of Veterans' Affairs Initiatives:** DVA's Veteran Centric Reforms instigated many excellent changes that have benefited various processes within DVA. The results or outcomes of these reviews and changes should continue to be reviewed and enhanced where needed in a continuous improvement process. A review of DVA staffing levels, capability, competence and resourcing could be initiated to ensure that DVA staff are best placed to provide essential support.
- **Volunteer Recognition:** One of the primary goals of RSL Australia is to promote the concept of mates helping mates, and commemoration of service. The former implies the importance of the available network of support provided by the RSL leadership and volunteers who continue to provide the basic but essential support to their fellow members and to others in the Veteran Community. If this premise is accepted, RSL Australia must ensure that volunteers are recognised as being critical to the overall system and are resourced accordingly. This includes the provision of suitable and accessible training and general support in a structured manner that builds on the concept of the lived experience that is the basis for them to support other Veterans and their families. That said, volunteers and paid staff who fit this model must be protected themselves as some might struggle without basic support mechanisms.
- **Experience and Practice:** Veteran suicide is not a new phenomenon. A targeted review of past experience and the initiatives that Veterans of previous campaigns have benefited from could identify experiential similarities to benefit younger or contemporary cohorts through lessons learned. Such a review could also be used to strengthen current services and Veteran support practice as implemented by newer organisations and ESOs.

E: Protective and Rehabilitative Factors

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: protective and rehabilitative factors for defence members and veterans who have lived experience of suicide behaviour or risk factors.

RSL Australia does not provide medical, allied health or psychological services to its members; however, it does provide community and individual pastoral care through its Branches, programs, networks and activities. In this way, RSL Australia gains insight into Defence and Veteran lifestyle and wellbeing. Where an RSL Member who has lived experience of suicide behaviour or risk factors, the following help has been provided:

- Referral to relevant medical and health support
- Personal and family support
- Counselling and outreach on an individual basis
- Camaraderie, advocacy and structured activities

In regard to protective or rehabilitative factors, RSL Australia provides a community-based structure which advocates for member services, support and entitlements. Formal and informal advocacy and support can be requested and is provided. RSL Australia is committed to, via its strategic plan, strengthening its formal mental health program and training and is being resourced and equipped for activation of a national roll-out of this program in 2021-2022.

F: Availability and Effectiveness of Support Services

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: Any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others:

01. affected by a defence and veteran death by suicide; or
02. who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors.

For those affected by a Defence or Veteran death by suicide, it can be difficult to know where to gain support and assistance. This type and level of support differs to that required in the general transition and separation of a Defence member from the ADF, which, where there are systemic issues in this system, is also an area that requires exploration and improvement.

From RSL Australia's perspective, we are not privy to a national suicide support hub or hotline that can be readily accessed in the immediate period following the death. Where a death may occur of a serving member who is active in the ADF, the ADF would take the lead in the provision of advice, support and care, generally at a Unit level. Where the suicide is an ex-serving member who is known to the Veteran community, local support is provided at the Sub-Branch level on a personal or individual basis. At this point, RSL Australia does not have a nationally coordinated approach to the identification of need, provision of support or service in this area.

It is RSL Australia's view that the availability and effectiveness of support should include, yet not be limited to the following:

- **Help-Line Support:** Access and no wait times of advertised help-lines which can be accessed by those in need (or contemplating suicide) is essential to a revised national approach.
- **Immediate Family Support:** In the event that a death has occurred, a structured and clearly outlined support program for the immediate family and friends should also be considered.
- **Advocacy for Benefits:** In some circumstances, ongoing support, benefits or financial assistance may be required or made available. Advocacy to assist in navigating this area is of value.
- **Critical Incident Debriefing:** For both current and past serving members, suicide, attempted suicide or risk factors can be very unexpected and create increased anxiety, stress and reaction. A nationally coordinated, formal service for critical incident debriefing for those immediately affected would deliver much needed results.
- **Post-traumatic Stress Disorder Program Support:** There is often a much wider network of those who are impacted by a death by suicide including those within the Unit, those who served together, family, friends and acquaintances. For those who have experienced a suicide, or suicidal experience in their own circles of loved ones, any reported or known suicide can trigger unexpected pain or impact. A targeted PTSD program for this traumatic event would benefit from a coordinated approach.
- **Ongoing Support Network:** Evidence suggests that once a Veteran exits the services the support profile changes dramatically. No longer is the member under the care of their Unit Commander, instructors, medical professionals, peers or mentors previously available through the service. Harnessing the ESO sector to provide a well-structured, cohesive and planned framework for support would be a significant protective factor to those who have experienced or are exposed to risk of suicide, depression or mental health issues.

G: Engagement with Government

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: 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.

It is difficult to differentiate those issues or factors that relate to Veteran death by suicide with the general Veteran experience when interfacing with multiple government departments and agencies, particularly during transition and post separation.

This is an area that warrants consideration by the Commission of Inquiry. General Veteran experience in dealing with government departments and entities includes, yet is not limited to:

- **Unfamiliar Experience:** For many separating from the ADF, their rank and history has gone before them in all appointments and postings. The experience of starting afresh and being unknown to the 'system' is often confronting and questions a member's identity and value.

- **Claims and Entitlements:** Navigating the system of military entitlements and benefits for ex-serving members and their spouses is complex and at times confusing. The requirements are compliance based and steeped in legislative and policy obligations. Most military personnel are used to having clear and well promulgated entitlements, and the experience post exit is not always assimilating.
- **Streamline Process/Case Management:** Ex-serving members and Veterans often comment that the system post-exit requires duplication of process, duplication of the provision of proof of service and it is not clear that they have a case manager for their particular transition pathway. Throughout their military career, most Veterans have had dedicated career managers, annual cycles of review and case management at a Unit level. In itself, the system is not incorrect, it is simply different to what is known, which at times, depending on the individual's distance from the service, can cause stress, anxiety, frustration or a poor Veteran experience.
- **Veterans' Experience:** RSL Australia has received reports of Veterans' experience as being combative in nature, with DVA personnel having a real or perceived lack of empathy towards those seeking claims or a lack of understanding of the military operations or service which Veterans have given the nation. This has led to feeling exhausted or devalued by the 'system'. Not all Veterans share this observation, yet for those that have faced challenges in transition and separation from the ADF, these issues are real and induce conditions and factors that could lead to mental health or health issues and risks.

With specific reference to interface with the Government relevant to Defence and Veteran deaths by suicide, the following is provided to inform the Royal Commission's consideration:

- **Posting Cycles and Operational Readiness:** Some elements of the ADF have experienced high periods of operational tempo and back-to-back posting cycles in high readiness units. This in itself could be a contributing factor for increased risk and possible contributor to Defence and Veteran suicide or attempted suicide experience.
- **Spousal Benefits:** In the event that a Defence or Veteran death results from suicide, the benefits and financial support available to spouses is often not known or is inadequate. This is an area that would benefit from examination to assess the adequacy and suitability of the current model.
- **Entitlement Criteria:** There are instances where Defence personnel have dedicated a significant portion of their working life to military service (permanent or reserve) and do not meet the criteria for Veteran benefits or entitlements. Where this does occur, feelings of abandonment, lower self-worth and devaluation of personal service may increase the contributing factors and risks to mental health.

H: Legislative and Policy Framework

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: 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).

Many of the systemic issues and risks can be addressed in a review and update of the legislative, regulatory and policy arrangements that shape the Veteran community, Veterans' Affairs and ESO sector. The national framework for Veterans' Affairs needs to evolve to address the current and emerging needs of this sector.

There is clear recognition that this portfolio warrants its own governance arrangements and structures. This is evidenced by the appointment and ongoing activities of the Minister for Veterans' Affairs and Minister for Defence Personnel and the ongoing resourcing of the Department of Veterans' Affairs. In relation to this area of the Royal Commission of Inquiry's focus, the following is provided by RSL Australia:

- **Complex Legislative and Policy Frameworks:** The legislative and policy frameworks of DVA and the ADF have been in place for some time and appear complex and at times difficult to apply. There are several Acts governing Veteran entitlements and complexity arises when a Defence member might be entitled to coverage under different Acts, a situation that is further complicated by differing entitlements under each of the Acts. Advocacy is therefore also complicated with the need to ensure that claims are lodged under the most appropriate legislative instrument. There is a need for a streamlined legislative basis that allows for clear implementation of a national governance framework. This should enable and clearer access to compensation and rehabilitation support, and the foundation for a regulatory framework for the the ex-service community as a whole, including the administration (self-administration or regulatory structure) for ESOs. The complexity of Defence and Veteran entitlements, particularly those relating to injury, have resulted in the emergence of a strong and growing advocacy function by the ex-service community.
- **Knowledge and Experience among Policy Advisors:** In shaping the legislative and policy framework in support of Defence and around Defence and Veterans' affairs for support services, claims and entitlements, Government and Commonwealth policy advisors provide well intentioned advice and guidance on the content and direction of legislative intent and policy. In certain circumstances however, it is perceived that some advisors to Government and DVA have little firsthand or current knowledge or experience with the people, military operations, systems or issues underpinning Veteran support and entitlements. As such, some policies and processes for support services, claims and entitlements are introduced without due consideration to the context. The opportunity exists for the Commission to engage directly with those members of the Veteran community who work with Veterans on a frequent basis on support services, claims and entitlements. RSL Australia can provide perspective or input into this process if and as required.
- **Claims and Entitlements:** As the ADF has converted to a system of self-management, a level of DVA expertise has been removed. Clerks that previously provided sound advice for making claims and accessing entitlements are no longer available at the Unit level. Anecdotal evidence suggests that a Veteran self-managing a claim through DVA may not receive their full entitlement as opposed to the success rate secured by advocates. A legacy issue is that DVA will quote the original submission and application thereby prejudicing a rehearing later in life.
- **National Standardisation of ESO Arrangements:** A legislative administrative instrument to create a national framework for standardisation, cooperation and resourcing of ESOs should be considered as part of any legislative or policy change. Other industries have adopted models that are outcome or performance based, and provide the sector with the desired service and support, within the funding and resource profile that is deemed suitable. A model that could be considered is a self-administration model used in other community or not-for-profit organisations where services are offered in close coordination with the related governing body within government.

I: Social, Family, Housing, Employment, Economic and Financial Factors

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: any systemic risk factors contributing to defence and veteran death by suicide, including the following:

01. defence members' and veterans' social or family contexts;
02. housing or employment issues for defence members and veterans;
03. defence members' and veterans' economic and financial circumstances.

RSL Australia has not undertaken dedicated work or academic research into this area; however, being extremely familiar with the Veteran community and demographic of the various generations of Veterans, RSL Australia offers the following in respect of possible (real or perceived) risk factors for the following areas:

Many members of RSL Australia openly share their experience, struggles and challenges with those involved or leading dedicated programs of the Branches and Sub-Branches. RSL Australia considers that there is no one single cause or factor that leads to death by suicide but almost always a combination of factors. Some risk factors will have a greater exposure among different Veterans' groups, yet regardless of campaign, the following key areas are worthy of note:

- **Military Life:** The cumulative stressors of involvement in military operations, deployments, posting and high-risk activity exposure in both training and combat.
- **Post-traumatic Stress Disorder:** For those who have been exposed to an event, environment or risks that induce trauma, post-traumatic stress disorder is a leading contributing factor. It should be noted that it is not solely military or combat operations which induce PTSD, and it could be exposure to a military accident, bullying, humanitarian or threats in Defence aid to the civil community.
- **Family Issues:** Military life induces extra pressures and risks not experienced by those in the general community. Issues with family and relationship breakdown or failure requires attention. Social and family support are undoubtedly critical to the mental and behavioural well-being of Defence members and Veterans.
- **Psychological Issues:** Every individual has a different profile and level of resilience and tolerance for different risk factors. Adequate and timely psychological support is critical.

- **Medical Issues:** There is an array of medical issues and risks that are unique to Defence personnel and Veterans ranging from combat injuries, to exposure to hazardous environments, incidents or accidents in training, operations and sport.

J: Other Matters Relevant to the Inquiry

The Commissioners are appointed to be a Commission of inquiry, and required and authorised to inquire into: any matter reasonably incidental to a matter referred to in paragraphs (a) to (i) or that [the Commissioners] believe is reasonably relevant to [their] inquiry.

There are a number of other matters relevant to the Inquire that RSL Australia would like to raise. These include the following:

- **Past Reviews and Inquiries:** One of the greatest areas of concern and interest to RSL Australia is the response to past inquiries, reviews, studies and reports into the issue of Defence member and Veteran suicide, mental health, wellbeing and Veteran care. One of the key areas RSL Australia would like to see is a mechanism for accountability for the implementation, follow through and performance monitoring of the findings and recommendations from the Royal Commission. Much great work has been undertaken and if suitably compiled, will provide a clear picture of many of the past, current and ongoing factors that need to be addressed at the systemic and national level.
- **Governance Arrangements:** Clear definition of the governance arrangements for Veterans' Affairs and the areas where this sector intersects with healthcare, aged care, employment and training and welfare is needed. Whether the establishment of a peak body or Commission to identify, manage and oversee the management of the risk profile for Defence members and Veterans is the right model, will naturally fall out of an Inquiry such as this Royal Commission. RSL Australia remains positioned to support any further research, input or development of these governance arrangements and can readily access its membership base where needed.
- **Funding Model:** Funding for Defence member and Veteran issues span federal, state, organisational, community and a donor base. A review and adjustment of the funding model to right-size the resources committed to this area would deliver efficiencies and improved outcomes.
- **National Framework and Coordination:** The military culture is one of command and control; however, the framework for coordination post separation from the ADF is one of a federated or voluntary nature with individual connections into various government departments. With the right design of a national framework, this sector would respond well to a structured and defined approach to coordination, service delivery and support.
- **National Suicide and Wellbeing Multi-Disciplinary Team:** Suicide rates among Defence members and Veterans is just one cross section of society that requires attention. Via the establishment of a multi-disciplinary team of medical professionals, research and data collection, service provision, governance and sector oversight, greater efficiencies and progress to minimise the risk of wellbeing issues, depression, PTSD and/or death by suicide should be notably minimised.
- **ESO Model and Arrangements:** A clear approach to the national coordination, alignment and governance of ESOs to effectively service the Defence and Veteran community is needed. This will ensure that gaps and overlaps do not exist in the provision of service, appropriate accountability for grants and public monies are in place and the landscape for programs, support and service maximises the capability available in the array of organisations and stakeholders who care for and are committed to supporting Australia's Defence personnel and Veterans.

PART 3

CONSIDERATIONS FOR THE INQUIRY

- Introduction
- Key Considerations
- Conclusion

Introduction

RSL Australia appreciates the depth, volume and sensitivity of the material that will be presented to the Commission of Inquiry over the course of the hearing. Throughout RSL Australia's submission, current, continuing and future commitments of support to Australia's Veterans are made, ideas proposed, possible solutions shared, and considerations presented.

> ***"RSL Australia helping to deliver to Australia's Defence families better opportunities in all aspects of their lives".***

RSL Australia's mission is "To provide on behalf of Australia's Defence families, national advocacy, supportive and coordinated national programs and activities, more funding and optimised management of the RSL Brand".

The current RSL Australia strategic plan profiles a commitment to areas which will minimise risk factors, and in part, address a number of possible contributing factors to death by suicide for Defence members and Veterans. These areas are outlined in Annex C.

Key Considerations

The RSL Australia Board and Leadership will continue to refine the contribution that RSL Australia can have in addressing this important issue. In addition to the detailed considerations communicated in Enclosures 1-5, the following strategic considerations are proposed for deliberation by the Commission of Inquiry.

Consideration 1: Governance Arrangements

RSL Australia believes that the governance framework requires detailed attention to modernise and position for the future. These governance arrangements would include legislative updates, sector definition, national data collection, oversight arrangements, resource and funding model and a revision of the structure, role and accreditation of ESOs.

Consideration 2: Coordinating Framework

There is a great depth of resource, commitment and passion around Veterans' Affairs. With a strengthening of a national approach and coordinating framework, a greater level of efficiency and outcome should be achieved.

Consideration 3: Mental Health and Transition Programs

To target the specific issues and risk factors associated with Defence and Veteran suicide, targeted, synchronised and appropriately resourced mental health programs are needed. RSL Australia has increased its work in this field and remains positioned to contribute to this important area. RSL Australia understands the importance of chaplaincy services in the ADF and pastoral care for Defence members and Veterans.

Across the Veteran life cycle there are various points that present a higher risk profile. These may include pressure points such as return from deployments, injury or illness requiring military employment reassignment, transition activities, periods when claims for compensation are being processed, or domestic and family related issues. It is at these points where there is a higher exposure to a Defence member or Veteran becoming open to suicide ideation. Current transition activities, training, and mental health and transition programs would benefit from being expanded to better equip Defence members and Veterans to understand this transition risk profile and how to address these risks if experienced.

Consideration 4: Risk Management

It is critical that the outcomes of the Royal Commission into Defence and Veteran Suicide are implemented and an accountability framework around follow through is adopted. This will ensure that the risk profile at the national, organisational (departmental or ESOs) and practical level is known, appropriately assessed, continually monitored and actively reduced.

Consideration 5: Better Practice

RSL Australia has pockets of international best practice in the field of Veteran services, support, programs and advocacy. Like many organisations, these best practices should be readily identified, profiles and shared to life the benchmark of this important sector. Better practice can also be identified through access to research into suicide from organisations in Australia and more broadly internationally. RSL Australia has a strong network with its comparable organisations in other nations such as United Kingdom, United States of America and Canada.

Conclusion

RSL Australia has a long and proud heritage of providing support, services, Veteran care and advocacy. RSL Australia is committed to remaining relevant, working with government, the ESO sector and other organisations to coordinate via a national framework the effort needed to minimise risk of suicide and maximise the wellbeing of Australia's Defence member and Veteran community.

On behalf of the State Branches, Sub-Branches and its members, RSL Australia values the opportunity to provide this submission to the Royal Commission into Defence and Veteran Suicide.

PART 4

ANNEXURES

- Annex A. Royal Commissioner's Terms of Reference
- Annex B. Acronyms
- Annex C. Extract of RSL Australia's Strategic Plan

ANNEX A:
Royal Commissioners' Terms of Reference

The Commissioners are appointed to be a Commission of inquiry, and required and authorised 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 [the Australian Defence Force (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. the 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 [the Commissioners] believe is reasonably relevant to [their] inquiry.

ANNEX B: Acronyms

ACRONYMS	DEFINITION
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
DVA	Department of Veterans' Affairs
ESO	Ex-Services Organisation
PTSD	Post-traumatic Stress Disorder
RSL	Returned & Services League Australia

ANNEX C:
Extract of RSL Australia's Strategic Plan Initiatives Relevant to the Royal Commission

RSL Australia Mental Health Initiatives

In conjunction with Open Arms, RSL Australia launched a nationwide program in May 2021 to assist Veterans and their families understand mental health issues and risks. This national awareness program is being resourced as part of RSL Australia's commitment to mental health and suicide prevention and intervention initiatives. Delivered from RSL Australia's National Office with coordination and support provided by State Branches and Sub-Branches, RSL Australia has already seen a level of national interest and demand for this program since its launch.

Catalogue of Veteran Services

RSL Australia's leadership identified the need to provide clarity to transitioning Defence members and Veterans on programs and services available to them. The landscape of existing and emerging programs can be overwhelming and confusing. RSL Australia via a web-based approach is creating an 'app' based catalogue of services. This nation-wide resource will provide readily accessible information on a wide range of services to veterans and families (including RSL Sub-Branches, advocates, clinical and health services). RSL Australia is leading this national 'first of its kind' initiative. The national catalogue of Veteran services is being developed in collaboration with other major national ESOs, with a feasibility report on the expansion of this catalogue due to the RSL Australia National Board in late 2021.

RSL Australia Veteran Employment Program

RSL Australia has refocused and launched the RSL Australia national employment program for Veterans across Australia who are seeking employment. The program provides the opportunity to enhance the individual's resume, educates on techniques to improve competitiveness in the job market and provides skills for further employment. This program is also available to spouses and partners of transitioning Defence members and Veterans.

RSL Australia Transition Booth

Transition and separation from the ADF for a Defence member is a key life event that instigates considerable personal change. Since February 2021, RSL Australia has worked with a number of organisations to revitalise and renew the approach RSL Australia takes in making Transition Booths or hubs available at key events. With recent national and state based COVID-19 induced lockdowns, the volume of these events has been restricted in 2021. RSL Australia through the National Office is supporting the increase of the RSL Australia Transition Booth at key events over the next 12-24 months. This is an effective way to profile the services, support, programs and advice available to all Veterans during the transition phase of their career.

RSL Australia 'Active' Sport and Recreational Program

Positive mental health and wellbeing has its foundation in health and wellness. Many Defence members and Veterans are committed to their health and fitness and enjoy the benefits of a fitness based lifestyle while serving in the ADF. In order to target an area which has been proven to increase the wellbeing of people, RSL Australia has launched a nation-wide sport and recreational program called RSL Australia Active. This program aims at providing a coordinated range of sports and reactional activities of interest to Veterans to support the Veteran community post-separation. Initiated by the State Branch of RSL Australia in Victoria, this program will be expanded to a national program for all Veterans and families, enhancing community links.

RSLA Website Upgrade and Social Media Strategy

RSL Australia is committed to resourcing and utilising social media programs and the website. These key communication vehicles assist in releasing news and updates to veterans and families.

PART 5

ENCLOSURES
RSL STATE AND TERRITORY SUBMISSIONS/RESPONSES

- Enclosure 1: Returned & Services League of Australia Australian Capital Territory Branch
- Enclosure 2: Returned & Services League of Australia New South Wales Branch
- Enclosure 3: Returned & Services League of Australia Queensland Branch
- Enclosure 4: Returned & Services League of Australia South Australia/ Northern Territory Branch
- Enclosure 5: Returned & Services League of Australia Victoria Branch

ENCLOSURE 1

RETURNED & SERVICES LEAGUE OF AUSTRALIA
AUSTRALIAN CAPITAL TERRITORY

RSL
Australia

ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE
RSL ACT BRANCH SUBMISSION
29 OCTOBER 2021

Introduction

1. The following brief provides a range of issues the ACT RSL Branch believes are relevant to the conduct of the Royal Commission into Defence and Veterans Suicide (the Royal Commission). While the comments, conclusions and recommendations in this brief are based primarily on the experience of the Woden Valley RSL Sub-Branch and its integral Veterans' Support Centre (VSC), they also reflect aspects that apply to the Branch as a whole and/or form part of specific elements of the Branch membership and our shared experience.

Aim

2. The aim of this submission is to outline the operations of the RSL ACT Branch and the Veteran Community it supports and identify those matters that do or could affect the rate of veteran suicide in the ACT and region
3. **Scope**. This submission is presented in general terms and does not provide any data to support its comments and recommendations as these could be provided as and when required. This approach reflects the limited resources available to the ACT Branch and its present workloads and priorities that are contributing factors to the present situation of veteran support in the ACT.

Organisation of the ACT Branch

4. The ACT Branch comprises an Executive; and eight ACT based sub-branches two of which are based on the Greek and Vietnamese veteran communities, respectively, and one whose members are mainly military and police veterans who have served on peacekeeping operations. While four overseas sub-branches are grouped in the ACT Branch, only one engages with the Branch.
5. **Woden Valley Sub-Branch.** The Woden Valley Sub-Branch was founded in 1954 and has more than 600 members and widows of former members, with that total comprising about half of the Branch membership. The Sub-Branch provides a range of advocacy support to its members, members of the ACT Branch and other members of the Veteran Community in the ACT and region. The Sub-Branch has separated its membership role and tasks from its service delivery role and tasks. It thereby formed a virtual VSC that groups its service delivery capabilities within the VSC so that it can account for its overheads and outcomes, while indicating to the Veteran Community that this support is available to them. When and if appropriate, the VSC could be separated to form an independent entity with a history of outcomes and resources that would provide a sound base from which it could continue to evolve.

6. **Operations and Organisation of the VSC.** The VSC comprises three functional areas, that provide Compensation and Welfare Advocacy, respectively, and one that provides Transition Services and support when possible and appropriate. Volunteers provide all Compensation claims and appeals advocacy; and oversee all Welfare support. Two part-time staff members provide general administrative and coordination support to the Compensation team, and two support the day-to-day operations of the Welfare team. The Transition team is formed as and when necessary. Volunteers are drawn from all ACT sub-branches and some other local Ex-Service Organisations (ESOs).
7. **Real Time Focus**. On behalf of the Branch, the VSC has a hands-on role that requires its volunteers and staff to focus in real-time on a wide range of situation that affect the Veteran Community in the ACT and region and with which they deal each day. The VSC's experience during the past six to eight years provides a sound base to reflect on the view from their *Coalface* and what they predict for the future. Thus, this submission reflects the reality of supporting veterans and their families in a wide range of ways and with an age range of 17/to 100(+) years of age.
8. Levels of Support Provided. The following figures indicate the volume of support the VSC provides but does not do justice to extent of support that members of the Veteran Community require or the complexity of individual casework:
    a. **Compensation Advocacy**. For each year for the past four years the VSC has received about 400 genuine enquiries with about 300 to 350 of these enquiries continuing to the provision of assistance from its Compensation Advocacy team. This has increased from about 300 in each of the several years before that.
    b. **Welfare Advocacy**. At any time, the VSC assist four to five veterans and/or their families who are in need of significant welfare support, advice and assistance. Many of these clients have serious mental health issues and some have shown or admitted to some form of self-harm or suicide. At any time, another six to eight clients would be struggling with mental health issues including PTSD, anxiety, depression, substance abuse and suicide ideations.
    c. **Demographics**. Of its more than 600 members, about 30% are over the age of 80 and are showing the normal signs of ageing that are often exacerbated by their military service. Conversely, many veteran members are caring for the non-veteran spouses for whom they apply their military training and ethics to support their one true mate. Non-member clients range in age from 17 to about early 70s.
    d. **Catchment Area**. For at least the last eight years, the Sub-Branch has accepted requests for support from any member of the Veteran Community in addition to those who are members of the RSL. Clients come from the ACT and surrounding region including the Far South Coast, and some from overseas.
    e. **Referrals**. Nearly all non-member clients have been referred to the VSC by former clients, DVA, Defence, other ESOs and some external agencies, including Open Arms, the Defence Member and Family Support organisation (formerly Defence Community Organisation) and external sources who are aware of its capabilities. While the Sub-Branch has a website and is registered on the DVA/ATDP sites, its capacities are continually stretched without the need to advertise its services.

Recent Reviews, Initiatives and Reforms

9. **General.** To meet its goals and to help support the VSC's clients and others across the Branch, Branch representatives liaise closely with DVA and other Federal and Territory government agencies and organisations, including the Veterans Review Board, the Repatriation Medical Authority, Open Arms, and Defence. They also liaise with Federal and Territory support organisations, agencies and support providers. Through continued liaison with other ESOs and veteran-specific organisations throughout the broad Veteran Community. Generally, the VSC receives good support and advice for its clients. However, while frustrations offset some successes, the VSC strives to work within the respective systems to engage with all critical parties that form and support the Veteran Community.
10. **Recent Studies.** Having contributed to the reviews into *Veterans Advocacy and Support Service Scoping Study* and the *Productivity Commission Report – a Better Way to Support Veterans* and other smaller reviews, the Branch has stated its case on key fronts during the past several years. Several ACT sub-branches have contributed to these reviews both in relation to matters relevant to their respective sub-branches and to broader issues.
11. **DVA Reforms.** The Branch has participated in many DVA sponsored workshops and ESO forums over the past several years, with all providing opportunities to enhance the present system of veteran advocacy and support. We note that many of DVA's Veteran-Centric Reforms are bearing fruit. Specifically, the Triage and Connect Team and the Complex Case Coordination initiatives provide excellent support to our advocates and the veterans, and to the veterans and families we support. Similarly, the streamlining provisions available under the MRCA have significantly improved the claims and appeals process under that Act. Hopefully, this success can be applied to claims and appeals under the VEA as soon as possible.
12. **VRB Reforms.** Similarly, changes to the appeals process through the VRB have been useful and have enabled better solutions to often complex cases to be determined more effectively and efficiently by a mediation type of process. However, some issues remain a concern, partly through what appears to be inconsistent application of the spirit, at least, of the provisions of the beneficial legislation that applies to the VEA and MRCA, both of which are the only Acts the VRB considers.
13. **Opportunity for the Royal Commission to Continue the Reform Process.** In relation to many of these reforms, ACT Branch believes the Commission could determine which initiatives have worked well and reinforce that success as soon as possible through minor changes. Concurrently and conversely, the Commission could determine those that have not worked as well as had been hoped and ensure they are addressed accordingly.
14. **Longer Term Issues.** While noting the Commission's potential to advise on and, if necessary recommend urgent and practicable enhancements to some policies and processes, it is also apparent that some issues must be considered more strategically and adjusted or implemented incrementally. The ACT Branch believes some reforms were introduced with high expectations that have not been realised because the

changes had not been tested adequately before they were introduced, or they were introduced too quickly.

General Issues

15. The following paragraphs comment on a range of general issues that are likely to affect the whole of the Veteran Community or significant elements thereof.
16. **Veteran Suicide is Not a New Phenomenon.** Although recent comments about the nature and extent of suicide in the Veteran Community seems to focus on the Contemporary Veterans or those who have served in recent conflicts, many older veterans struggle with similar issues from their service in South Vietnam and prior to that. Many in these older cohorts continue to struggle with mental health issues outbreaks from which can be triggered by current military related events, natural disasters or the extensive restrictions relating to the COVID-19 pandemic.
17. **Previous Conflicts.** Vietnam Veterans faced extraordinary issues when they returned to Australia after their tours of duty; conscription exacerbated some of these issues in individuals and the communities. It would be instructive to learn lessons from the struggles these veterans faced and that led to the formation of the Vietnam Veterans Association and Federation, and organisations like the Vietnam Veterans Counselling Service (now Open Arms). The Association and Federation are good examples of the Vietnam Veteran cohort helping themselves and their mates that could be compared to organisations like Soldier On and Mates for Mates to ensure the newer organisations fit well within the overall system of veteran support. These latter organisations should not have to face, or claim to face, the challenges their predecessors had to overcome.
18. **DVA Initiatives.** As noted previously, DVA's Veteran Centric Reforms instigated many changes that have benefited veterans and their families. These should be reviewed and, where appropriate, enhanced as part of a continuous improvement process. Others might require broader review and perhaps significant change if they are to be as effective as they should be. In particular, the Commission could review staffing levels and the resourcing of staff to ensure they are best placed to provide essential support.
19. **Defence Initiatives.** Particularly in relation to the discharge and transition processes from Defence, many of the Defence initiatives are proving valuable. These should be reviewed and enhanced where necessary and without delay. Other Defence policies including those relating to deployments and rotations are now more of recent history and should be reviewed as part of Defence policy for future conflicts as they cannot affect what has already happened. The same could be true of Defence's recruiting and retention policies for which there have been many reviews that would still have merit. For example, the *Posting Turbulence Review, February 2000,* confirmed that discharges were a major cause of posting turbulence and in effect reversed the original hypothesis. That said, weaknesses within these systems should also be considered to better understand the present situation affecting contemporary veterans and their families.
20. **Objects of the League: Volunteers.** The League's two main objects, as best practised at Sub-Branch level can be paraphrased as mates helping mates and commemoration of their service. The former requires volunteers who will provide basic but essential support to their fellow members and others in the Veteran Community. If this premise

is accepted, the Commission should confirm the relevance and merits of volunteers as a critical part of the overall system of veteran support. While society has changed the way in which people volunteer, we believe that veterans and their families will volunteer to help their mates provided they are resourced accordingly when they do so. This includes suitable and accessible training and general support that builds on the concept of *the lived experience* that is a model being introduced through Open Arms and other areas now. While paid staff will remain important if not critical in key areas, not all ESOs can afford them, nor do they require them. Similarly, the volunteers will benefit from their work in assisting other veterans and will thus improve their wellbeing.

21. **Recent Events.** The withdrawal of Australian troops from Afghanistan is one of several recent events that has affected and will continue to affect the Veteran Community. From our observations, these issues have affected the wellbeing of older veterans as much as the present cohorts. The release of the Brereton Report and its application is another example of the flow on effects to former Special Forces members and others who have served in other conflicts. While noting these two matters, and the relevance of recent conflicts, the Commission should also note other deployments that affect small groups of veterans who served in Uganda, Cambodia, East Timor and Bougainville, and with the Navy missions in the Gulf since 1990. Similarly, many veterans continue to be affected by their response to the Bali Bombing, the Tsunami and most recently to the Australian bushfires in early 2020 and the Defence support to the COVID situation.

22. **Mental Health System and Resources.** ACT has received recent advice that, of the 3,500 members of the Royal Australian and New Zealand College of Psychiatrists, only about 35 regularly support veterans. This situation is due the complexity of the conditions that affect veterans and the fact that psychiatric treatment is a through-life issue in that patients are case managed rather than cured. These two issues soon clog the patient system and prevent other mental health patients from obtaining treatment. It is not a matter of fees or financial reward or recompense. Apparently, the College is keen to engage with the Veteran Community to identify and implement a wholistic approach the issue of the mental health of veterans.

Consultation Process

23. **Level of Consultation.** ACT Branch believes that some key advisors to Government and DVA have little firsthand or at least current knowledge or experience with the people, the system(s) or the issues that are involved in the whole system of veteran support. As such, some policies and processes are introduced without appropriate consideration. We would therefore urge the Commission to engage directly with those members of the Veteran Community who work with the Veteran Community on a frequent basis. Similarly, detailed engagement in one aspect of support does not necessarily lead to competence in other areas. This comment is discussed in subsequent paragraphs.

24. **Family Members.** Further to the previous point, it is important that the families of those most affected by their service, especially those who have committed suicide, are heard, as it is through them and the effects of their situation the Commission will be informed. Similarly, it is important that these families relate their experience with the claims and other support processes that undoubtedly impacted on the son or daughter. However,

as it is unlikely they would have intimate knowledge of the policies and processes that contributed to a tragic outcome, it is felt their comments should be tempered by the comments and advice from those who had or had attempted to support their son or daughter and who should have intimate knowledge of what went wrong.

25. **Other ESOs and the Provision of Advice: the Role of the RSL.** Governments at all levels are seeking one voice from the Veteran Community when there is anything but one voice available. While even small voices must be heard, the status of the League should be reinforced and mechanisms like the ESO Round Table (ESORT), the Kindred Organisations Committees (KOCs), and State and Territory Advisory Committees should be reinvigorated in a controlled but fair manner to ensure governments at all levels hear one voice that represents the views of the whole of the veteran community. These committees must also accept that elements within the Veteran Community have widely different experiences and resultant issues from their service and will, therefore, have differing needs. As a principle, one size does not always fit best if at all. However, where possible and practicable, RSL leadership should support these groups.

26. **Volunteer Advocates: Grass Roots Advice**. The volunteers who work at all levels will provide comments and advice that should reflect their own experience as veterans and provide good insight on the issues they see with the veterans they support. It is likely the Commission would gain useful feedback from this pool of advisors on the needs, wants and desires of their fellow veterans.

27. **Paid Advocates: A Different Paradigm**. Concurrently, paid advocates are likely to offer different insights as they work in a paid workforce. As many staff are themselves veterans or another part of the Veteran Community, their perspective should add to the debate.

Issues Specific to the ACT

28. Some specific issues that affect the nature and level of veteran support in the ACT and particularly to the VSC are listed in the following paragraphs.

29. **The National Capital Effect.** If the Joint Operations Centre at Bungendore is included as part of the ACT and region, the National Capital is one of the biggest garrison towns in Australia that, in itself, provides challenges based on the number of serving members of the ADF who live in this area. Similarly, a disproportionate number of veterans retire in and around the ACT. Further, the serving and retired veteran population has a bias towards senior ranks and long military careers. Thus, the ACT Veteran Community has certain characteristics that are not evident elsewhere in Australia. This situation and its effects are also impacted by the relatively small geographic footprint of the ACT and its surrounds. Similarly, the ACT is home to the hierarchy of the ADF, most Federal Departments, the National Parliament and the Australian War Memorial, all of which combine to provide challenges and opportunities to the ESO community in the ACT and to the ACT RSL Branch in particular.

30. **Ageing Membership.** Notwithstanding their reduced ability to support their fellow members, our ageing membership and their spouses are requiring more assistance and advocacy to address their own support needs. These issues include the effects of ageing and late onset illnesses that can be related to service and require compensation claims, and helping them access other essential support resources. Thus, as the workload is increasing from our membership and beyond, some of our older volunteers are needing support rather than being able to provide the support they used to.
31. **Recruiting and Training of Volunteer Advocates.** While in the past few years, the Branch has attracted many younger clients, we are now finding that, as their situations settle, many are keen to volunteer as advocates. In trying to balance high workloads with the training of new advocates, the VSC is developing innovative programs that will apply the characteristics of the younger veterans to the training requirements for advocates. In this way, advocates will help veterans prepare their own claims as part of an on-the-job training approach, so the latter develop advocacy knowledge and skills.
32. **Liaison with External Agencies and Providers.** Another initiative involves the VSC and certain Tertiary training institutions that require students to complete work placements with suitable organisations as part of their course. These options include counsellors and legal students.
33. **Advocates Training and Development Program (ATDP).** In our view, the recently introduced ATDP that aims to train and accredit compensation and welfare advocates is too prescriptive and lacks the flexibility that volunteers require and that acknowledges the education, skills and experience offered by veterans. It appears that the emphasis on this program is on accreditation rather than the training itself. While both are relevant, the ACT Branch is finding the application of the program is turning prospective volunteers away. In introducing the approach referred to in the previous paragraph, the VSC expects to apply the best of both the ATPD resources and the characteristics, knowledge and experience of our potential volunteers. This approach is similar to that offered to potential employers when they canvass veterans as they discharge from the ADF.
34. **Lack of Resources.** Despite its status as the National Capital, the ACT has fewer critical resources that are essential to support to the Veteran Community in all key areas. Having previously noted the general issues in the mental health system, these seem to be worse in the ACT. This situation applies particularly to inpatient mental health support and accessibility to psychiatrists and psychologists who are willing and available to support veterans. Similarly, there is a dearth of short and mid-term accommodation to provide crisis support to those in need of housing. The lack of these critical resources is further exacerbated by the limited funds that the ACT Branch has to source these sorts of resources from the general community or, else, the send clients to interstate facilities.

Conduct of the Royal Commission: Concurrent Action

35. Other key issues that warrant urgent attention to find and build on recent changes to the Defence and DVA systems and processes are noted in the following paragraphs. Many of these could be considered briefly and acted upon quickly, while also being part of a long-term approach. In essence, it is believed the Royal Commission should be able to act on their initial findings to enhance some of the recent initiatives with the aim of beginning a process for steady and systemic change to policies and procedures that could be further amended with minimal fuss.

36. **Effect of the Royal Commission on DVA.** Despite the best intentions of all parties, the conduct of the Royal Commission and it proceedings will have a significant impact on DVA staff both through their additional workloads and on their emotions. This will result in further delays particularly to the processing of claims. It might even adversely affect elements of the service delivery capabilities as staff, including supervisors, engage with the Commission. If possible, these predictable effects should be identified and managed with additional resources or perhaps with minor changes to processes to reduce staff workloads.

37. **Effect of the Royal Commission on ESOs.** Similarly, it is possible that members of the ESOs that provide much of the critical support to the Veteran Community, will also be distracted during the review. Although there is little that can be done to address the likely effects of this situation, it would be useful for the Commission to understand that there will inevitably be some short-term pain in various parts of the ESO support capabilities and process.

38. **Combined Effects of Resources During the Commission.** While the matters referred to in the previous two paragraphs might be unavoidable, their effects should be accepted as aberrations and not be taken out of context in a way that could lead to ill-informed conclusions and recommendations.

Conclusions

39. The Commission could readily identify and make some urgent but effective changes to present systems with minimal delay to great effect. Other issues will require more detailed consideration and take longer to address fully.

40. Of the issues noted in the previous paragraph, the Commission could identify which are most likely to contribute adversely to the rates of veterans' suicide and thereby prioritise some immediate action to make even small changes to address the main risks.

41. While long-term studies will be important, there is a plethora of data available now that could be reviewed to identify key concerns. Rather than taking a strategic approach in the first instance, the Commission could be encouraged to build on what we know and to act accordingly to make incremental change.

42. Recent DVA and Defence initiatives could be reviewed and enhanced where necessary as this would improve what is in effect an emerging process of change to a system that had become unwieldy.

43. Volunteer advocates are the base on which the RSL was formed and remain critical to the structured, managed, resourced and flexible environment of veteran support system.
44. To optimise the chance of identifying the most critical issues, the Commission should focus its work on the people who are most likely to be aware of the weaknesses in the present system and who will be best placed to recommend necessary improvements.
45. The RSL is well placed, structured and resourced to take the leading role in the ESO community and, where appropriate, representing the views of the Veteran Community as a whole.

Recommendations

46. It is therefore recommended that The Commission:
    a. engages with advocates who work with veterans at their respective Coalfaces to identify the weakest points, the highest risks and offer practicable changes that could be introduced in the short to medium terms to improve the present system of veteran support;
    b. remains cognisant of the impact the Review will inevitably have on the operations of DVA and encourage or direct remedial action to mitigate these effects on what are already well known concerns within key areas of DVA's operations and related areas;
    c. optimises the conclusions and recommendations from recent reviews that have identified many issues that could be addressed with minimal delay rather than start from the beginning again;
    d. notes that the Veteran Community covers a broad demography with different elements of that community having a wide range of needs, wants and desires;
    e. engages with the College of Psychiatrists to identify what they believe are the main issues limiting the effectiveness of the overall mental health system across Australia and specifically within the Veteran Community; and
    f. identifies options to address imbalances in the disposition of resources that are available to support veterans and their families across the Nation.

ENCLOSURE 2

RETURNED & SERVICES LEAGUE OF AUSTRALIA
NEW SOUTH WALES

RSL Australia

ROYAL COMMISSION INTO DEFENCE AND VETERANS SUICIDE

Returned & Services League of NSW

Ray James
State President
Returned & Services League of Australia
(NSW Branch)

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RETURNED & SERVICES LEAGUE OF AUSTRALIA, (NSW BRANCH) SUBMISSION OVERVIEW

RSL NSW

Founded in 1916, RSL NSW is a member-based charity comprising 340 sub-Branches and more than 26,000 members that provides support to members (who are veterans) and the wider veteran community and their families. By joining the RSL and connecting with their local sub-Branch, veterans access the benefits of the connection with people with shared experiences and the environment the sub-Branch provides to generate this camaraderie, mateship, and together, enable and continue commemoration. The importance of the RSL's voluntary role in organising and conducting commemorations across the State in most communities cannot be understated.

In NSW, members can also immediately connect veterans in need to an array of support services provided by our partner charity RSL LifeCare. (**Note**: RSL LifeCare Ltd will provide a separate submission to the Royal Commission.) RSL LifeCare provides veterans and their families with home care and assisted support, retirement living homes, aged care homes and specific veterans' services. Within veteran services the programs include RSL DefenceCare, which provides free lifetime welfare support to veterans and their families, including assistance with DVA claims and appeals, and immediate financial assistance. Other service programs include mental health therapy through an equine program, an employment program, housing assistance and a homeless veteran support program.

RSL NSW's sub-Branches make donations to RSL LifeCare ($2.1m in FY 21) to make these veteran services possible.

RSL NSW has been the leading ESO in NSW for the past 100 years and is currently implementing changes to ensure this is the case for the next century. This vision is enshrined in the *RSL NSW Strategic Plan 2021-26*[1], which provides a blueprint for RSL NSW to continue to support and be relevant for all veterans, especially by attracting new younger members. Other important changes include the Constitutional reform of 2019. This governance reform ensures the integrity of the League in NSW, and the independence and professionalism of RSL LifeCare, together providing the environment and services to support our veterans and their families, including meeting the needs of younger veterans.

It is important to note that RSL NSW and its sub-Branches are a charity. As required by NSW Government legislation, RSL Clubs are separate legal entities. RSL Clubs are commercial entities that typically operate licensed premises and are governed by different legislation. It is recognised that the community, and according to research, serving ADF personnel do not know the difference between clubs and the sub-Branch. Remedying this is a key component of the Strategic Plan.

Summary of submission

Defence and veterans' suicide is a crucial and ongoing issue in Australian society and of great significance to the membership of RSL NSW. The complexity of its causes and the intricacy of implementing solutions indicate that significant time, effort, and resources are required for the issue to be adequately addressed. The number of hearings, inquiries and investigations conducted into defence and veteran suicide in the past 15 years are testament to this fact. While conversations around suicide and mental health are challenging, and necessary reform difficult, it is inherent upon Australian society and the RSL to get it right. It is the least that can be done to honour the covenant between the Australian people and the serving and former members of the Australian Defence Force (ADF) who have sacrificed so much for them.

[1] https://assets.rslnsw.org.au/wp-content/uploads/2020/12/07094208/RLSNSW_StrategicPlan_web_final.pdf

The RSL NSW submission incorporates the views of RSL NSW members, advocates and sub-Branches, gathered through a survey and the receipt of individual submissions. Feedback from the subsidiary service delivery company, RSL LifeCare, are also reflected. RSL NSW drew on the significant breadth of evidence gathered in previous reports from inquiries into defence and veteran suicide. These include the *A Better Way to Support Veterans* report from the Productivity Commission, the *Veterans' Advocacy and Support Services Scoping Study* report, the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention and several others. Collating this evidence allowed RSL NSW to re-identify and test systemic causes of, and recommended solutions to address, the issue of Defence and Veteran suicide.

Much of the feedback provided to RSL NSW demonstrates that ex-service organisations (ESOs) that are member-based like the RSL provide a source of camaraderie, mateship, and support services that is invaluable to veterans. However, the current landscape for providing this support is challenging. The proliferation of the number and type of ESOs supporting veterans, their funding models (often relying on Government grants) and the vagaries of checks and balances has made the veteran support landscape quite confusing. Accordingly, RSL NSW has recognised, under its new Strategic Plan the need to re-focus the RSL on its core purpose and deploy its resources collectively to better coordinate all ESOs. However, the number of ESOs can only be reduced if the RSL demonstrates this capability to support all veterans, and in collaboration with other complementary ESOs. Implementing recommendations from previous inquiries into reform of the ESO sector, starting with establishing an ESO peak body (this could be the RSL) and defining the roles and accountabilities of ESOs in providing support to veterans, should be pursued to maximise the effectiveness of the services provided by these organisations.

For many veterans and their families, gaining access to wellbeing, support and health services is a mental health risk factor. Waiting times, fee schedules, a shortage of services in rural and regional areas, and a lack of information all pose barriers to veterans accessing wellbeing support and health services. Member feedback indicated that most veterans were happy with the services once they could access them. One impediment to accessing them was knowing about them and how to access them. The RSL intends to rectify this by leading a national collaboration to produce an easily accessible geographically enabled 'catalogue of services,' to be endorsed by the Departments of Defence and Veterans' Affairs. Furthermore, reviewing fees schedules and providing additional funding to these services is essential in providing Defence members and veterans adequate care.

Transition remains a challenge for many veterans. It is a confusing and disorienting process, disconnecting veterans and their families from communities when they are at their most vulnerable. The RSL is ready and willing to facilitate connections between ESOs, veterans and communities, and is eager to work with the Department of Veterans' Affairs (DVA), Defence, and the nascent Joint Transition Authority (JTA) to achieve this. RSL NSW also stands ready to partner with these organisations to provide additional support and services to families and carers of veterans. This is the driver for the collaboration between RSL and national level ESOs to produce and maintain the 'catalogue of services,' to be introduced to all transitioning members of the ADF and accessible to all veterans and their families.

Interactions with Government departments, particularly DVA and entitlements claims processes, are risk factors for veterans' mental health. As examined in previous inquiries, this is due to a variety of factors: the complexity and apparent combativeness of the system, staffing resources and training, waiting times, communication, recognition of service, and the quality of interaction with at-risk veterans. Systematic reform is likely required to comprehensively address these issues. RSL NSW, as part of an effective national RSL network, is ready and prepared to work with Government and other organisations to improve these processes to better support veterans.

As a result of the challenges for veterans in interacting with claims, wellbeing and entitlements services, advocates are a key feature of the veterans wellbeing and entitlements system. They provide an invaluable support service to veterans, and in doing so, address risk factors for veterans' mental health. Most of these advocates are volunteers. Despite the value of the services they provide to veterans, advocates face barriers in terms of training, insurance, funding, support and consultation with government bodies. These barriers discourage the entry of new advocates, particularly younger or female advocates. Reform of the advocacy model, including establishing planning and advisory bodies, increasing funding and geographical coverage for training and mentors, and recruitment strategies aimed at younger and female veterans are required to ensure the sustainability of providing advocacy services. RSL NSW has an extensive volunteer advocate network and can leverage this invaluable resource to help improve advocacy services.

While this submission focuses on three areas of the Terms of Reference, one strategic 'upstream' factor that should be examined is the impact on service personnel from back-to-back postings in high readiness 'frontline units.' Outsourcing and civilianisation of military positions, particularly from the 1990s onwards, has limited opportunities for ADF personnel to experience longer periods of integrating with the general community in the main population centres of Australia, including family involvement in sport and other community activities. A lack of 'rear area' or support area postings could contribute to 'transition shock', as ADF personnel have not had an opportunity to experience the general community and what life is like without an 'umbrella' ADF family.

A Note on Previous Inquiries

The Royal Commission follows a series of hearings, inquiries and investigations related to Defence and Veteran suicide and mental health since 2007, 11 of which have been completed since 2016. A summary of the most recent of these reports is available at **Annex 1**. RSL NSW supports the majority of the recommendations made in these previous inquiries and hearings.

Throughout these inquiries, it has been common for governments to delay implementing recommendations. This is a source of significant frustration and a cause for cynicism as to the value of these inquiries among veterans, including the potential efficacy of the Royal Commission. The community expectation is that the time to act is now. The *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention, released in September 2021, makes these points strongly[2].

[2] Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, (Canberra, 2021): 20.

WITH RESPECT TO THE ROYAL COMMISSION'S TERMS OF REFERENCE

a. Risk factors relevant to defence and veteran suicide, such as:

i. Transition out of the Australian defence force (ADF) or between service categories

Issues

Feedback provided by RSL NSW members demonstrates the challenge transition from the ADF poses to mental health. Veterans who responded to RSL NSW on this question uniformly stated that transition was, at the very least, difficult and was the period when a veteran and their family were most vulnerable.

"The difference between suicide predischarge and post-discharge, I believe, can be partly attributed to the loss of routine, belonging and community mental health stigma."

– Lee, Moss Vale

"I find that the community has no idea what it is like to serve and give your life to the service. They then have no idea what it is like to have to leave. It is like we have learnt anything from previous wars."

– Anonymous

"As a defence member there is no or little regard in helping people transitioning to civilian life."

– Calvin, Cronulla

This feedback outlined that the process was confusing, that assistance from Defence was insufficient, and that many veterans did not seek support from either the Government or an ESO for long periods following being discharged.

"I had no support at the time of transition. It wasn't until I was seeking medical treatment for past injuries that I engaged with any service."

– Stephen, City of Wollongong

"I discharged from the RAN in 2002. I had a resettlement seminar which gave me nothing. I did not have any organisational input and did not make contact with my local RSL sub-branch until 10 years after discharge. I wasn't given any type of help in applying for work."

– John, Wyong

Research consistently shows connection to community and employment is important for the mental health of veterans, especially when transitioning from the ADF[3]. Integration into a local community, within the broader Australian society, is a critical component of transition. This is an urgent area of need, particularly regarding service provision[4].

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[3] Dr Annabel McGuire & Catherine Rosenberg, *RSL Life Care: Scoping Project Report (Draft)*, Gripfast Consulting (Brisbane, 2020): 15 (Annex 2) and Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (Canberra, Commonwealth of Australia, 2019):

[4] Dr Annabel McGuire & Catherine Rosenberg, *RSL Life Care: Scoping Project Report (Draft)*, Gripfast Consulting: 16

While the Defence Community Organisation (DCO), now called Defence Member and Family Support, can be effective, it is available only in the limited number of communities that hold a Defence presence. The freedom for a veteran to move to any community upon discharge means Defence Member and Family Support does not, or cannot, provide its service during transition.

"Defence Member and Family Support were a great help, but I feel they are stretched to the limit. They want to help more but don't have the people."

– Maryanne, Gundagai

Outsourcing and civilianisation of military positions, particularly in the 1990s onwards, has limited the opportunity for ADF personnel to experience longer periods of integrating with the general community, including family involvement in sport and other community activities. A lack of 'rear area' or support area postings could contribute to 'transition shock', as ADF personnel have not had an opportunity to experience the general community and what life is like without an 'umbrella' ADF family.

Solutions

The gap in local community integration support can be addressed by the ESO sector. The nature of needs during transition – local community connections, knowledge of available services and contacts, mateship, and peer support – are areas in which ESOs excel. Through its State Branches in each capital city, and respective sub-Branch networks across the country, the RSL is the ESO best placed to deliver transition support.

To facilitate support from the RSL, a mechanism (with appropriate privacy protections) should be created for Defence/Defence Member and Family Support/JTA to alert the RSL when an ADF member discharges into a particular area. This can include an 'opt in' provision for the ADF member, where they opt-in to being contacted by a local sub-Branch before the service is activated, in order to protect a veteran's privacy. The community integration support service provided at the local level by each RSL sub-Branch could be coordinated through a single point of contact for Defence Member and Family Support at each RSL State Branch, with a support package based on that currently provided by Defence Member and Family Support for new postings.

This promotes the development of a positive relationship between the veteran and the local RSL sub-Branch and supports the veteran and their family in transition. This type of support respects a veteran's pride and independence, while giving practical help to their family. It also lays a foundation of trust, encouraging the veteran to approach RSL early if additional assistance is needed in the future.

Peer-to-peer programs also represent an important form of transition support and local community integration activity. RSL NSW members and advocates supported this type of activity.

"For visitation and hospital visits we need to engage veterans to visit their same theatre of service or age group…A dedicated group of the same cohort supporting the same age group cohort to stop social disconnection."

– Jon, Avalon

The Open Arms Community and Peer Program is a good example of this type of program. It is being expanded with additional funding in 2021, and RSL NSW acknowledges this as a positive step. This is an invaluable program and should be expanded further. RSL NSW is ready to support this expansion through its own network.

ii. Access to, availability and timeliness of, health care, wellbeing and support services (physical and mental health support services), including the quality and effectiveness of these services

Wellbeing and support services issues

RSL NSW members elaborated that wellbeing and support services were not always easily available, in particular Open Arms and Defence Member and Family Support. This was confirmed by RSL NSW-linked advocates.

"Making referrals to Open Arms and/or Defence Member and Family Support for veterans displaying suicidal thoughts or behaviour is very difficult, almost impossible."

– Anonymous, Advocate

While sometimes difficult to access, overall, veterans and their families/supporters were satisfied once they connected to these services.

I engaged with Open Arms. It was very difficult and just in time.

– Stephen, City of Wollongong

Open Arms, although I have not needed their help, have often touched base to see how I am through their outreach program, which I am grateful for.

– Martin, Redfern

The responsiveness of wellbeing and support services was raised as an issue by some RSL NSW members. This has caused some veterans to turn away from larger government service providers and ESOs, to grassroots networks. RSL NSW recognises this is an area where it needs to improve as an organisation.

"The most relevant and quickest response to a number of [cases of] suicidal ideation among members has been through grassroots interment social networks and Red Six. Opens arms, DVA and RSL do not offer critical time response and are not monitored 24/7 unlike social media in the veterans' unofficial grassroots networks."

– Jon, Avalon

The above issues are compounded for veterans living in rural and regional areas. In line with the provision of health care and public amenities in Australia more generally, veterans in regional and rural areas face barriers in accessing appropriate health care and services.

"The key concern for this district and other co-located districts in the northern NSW area is the lack of health specialists, especially mental health. The lag times of more than one month is unacceptable and this matter has been compounded by the lockdowns."

– Old Bar Beach sub-Branch

"Being in Regional NSW, we are distanced from direct support by Open Arms and DVA. The Veterans Centre Mid North Coast (VCMNC) at Coffs Harbour is the closest advocacy service NGO to deal with DVA."

– Nambucca Heads sub-Branch

This is an important consideration, given that a large proportion of the veteran population live in rural and regional areas[5].

Solutions

RSL NSW can connect veterans with wellbeing and support services through its network of sub-Branches and volunteer advocates. This will be facilitated by creating an easily accessible geographically enabled ‘catalogue of services,’ which will be available to all RSL NSW volunteer advocates and sub-Branches as a reference point for veterans looking to access services.

Medical fees and accessibility challenges

RSL NSW understands that DVA payments to specialists, particularly in the mental health area, fall significantly short of the AMA fees list. The DVA fee schedule has been indexed inadequately since the years of the Howard Government, and now sit far below the fees paid for comparable workers compensation arrangements[6].

This forces medical specialists to either accept a significantly lower rate of remuneration for working with veterans, or to decline to accept DVA payments altogether, narrowing the choice for veterans seeking a specialist to suit their individual needs. While measures such as Non-Liability Health Care are positive, until payments to providers are sufficient, veterans will continue to face barriers to care[7]. This problem is particularly acute when considering the shortage of psychiatric care available for veterans.

“It is extremely difficult to access a psychiatrist that will accept DVA gold card. Most will not accept you as a patient once you mention DVA.”

– Tony, Gundagai

“Many private psychologists do not accept DVA schedule of fees and clients can be left out of pocket.”

– Anonymous, Advocate

RSL NSW is aware that the Royal Australian and New Zealand College of Psychiatrists has raised the DVA fee schedule with the Government as a matter of priority. Combined with high caseloads and long waiting lists and the increased reporting and workload requirements for DVA compared to Medicare patients, psychiatrists have significant disincentives for providing care to veterans[8]. The RANZCP has advised the estimated average wait time for a veteran to see a psychiatrist is at least 6-10 weeks.

Solutions

RSL NSW can work with DVA to produce a ‘catalogue of services’ for veterans, which DVA can assist in by providing a publicly available list of registered health providers willing to accept DVA fees as full payment for health care services.

[5] Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report* (Canberra, Aspen Foundation, 2016): 22.
[6] Australian Medical Association, *DVA Fees for Medical Services for Veterans*, August 2021 (Annex 3)
[7] Ibid.
[8] Royal Australian and New Zealand College of Psychiatrists, *Response to RSL NSW Inquiry*, August 2021 (Annex 4)

d. The role of non-government organisations, including ex-service organisations, in supporting defence members, veterans, their families and others within the community.

Role of the RSL

The *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention outlines the significant role ESOs play in supporting the health and wellbeing of veterans and their families. These organisations provide claims support and advocacy, wellbeing and psychosocial services, and policy advocacy for systemic change. To quote the interim National Commissioner, "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.[9]"

The Interim National Commissioner goes on to state:

> *"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.[10]"*

Much of this feedback supports the information from surveys and submissions provided to RSL NSW by its members.

I can honestly say that without the support of my local RSL branch and the advocate that they have provided me, I and my family would not have survived.

– Paul, Engadine

RSL NSW has a network of over 340 sub-Branches and chapters across the State. Sub-Branches are operated by veteran volunteers from all conflicts who stand ready to support their mates. Camaraderie and mateship between members, veterans, and their families, is an important element of what the RSL can offer. Membership of the RSL is not a pre-requisite for receiving support from the RSL.

My membership of the sub-Branch has helped me adjust to life after the Army and has continued to provide comradeship and mateship which is important to me.
– Brian, East Maitland

I have never needed help or support [from DVA or other services]. The fact of membership of and comradeship with other members is enough. *– James, Bathurst*

The RSL has the network, the history, and the capacity to connect veterans to their communities through sub-Branch activities, commemoration events, and relationships with service providers. This is particularly important during the transition phase, where a veteran and their family may feel isolated or vulnerable.

It is a great way to connect and make friends when we retire from the ARA.

– John, Kyogle

[9] Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 53.
[10] Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 53.

Being based in local communities for many years means sub-Branches have deep connections within these communities. As such, RSL sub-Branches have relationships with service providers and can help to link veterans to these services. RSL NSW will continue to play this role, and is prepared to link with DVA, JTA, Defence and other organisations to provide these connections to veterans.

Networking within ESO's enables you to connect with the services available because members have used them. You can get firsthand knowledge, rather than seek out the services yourself when you need them.

– Malcolm, Castle Hill

RSL and other ESOs play an important role in providing wellbeing and advocacy services to veterans. This is done through a network of dedicated Wellbeing and Compensation advocates. In NSW, more than 75 volunteer advocates linked to RSL NSW sub-Branches work to improve the lives of the veterans in their communities. These advocates help veterans interact with the DVA claims and compensation system and provide them support in the community.

ESOs are invaluable in supporting veterans in their dealings with DVA and in crisis. Our sub-Branch helps veterans year on year in crisis situations for their welfare and wellbeing, and up until recently, for compensation advocacy to the DVA. Veterans do not need to be members of the sub-Branch to obtain wellbeing and other assistance.

– Nambucca Heads sub-Branch

Additionally, RSL sub-Branches are the custodians of commemoration in their communities and welcome new members and volunteers to assist with coordinating events to remember veterans' service and sacrifice. This is a way to draw recently separated veterans into the broader community.

A recent example of the community work of the RSL can be seen during lockdowns in NSW caused by the Delta variant of the COVID-19 pandemic. RSL NSW veteran members delivered 100 care packages to Australian Defence Force (ADF) clinicians and support personnel deployed in Western NSW in appreciation for their efforts in response to the COVID-19 situation.

The care packages, consisting of personal care items and treats not otherwise accessible by troops while on deployment, were delivered by veteran members of the Dubbo RSL sub-Branch to the ADF Task Force's temporary headquarters at the NSW Rural Fire Service Training Academy at the Dubbo City Regional Airport.

RSL NSW acknowledges there are areas where it can improve in the support and services it provides to members and all veterans. The average age of RSL NSW's membership skews older, and there is a need to both encourage young veterans to join the RSL and to better meet their needs. The *RSL NSW Strategic Plan 2021-26* provides the blueprint for the organisation to maintain its relevance as the leading ex-service organisation. This includes establishing a Young Veterans Policy Committee to ensure younger veterans have a voice and direct access to the RSL NSW Board, focusing on mateship activities that are attractive to younger veterans, such as sport, and connecting younger veterans with their communities.

Fragmentation, Funding and Feedback Issues

Veterans' organisations play an important role in the veteran support system. However, there is scope for the Government and ESOs to better leverage this support to make it more effective and relevant to the veteran community. To achieve this there needs to be greater clarity around why government funds advocacy and wellbeing supports provided through veterans' organisations[11].

[11] Productivity Commission, 'Volume Two', *A Better Way to Support Veterans* (Canberra, 2019, no. 93): 531.

The ESO landscape in Australia is vast and fragmented. As outlined in the Ex-Service Organisation (ESO) Mapping Project, there are 3,474 charities that nominate veterans as a beneficiary, 519 of which nominate veterans as the sole beneficiary[12]. There were 69 Veterans Services Organisations identified. As noted by the Mapping Project, this probably underestimates the numbers of organisations involved in assisting veterans. The sheer number of ESOs operating causes several problems.

These ESOs compete for what is, essentially, the same pool of government funding, such as Building Excellence in Support and Training (BEST) and Veteran and Community Grants (V&CG). How effectively these grants are deployed is questionable. As outlined in the Productivity Commission Report, neither DVA nor many ESOs have the capacity to assess the effectiveness of the funding[13]. The majority of the grants do not fund evidence-based activities to improve the health and wellbeing of veterans.

A related challenge is the quality of service being provided by ESOs. As currently constituted, there is no framework for minimum standards of the quality of services being provided by ESOs to veterans. Consequently, the quality of service, advice and support provided to veterans by ESOs is inconsistent and potentially harmful, however well-intentioned it may be.

The fragmentation of the ESO sector impacts the ability of ESOs to provide advice to, and be involved in effective consultation with, Government bodies. Many of the issues identified with the veteran support system can be attributed to inadequate engagement between the veteran community, broader stakeholders and Government bodies[14]. It seems that ESORT is used as a public service announcement forum for DVA, and that deep and strategic involvement from ESOs on policy decisions is limited – consultation as a box ticking exercise. Again, the Productivity Commission Report outlined these issues and RSL NSW members supported engagement with ESOs on matters of importance to veterans.

DVA should actively engage with ESO's to identify and assist at risk veterans. ESOs and veterans are best placed to identify potential suicides and should be better assisted to get treatment and counselling initiated.

– Anonymous

RSL NSW acknowledges issues in representing the voice of younger and marginalised veterans, in both formal consultative forums such as ESORT, and within the ESOs themselves[15]. The RSL is not exempt from this problem. Given these veterans are disproportionately represented among the cohort of veterans experiencing challenges with mental health[16], it is inherent upon both the Government and ESOs to provide this representation.

Challenges with providing support for younger veterans extends beyond their participation in consultation. RSL NSW research has shown, as has been demonstrated elsewhere, that many younger veterans more readily identify with non-member-based Veterans Support Organisations[17].

There is usually a disconnect in age groups with most ESO; Afghan, Iraq, etc Veterans having to deal with Vietnam Veterans.

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[12] Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report:* 27.
[13] Productivity Commission, 'Volume Two', *A Better Way to Support Veterans*: 563.
[14] Ibid: 571.
[15] Ibid: 570.
[16] Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*: 13 & 14.
[17] Mahlab, *RSL NSW Qual Results August 2021*, August 2021 (Annex 10)

– Jon, Avalon

This has contributed to the growth of many smaller, informal ESOs and online-based veterans' networks, and subsequently to the fragmentation of the ESO sector[18]. Additionally, many young veterans live in areas with minimal local veterans' services[19]. Government and ESOs must work together to reach this cohort and ensure the provision of appropriate services, support, and advocacy.

Solutions

Improvements can be made to the ESO sector in terms of resourcing, quality of service provision and relations between ESOs and the government. RSL NSW is ready to contribute to the reform of the ESO sector, through its position as the lead ESO, and to make internal improvements, including through implementing its *Strategic Plan 2021-26*.

The Productivity Commission Report, *A Better Way to Support* Veterans, the *Veterans' Advocacy and Support Services Scoping Study* (Scoping Study Report) and the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide make several useful recommendations on these matters. RSL NSW supports the implementation of recommendations from previous hearings and inquiries, including the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention, Recommendations 11.4, 12.1, and 12.7[20] of the Productivity Commission Report, and Recommendation 10 of the Scoping Study Report[21].

Peak Body

RSL NSW sees merit in creating a peak body of ESO service providers to establish firm ESO stewardship and self-regulation of the sector, modelled on the Australian Council for International Development (ACFID), the peak body of accredited NGOs delivering international aid services. This would constitute a joint venture of major ESOs, created as a separate legal entity, independent of DVA. RSL NSW observes this organisation could be based upon the already well established RSL, which is an independent national body. RSL NSW is willing to contribute to the establishment, governance and ongoing operations of such a body. Amongst other duties, the body would be responsible for formally accrediting ESOs offering professional services for veterans and veterans' families (rather than organisations limiting their activities to political advocacy and lobbying).

Accredited ESOs would be recognised as member organisations of the peak body, which would serve as a condition of access to DVA funding through its Building Excellence in Support and Training (BEST) grants program. Accreditation would be based on a thorough assessment of an ESO's record of meeting specified requirements and standards, including in service quality and consistency; competency and stability of claims advisors, advocates and support workers; fundraising; governance; financial reporting; and complaints handling. RSL NSW would be a willing partner in the design and issuing accreditation as a member of any such peak body.

Consultative forums

RSL NSW supports previous recommendations for consultation with ESOs, including the creation of a ministerial advisory council and government funding for policy advice from ESOs, such as the model utilised

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[18] Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report:* 6.
[19] Ibid*:* 6.
[20] Productivity Commission, 'Volume one', *A Better Way to Support Veterans*: 61.
[21] That DVA should consider establishing an ESO Peak body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services.

by the United Kingdom's Veterans Advisory Board in implementing the above model[22]. These represent common sense, practical approaches to improving consultation between ESOs, veterans and the Government.

RSL NSW recognises there is a need to represent a more diverse ranges of voices at such consultative forums, which have previously been dominated by large, established organisations with large, established memberships. Providing more targeted approaches to consultation will be of particular use to young, marginalised, and vulnerable veterans. Internally, RSL NSW is reflecting this approach by establishing its own policy committee dedicated to the needs of young veterans.

<u>Funding and Quality of Service</u>

The quality of service provided to veterans should be a focus of any reform. Establishing a minimum standards framework for self-assessment of quality of service by ESOs for veterans' wellbeing should be a minimum requirement and is well overdue[23]. RSL NSW and RSL LifeCare have the resources and expertise to assist DVA in creating this minimum standards framework. RSL NSW can help DVA to improve policing and outcomes-focused measures, and to develop them in consultation with the ESO community. RSL NSW notes this work is already underway, through the working group established by ESORT to discuss and develop service standards for ESOs as part of the 2022 BEST Grant round. This work should be applauded and accelerated.

DVA should consider formalising BEST grants to jointly fund professional ESO service provision, whereby both DVA and an ESO provider of claims, advocacy and/or support services to veterans would contribute equally towards service provision, each bearing half the funding cost. This reform is in line with the system in place for the National Disability Insurance Scheme. RSL NSW is enthusiastic about working in such a manner with DVA to improve the quality-of-service provision by ESOs. RSL NSW and RSL LifeCare expertise can also be leveraged to engage with other ESOs in capacity building activities.

[22] 'Veterans Advisory Board', https://www.gov.uk/government/groups/veterans-advisory-board, The Government of the United Kingdom: accessed on 30 September 2021

[23] 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): 54.

f. Issues that exist within, and the availability and effectiveness of, support services for families and others:

i. Affected by defence or veteran death by suicide
ii. Who have supported a defence member or veteran with lived experience?

Issues

When veterans suffer from serious mental health conditions, family members can also live in a traumatic environment. They may endure domestic violence and controlling behaviour, experience feelings of isolation, exhaustion and chronic sorrow, and/or begin to mirror the symptoms of the veteran (e.g. hyper-vigilance, anxiety, depression, anger, frustration, social isolation). Feedback from RSL NSW members indicates it is difficult to access direct support for the families of veterans.

"I have struggled with this as my friend within the defence force committed suicide and the support within and after service didn't allow myself or family to be able to live a normal life. This has impacted on my wellbeing and mental health."

– Craig, Avalon

"When I have reached out to these groups in search of help for myself or my family, I have encountered well-meaning people desperately trying to help, but totally unable to…due to a bureaucratic, uncaring and confusing system involving too many different government entities, none of which communicate with each other, causing distress and hopelessness."

– Paul, Engadine

This was also true for those who supported a veteran with lived experience.

"My wife and children have all been extremely negatively impacted by my condition…Too much red tape for my wife and my family when it comes to getting any help. They are all severely traumatised by my experience in dealing with DVA."

– Raymond, Delegate

The most urgent needs of carers and families of vulnerable veterans are:

- clear, understandable, and readily accessible information about the veteran's condition, how best to manage it at home, and support services available;
- access to programmes to build resilience in families of veterans to cope with trauma;
- access to mental health support (including counselling, peer support, workshops, etc.);
- respite from constant responsibility, and from feelings of isolation, exhaustion and chronic sorrow;
- financial support for family members forced to leave work or take excessive leave without pay to care for the veteran;
- practical impact-minimisation support including cleaning, maintenance, and safety in the home;
- adequate transition support for medically discharged veterans and their families, who often experience the sudden loss of support networks and housing due to a hastened departure from Defence;

- support for the children of vulnerable veterans, and recognition of their specific needs; and
- surety the veteran will continue to receive high-quality care when family members are no longer able to provide it themselves.

Solutions

RSL NSW and RSL LifeCare stand ready to contribute to efforts to support families of veterans, including partners, parents, children and other carers. As outlined by Recommendations 8.2 and 8.3 of the Scoping Study, DVA and ex-service organisations should consider how they can best assist veterans' families, particularly those committed to the long-term care of a veteran.

DVA and major ESO service providers and other experienced NGOs supporting carers across Australia should investigate establishing and funding a comprehensive peer support programme for families and carers to provide support to families of veterans in need. The programme should focus on creating local, face-to-face support networks allowing carers to meet and provide practical support and advice, rather than online support groups. An effort should be made to incorporate this programme within existing carers' programmes throughout Australia to avoid duplicating existing services. RSL NSW can offer its resources and network to support the establishment of such a peer support program.

g. Common themes and issues among defence members' and veterans' experiences in accessing claims, entitlements, and support services from government, including trying to engage with multiple government organisations

DVA issues

The negative impact of interaction with the Department of Veterans' Affairs (DVA) was the main systemic issue identified in the feedback RSL NSW received from veterans, advocates, and sub-Branches. RSL NSW's survey results showed that many veterans saw the DVA system in a negative light. Of the 51 respondents to RSL NSW's survey, 43 had a negative impression or comments about DVA (85 per cent). Of these, 32 per cent identified DVA as contributing significantly to their mental health concerns.

> *I can tell you from personal experience that DVA is a huge contribution in my attempts in committing suicide.*
>
> *– Ross, RSL NSW*

> *Veterans' frustrations with DVA are probably a causal factor of individual suicide when examined what lack of social security support DVA provided.*
>
> *– Nambucca Heads sub-Branch*

> *I firmly believe there is credible link between the approach taken by DVA when dealing with veterans and the rate of veteran suicide. The Department is a cause of considerable frustration that increases the stress loading on at risk veterans.*
>
> *– Anonymous*

Claims systems, entitlements, and support services issues

RSL NSW members, advocates and sub-Branches identified several systematic failings have contributed to these negative interactions for veterans. They include:

- **System complexity:**

Feedback from RSL NSW members and advocates outlined that the existing system for veterans' compensation and rehabilitation is a patchwork of inconsistent availability and quality of service, sewn on a base of overly complex legislation. This is demonstrated by the number of inquiries and investigations that have recommended legislative reform[24].

> *Confusing, unintelligible, frustrating uncaring and in some of my experiences done right vindictive. These are the terms that come to mind from my experience in dealing with the Government or the DVA.*
>
> *– Paul, Engadine*

- **System combativeness:**

Feedback provided to RSL NSW in response to the Royal Commission showed that many veterans saw the DVA system as combative and anti-veteran, and many RSL NSW members felt that DVA staff were generally

[24] Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 105.

lacking in appreciation of the breadth of day-to-day realities of life in Defence. There was a consistent perception that the default position from DVA was to deny claims. This led some veterans to forego engaging with DVA at all.

It is a battle with DVA to achieve anything meaningful as the impression I get is that rejection of a claim is the default DVA position.

– Lindsay, Lockhart

I don't even try accessing claims, entitlements, and support services from government.

– John, Tamworth

- **Staff resources and training:**

In terms of training, Productivity Commission Report Recommendation 9.2 states that DVA should ensure staff 'undertake specific training to deal with vulnerable people and in particular those experiencing the impacts of trauma'[25]. The necessity of implementing these recommendations was confirmed by several veterans in their response to RSL NSW.

When I approached a support person with my file, they informed me to look through my medical docs and then pull out the relevant areas. This was not possible as the task caused triggering my condition.

– Craig, St Marys

This is supported by Recommendation 4.3 of the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention[26].

- **Waiting Times**

Waiting times for determining claims were one of the key systemic barriers identified by RSL NSW members, advocates and sub-Branches. The complexity of the system, resource shortages and insufficient staff capacity has led to long waiting times for determinations of claims, which were specifically identified by 32 per cent of veterans as a significant issue they faced when dealing with DVA. This is compounded by delays in approving reimbursements for expenses such as travel costs.

I have been waiting 18 months for a claim to even be looked at, in the meantime my body is arthritic, broken and my mental health is being shattered by DVA and their delays.

– Jon, Avalon

I have waited nine months for reimbursement and currently been waiting for two months now and I am again about to put in another ministerial. The impact on my mental health due to the money stress is tremendous.

– Martin, Redfern

RSL NSW advocates and sub-Branches pointed to these wait times as a significant barrier to veterans accessing services, with a corresponding impact on their clients' mental health.

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[25] Productivity Commission, 'Volume one', *A Better Way to Support Veterans*: 53.
[26] Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 25.

It sometimes takes weeks to obtain an answer to a simple problem and there are excessive delays in resolving claims. These delays have a marked impact on the mental health of the claimant.

– John R Brien, Advocate

- **At risk veterans**

Support from DVA when dealing with veterans in crisis or at risk of suicide is another significant issue identified by veterans and advocates.

DVA has a lot to answer for when it comes to dealing (or rather shunning) veterans in crisis with ideas of suicide.

– Nambucca Heads sub-Branch

Even trying to obtain assistance from Triage & Connect has been problematic, including one recent case where the veteran was exhibiting suicidal tendencies and needed urgent support.

– Anonymous, Advocate

- **Communication:**

RSL NSW members and advocates stated that this is compounded by ineffectual communication between veterans, advocates, and DVA.

DVA staff do not return calls despite providing a time and date when they will ring veterans and advocates. This has a bad impact of veterans with terminal diagnosis and often causes worsening of their mental health claims. DVA staff [are] effectively contributing to veteran self-harm.

– Anonymous, Advocate

Dealing with DVA is extremely difficult. Communication is not easy.

– Anonymous, Advocate

- **Recognition of Service**

Recognition of service by DVA, or lack thereof, was identified by a significant minority of veterans as affecting their mental health.

The old time worn answer from the DVA of, "Sorry we have no record of your service". How would that make you feel?

– Paul, Engadine

Being denied the correct recognition for being on war service is completely devastating causing a great deal of self-worth and distrust in the Armed Services.

– Warren, North Ryde

Just basic things like getting my service properly displayed on their website is impossible and to be told it doesn't matter was beyond reproach.

– Anonymous

- **Support for female veterans**

Despite specific recommendations in both the Scoping Study Report[27] and the Inquiry into Transition report[28], engagement with female veterans, encouragement to augment the number of female advocates, and to develop female-specific services have not been addressed. This needs to be addressed urgently, given the participation rate of women has reached 19.2 per cent[29], and is only likely to increase. RSL NSW recognises its own failings in this area and is seeking to address representation and access for female veterans through its *Strategic Plan 2021-26.*

Solutions

The Productivity Commission report demonstrates that DVA's Veteran Centric Reform program is showing some promising signs of progress. RSL NSW support the implementation of the program and any steps to hasten the process. RSL NSW also supports the implementation of Action Areas 1-5 and 9-10 of the Collie Report.

RSL NSW is committed to improving communication between DVA, veterans, advocates, ESOs and the public. RSL NSW will continue to use its communications channels to distribute messaging from DVA and facilitate contact between DVA and stakeholders linked to RSL NSW.

RSL NSW is also committed to working with DVA to improve veterans in accessing claims, entitlements, and support services. RSL NSW will continue to use consultation forums, such as the DVA NSW's Deputy Commissioner's Consultative Forum, to explain the perspective of its members and stakeholders on the ground and work to find solutions to any issues in conjunction with DVA.

[27] Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families:* 20.
[28] Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force*: xxii.
[29] Department of Defence, *Annual Report 2019-20*, (Canberra, 2020): 101.

Advocacy and ATDP issues

Volunteer wellbeing and compensation claims advocates are an important resource for veterans' ability to access claims, entitlements and support services.

I was encouraged to see a volunteer advocate who helped me through the process. Without this help I would have been lost. I commend those who fill this role.

– Brian, East Maitland

While this is the case, it is estimated that half the ESO pension support volunteer workforce will need to be replaced in the next 10 years[30]. Given the barriers faced by veterans in accessing claims and wellbeing systems and services, and the subsequent negative impact on their mental health, volunteer wellbeing and compensation claims advocates linked to ESOs have an important role to play in veterans' mental health.

Advocates and claims advisors, both professional and volunteer, often work in poorly defined roles and deal with confronting, high pressure situations beyond their training. Gaps in the system, and its sluggish and byzantine nature, have reinforced strong, negative views of the claims and appeals process within the Defence and ex-Defence communities, and especially of DVA.

These difficulties, coupled with not insignificant training burden and insurance requirements, has precipitated a shift towards the professionalisation of claims advocacy support. This aligns with Recommendation 11 of the *Veterans' Advocacy and Support Services Scoping Study Report*[31]. It is likely that without a significant injection of funding to support the professionalisation of claims advocacy, and to allow veterans to access this advocacy, this recommendation will not be met.

It is unlikely the need for volunteer advocacy services will disappear, at least not in the foreseeable future. The rise of professionals in the veterans' sector needs to complement and support the existing volunteer system. This is due to the intricacies of military service, its impact on veterans, the realities of medical diagnosis and the need to ensure value for taxpayers.

Volunteers will continue to act as the eyes and ears of the system at the grass roots level. Beyond assisting veterans by identifying health needs and available DVA benefits, volunteers should be tasked with recognising vulnerable veterans and families, and making early referrals to professional claims advisors, advocates, and support workers when appropriate.

Feedback from RSL NSW's volunteer advocates outlines that they face significant barriers in providing their services. There are issues with the recognition of prior learning for advocates in the ATDP training process, it can be difficult to find an appropriate course, there is a requirement for face-to-face training, and Consolidation and Assessment processes are time consuming. While volunteer advocates are passionate and selfless supporters of veterans, these barriers are significant, and likely discourage younger veterans from pursuing advocacy. This is also true for advocates for female veterans.

To become an advocate in a rural area has been a battle from day one. To get reasonable adjustment for my disabilities, then having to develop the tools to manage my clients, promote and overcome ignorance and the importance of wellbeing work, be resourced to do the job, and now find a new mentor/supervisor when there is no visibility of available people in the State. So, are we serious about the wellbeing of veterans and reducing the suicide rates?

[30] Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 6.

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

– Scott, Uralla

Discussions with dozens of RSL NSW sub-Branches have shown there is a shortage of mentors available to ATDP-accredited advocates or advocates in training to allow them to attain higher accreditation. This shortage is particularly acute in regional and rural areas.

The effect of this lack of mentors is fourfold:

1. Prospective (younger) advocates do not commit to the program or training.
2. Current advocates are unable to upskill to provide additional services to their clients.
3. Advocates previously qualified under the TIP scheme, or looking to become ATDP-accredited, have either stopped providing advocacy and wellbeing services, or have not commenced training.
4. Veterans have reduced access to ATDP-accredited advocates.

In terms of consultation, DVA/ATDP continually commits to consultation on advocacy policy and ATDP arrangements. However, this has not been consistently demonstrated in practice. A DVA Discussion Paper relating to ATDP Governance Arrangements contains the following line:

"ESOs will not exercise decision-making powers over the training content or development and future direction of the ATDP."

Given the ESO/volunteer basis of the ATDP program, better engagement and consultation with ESOs and volunteer advocates on the design of training programs and accreditation is required.

How is this trust building? Where was the consultation? What consideration has been made in this process as to its impact on mentors and support for advocates in training.

– Scott, Uralla

<u>Solutions</u>

RSL NSW supports the implementation of Recommendation 12.3 of the Productivity Commission Report to fund claims advocacy services in areas where it identifies unmet needs[32]. RSL NSW is ready to deliver these services and will make available the expertise and resources of RSL NSW and, along with RSL NSW's service delivery partner, mobilise the full-time paid advocates and support systems to support and mentor the volunteer force.

RSL NSW supports the implementation of Scoping Study Report Recommendation 10 – that DVA should consider, in consultation with ESOs and veterans' advocates, establishing a body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services[33]. RSL NSW is willing to lead or assist DVA in creating this body, and to be involved in its work on an ongoing basis.

RSL NSW will examine changes to the training and advocacy model, and the way it delivers its own advocacy services, that encourage younger and female advocates to become involved in the system, and to encourage the engagement of younger veterans.

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[32] Productivity Commission, 'Volume Two', *A Better Way to Support Veterans*: 544.

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

CONCLUSION

In summary, there is considerable work ahead of the Government, the ADF, DVA, ESOs and Australian society in addressing the risk factors linked to Defence personnel and veterans suicide. Veterans continue to face barriers regarding transition from Defence, accessing services for themselves and their families, and in their interactions with Government departments and claims processes. While ESOs such as RSL NSW and the advocates linked to them represent an important source of health and wellbeing support to veterans, the difficult landscape that these organisations operate in hinder them functioning in the most effective way.

The recommendations that have been in the public domain for over a decade through various inquiries and reports suggest many of the required solutions to these causal risk factors. The Royal Commission can build upon these and emerging capabilities to make recommendations for sustainable and effective frameworks to lessen the likelihood of suicides.

RSL NSW, with the support of the Government and the wider complementary ESO community, stands ready to provide the necessary support for veterans at risk of suicide.

ENCLOSURE 3

RETURNED & SERVICES LEAGUE OF AUSTRALIA QUEENSLAND

RSL Australia

RSL QUEENSLAND RESPONSE

Royal Commission into Defence and Veteran Suicide

RSL
Queensland

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Opening remarks

Thank you for the opportunity to contribute to the Royal Commission into Defence and Veteran Suicide.

The Initial Background Paper to the Royal Commission into Defence and Veteran Suicide prepared by the Department of Veterans Affairs (DVA) has concisely referred at page 2 to the demands of employment placed on service personnel and their families as follows:

> *'Military service is unique on a number of levels. The ADF exists to use military force to achieve national objectives, and this defines military service as different to all other civilian occupations. It places unique demands on service personnel (and their families), requiring them to sacrifice certain personal rights and freedoms, and exposing those who serve to risk of harm and even death[1].'*

The uniqueness of the demands placed on serving members and their families must be at the forefront of any consideration regarding the disproportionate rate of suicide that has been identified as existing at stages within their life experiences.

When considering the suicide rates of members and former members of the ADF, the Australian Institute of Health and Welfare (AIHW) reported that the age-adjusted rate of suicide for the period 2002 to 2018 compared to the Australian community was:

- 50 per cent lower for male permanent serving ADF members
- 49 per cent lower for males in the reserve
- 21 per cent higher for ex-serving males
- 127 per cent (or 2.27 times) higher for ex-serving females. [2]

The AIHW report also found that ex-serving males who voluntarily separate from the ADF have a suicide rate similar to that of the Australian population. However, the rate of suicide in ex-serving males was higher for those who separate from the ADF for medical or other involuntary reasons.

The statistics clearly show a higher rate of suicide for ex-serving females.

The AIHW noted that currently, the exact number of Australian veterans is unknown, although data is available for current serving ADF personnel and DVA clients, and estimates are available for the whole veteran population.

> *As at 30 June 2017, there were about 58,200 current serving ADF members and 21,700 reserve personnel (Department of Defence 2017b). More than 4 in 5 personnel were men (48,500 permanent; 18,000 reserve); however, the proportion of women among both permanent current serving, and reserve personnel has increased in recent years.*
>
> *Around 165,000 veterans are DVA clients. As at 30 June 2017, there were just over 165,000 veterans who received a pension or allowance from DVA, or who were eligible for treatment or pharmaceuticals paid for by DVA (DVA 2017a). A further 127,000 partners,*

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[1] Initial Background Paper to the Royal Commission into Defence and Veteran Suicide, Dept. of Veterans' Affairs, page 2
[2] Australian Institute of Health and Welfare, A Profile of Australia's Veterans 2018

> *widow(er)s or children of veterans (known as dependants) were also eligible to receive support from DVA. Together, the group of veterans and dependents receiving support from DVA are termed 'DVA clients'. Just over two-thirds (67%) of DVA clients held a DVA Gold or White Card, which provides access to selected health and other care services funded by DVA.*
>
> *As at 30 June 2018, DVA estimated that there were around 641,000 living Australian veterans who have ever served in the ADF, either full time or in the reserves (DVA 2018a). This estimate was derived using ADF enlistment information and assumptions about mortality based on Australian population mortality data; it covers veterans who have served from World War II onwards.* [3]

The Introductory Defence Briefing for the Royal Commission dated August 2021 noted:

> *Since 1999 Defence has been on multiple concurrent operations, with the number of Defence personnel deployed steadily increasing since 1999 to a peak in 2020 of over 16,000 people deployed, to the current period of over 2,000 people deployed. The Total Workforce System framework also acknowledges that Defence APS personnel are also able to be deployed on operations, and when this occurs they are considered Service Category 1.*

There *are around 5,500 – 6,500 ADF personnel who transition from permanent military service each year. Over the last five years, on average, the transition types have been:*

- *Voluntary – 55 per cent*
- *Medical – 21 per cent*
- *Completion of a period of continuous full-time service (Service Option C/CFTS - described further below) – 12 per cent*
- *Administrative – 9 per cent*
- *Compulsory retirement age (CRA) – 2 per cent*
- *Command Initiated Transfer to the Reserves – 1 per cent*
- *Redundancy – 0.03 per cent.*

The Defence figures provided above indicate there would have been an approximate average number of 1800 Defence members per year over the last five years who transitioned for medical or administrative reasons. Whilst the reasons for suicide are multi-factorial and complex, it can be deduced from these statistics that there are systemic problems being experienced by ex-serving males and females that lead them from a suicide rate which is lower than the community average whilst they are in service to a higher rate once they have separated on medical grounds.

These transitioned members, who have been identified in the AIHW report as being at increased risk of suicide, are the people whose voices (or the voices of their families) must be heard and heeded during this Royal Commission.

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[3] Australian Institute of Health and Welfare, A Profile of Australia's Veterans 2018

Notice to Give Information

Returned & Services League of Australian (Queensland Branch) ABN 79902601713 (RSL Queensland) has written this submission at the request of Returned and Services League of Australia Limited ABN 63008488097 (RSL National). We understand that RSL National will include this submission as an attachment to RSL National's response to the Notice to Give Information dated 24 September 2021 issued to RSL National by the Royal Commission into Defence and Veteran Suicide.

The views set out below are put forward by RSL Queensland.

1 Support provided

Does your organisation provide support and/or services to veterans, defence members, their families, carers, and / or support persons? If yes, describe:

a The nature of the support and/or services provided;

RSL Queensland is the largest ex-service organisation in Queensland. We provide practical support, assistance, camaraderie and other services such as wellbeing and welfare assistance and critical support.

b To whom the support and/or services are provided; and

RSL Queensland's provides support and services to current and former Australian Defence Force members and their families.

c By what means the support and/or services are provided.

Support and services are delivered through our network of 233 Sub Branches across Queensland. Our Veteran Services programs provide wellbeing and welfare assistance, as well as critical support through counselling, employment, financial aid, accommodation, rehabilitation, education and other wellness programs and initiatives with far reaching benefits for all veterans.

RSL Queensland also supports veterans and their families through its wholly-owned subsidiary, Mates4Mates Limited (ABN 54 160 646 999) (Mates4Mates). Through Mates4Mates, RSL Queensland provides enduring support and rehabilitation services to current and ex-serving Australian Defence Force members and their immediate family members with physical or psychological injuries as a result of their service. Mates4Mates has provided a separate submission to the Royal Commission in response to a Notice to Give Information provided directly to it.

2 Role of the Organisation

Describe any other roles and purposes of your organisation and the kinds of work that it performs.

Our services are targeted at each point of the Defence Journey – from the point of a new recruit transitioning into Defence, to their separation from Defence, and life afterwards.

RSL Queensland also partners with several groups and organisations that offer specialist expertise or treatments to aid an individual's physical and emotional recovery. This includes funding specialist research by the Gallipoli Medical Research Foundation (GMRF) into factors

affecting veteran well-being and the translation of that research into education programs to support medical and allied health providers assisting veterans and on-line education resources to assist veterans and their families navigate the personal challenges associated with transition from veteran to civilian life. .

Our ultimate goal is to empower members of our Defence family to take control of their own lives – by standing alongside them, and providing support, encouragement and specialist assistance, when required.

3 Organisation Structure

Describe the structure of your organisation including size, budget and governance processes

Our capability

RSL Queensland is the largest ESO in Queensland, with approximately 233 Sub-Branches across 10 Districts, offering a range of strategic services and grassroots support to all current and former ADF members and their families. ANZAC House, located in Brisbane, is the head office for RSL Queensland's operations, where the majority of the approximately 350 state branch staff work. Additionally, RSL Queensland has thirteen district offices across Queensland where front line veteran services staff are located. Additional positions are being recruited within Queensland and in the Northern Territory.

Corporate Governance

RSL Queensland is committed to good corporate governance through an ongoing process of continuous improvement in its governance practices. RSL Queensland's Good Governance Guide (https://www.rslqld.org/About-Us/Governance) outlines the governance system required to operate a registered Charity under the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)* (ACNC Act). This ensures alignment with the expectations of its stakeholders such as members, veterans and their families, volunteers, customers, donors, regulators and the wider community.

RSL Queensland is the sole member of Mates4Mates; an organisation delivering predominantly clinician-led services to aid in recovery for clients and family members impacted by service.

4 Composition and Structure of the Membership

The Returned & Services League of Australia was founded in 1916 to support serving and ex-serving members of the Australian Defence Force and their families. RSL (Qld) is an independent branch of the Returned & Services League of Australia Limited.

RSL (Qld) was constituted as a body corporate by letters patent first issued on 31 August 1944under the *Religious Educational and Charitable Institutions Act 1861 (Qld).*

By letters patent issued on 18 February 1993, RSL (Qld) changed its name to Returned & Services League of Australia (Queensland Branch). These letters patent continue to be of full force and effect by express provision under section 144 of the *Associations Incorporation Act1981 (Qld)*.

Governance structure of RSL (Qld)

There are 233 Sub Branches in Queensland with approximately 35,000 members that fold up into 10 District branches. Each District Branch has an elected representative, the District President.

Under the Constitution of RSL Queensland, each of the 10 District Branches is automatically entitled to sit on the Board of RSL Queensland and the Board is constituted by up to 16 Directors as follows:

- 10 Directors who hold a dual role as District President of their District Branch
- 3 elected Executive Officers (Chair, Deputy Chair and Vice Chair), who are elected by the membership base at the Annual General Meeting of RSL (Qld)
- Up to 3 independent Directors who are appointed by the Board of RSL (Qld) and are neither a District President nor an Executive Officer.

District Branches and Sub Branches

There are 3 distinct layers in the governance framework of RSL in Queensland:

(a) State Branch (RSL Qld)

(b) District Branches (including Chapters)

(c) Sub Branches (including Chapters)

The District Branches and Sub Branches are supported by State Branch in the provision of high level governance and support services. District Branches provide administrative support to a network of around 230 Sub Branches throughout Queensland, and Sub Branches provide grassroots welfare and wellbeing services.

5 Dealings with Defence and DVA

Describe what, if any, dealings your organisation has with the Department of Defence and/or the Department of Veterans' Affairs. In particular, describe what, if any, kinds of funding your organisation receives from the Department of Defence and/or the Department of Veteran Affairs, or other government sources, including the purposes of the funding.

RSL Queensland is a registered charity. We generate the majority of our revenue from the RSL Art Union which is a prize home lottery. Funds raised by the RSL Art Union allow RSL Queensland to provide services and support to Queensland's veterans and assists in funding programs for veterans throughout Australia.

The response below relates to RSL Queensland only. Our wholly owned subsidiary, Mates4Mates, also has relationships with the Department of Defence and Department of Veteran Affairs, which it has detailed in its separate submission to the Commission in response to the Notice to Give Information directed to it.

Department of Defence

RSL Queensland provides:

- support to human performance initiatives delivered across the three Combat Brigades.
- support to family engagement activities held across Bases in Queensland and the Northern Territory.
- In partnerships with Defence Member and Family Support branch RSL Queensland delivers a series of educative forums on practical strategies to maximise Defence experiences and challenges. The Forums are accessed by serving members and partners across Australia.
- wellbeing support to current serving members and their families through Compensation advocates located on Bases and within the regions.

Department of Veteran Affairs

RSL Queensland currently receives no funding for claims advocacy or wellbeing from Department of Veteran Affairs. Previously RSL Queensland received funding through the BEST Grants program but in 2020 ceased applying for this grant to enable increased funding opportunities for other service organisations.

6. Describe any systemic issues in the current availability and effectiveness of support services for:

a Defence members and their families, carers and / or support persons during service with the ADF

The Department of Defence (DoD) provides an extraordinary range of support services to serving members and their families. In this section RSL Queensland seeks to identify where some improvements may be made to the delivery of these services.

Whilst members of the ADF have all their medical needs met, it is of concern that mental health issues that are identified during service (red flags) may not be adequately noted and monitored. This is particularly relevant for members who have returned from Operational Service.

6(a) – it is suggested that: -

- The Royal Commission examine the health records of veterans during service to ensure any issues during service were 'flagged' and acted upon. It is particularly relevant to consider the medical records that were kept following return from operational service.
- The Royal Commission consider any process in place whereby Defence notify DVA of any known mental health issues. The families of members who died by suicide and members who attempted suicide could provide valuable insight into where these 'red flags' may have been identified and potentially addressed.
- Further consideration be given to the timeliness and completeness of information being shared between Defence, Department of Veterans Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC), most particularly during the transition period.
- It is important that both DVA and CSC are routinely advised as soon as any member is identified for medical transition. Any systemic delays or breakdown in the handover process from Defence to DVA and CSC during medical transitions needs to be identified.

Any potential 'privacy' issues which may delay the transfer of information need to be addressed.

- There should be a seamless process when a medically transitioning member transfers from the Defence Rehabilitation program to the DVA Rehabilitation program. This should occur before the member's transition is completed. It is submitted that a major systemic issue in the transition process exists at this point.
- Further consideration to all transitioning personnel being able to connect to health, wellbeing and living conditions services, such as vocational services, delivered by a preferred / vetted list of providers prior to separating from Defence. The process could be administered through the existing ADF Transitions and based on member's consent and preference, permit increased awareness and proactive engagement in critical services that are fundamental to overall of wellbeing of members. In RSL Queensland's experience, serving members and families are still experiencing either confusion or limited awareness that services exist to support their civilian life that are free, delivered by qualified practitioners and accessible nationally. As such, members are not engaging proactively in services that can improve wellbeing outcomes for all members, no matter their mode of separation from Defence.

In its report for the Royal Commission, the DoD has noted the strategies they developed to address the demands of military service. It states that -

'These strategies recognise the unique demands of military service and are underpinned by a military occupational mental health and wellbeing model. The model recognises that fundamental to strengthening resilience and enabling recovery in a military environment is the shared responsibility for mental health and wellbeing between command, individual ADF personnel and the health care system. Initiatives span the lifecycle of military service with a focus on the areas of foundation strengths, risk reduction, early intervention, treatment, supportand recovery, and transition/separation, considering the environment, culture, social support networks and families.'[4]

DoD goes on to acknowledge the stigma surrounding mental health among serving members.

Stigma

As outlined in the Productivity Commissions' Mental Health Report, Defence has recognised that stigma surrounding mental health and help seeking behaviours is complex. The unique nature of military service and the demands placed on ADF members can give rise to stigma and barriers to care not seen in other organisations. For example, the 2010 ADF Mental Health Prevalence and Wellbeing Study found that 36.9 per cent of personnel felt that seeking help would stop them from being deployed and 26.9 per cent felt that it would harm their career or career prospects. Given this, reduction of stigma and barriers to care has been a key component of the current and previous Mental Health and Wellbeing strategies and the Defence Suicide Prevention Program. Despite potential stigma and barriers to care, the Transition and Wellbeing Research Program conducted in 2015 found that 82 per cent of ADF personnel concerned about their mental health have accessed care.

RSL Queensland acknowledges the work being done by DoD to address this issue, but

[4] Royal Commission into Defence and Veteran Suicide, Introductory Defence Briefing, page 14

communication with veterans who come to this organisation for assistance suggests the stigma and potential career limitations of admitting to mental health and even other physical conditions is still a major problem. We understand from our discussions that even conversations with their peers may be limited because of a fear of being ostracized. This results in many veterans avoiding accessing appropriate medical treatment whilst serving, thus potentially worsening their overall medical situation by the time they are going through the transition process. Anecdotally, the process of under-reporting medical problems can become so ingrained that they fail to seek a medical transition when this could be their most appropriate option for transition.

Our clients have also indicated at times that the Medical Transition process is so complex and time consuming that they opt to take a voluntary transition just to hasten the exit process. This means they miss out on the valuable support and benefits available through both DVA and CSC.

Family issues confronting Serving Members during service

While those still serving are generally looked after by the ADF, issues regarding the family units are often not identified – or addressed. Unfortunately, the burden of the unique demands placed on serving members often fall squarely on the shoulders of their families. Moreover, family strains and tensions associated with service are likely to impact and exacerbate mental health issues for serving personnel and veterans. For this reason, encouraging and supporting strong and healthy ADF families is critical to supporting the mental health of current serving personnel and veterans.

Because of the transient nature of Defence service, families can often, bear the brunt of loneliness and social isolation and are not routinely made aware of the significant level of support available through state provided services, DVA, Legacy and ESOs. There needs to be a greater level of understanding of available services across all levels of Government and DoD would do well to partner more closely with ESOs to ensure the information is disseminated.

There are significant politico/cultural barriers to ADF Families being brought into the umbrella of this Inquiry. In discussions with stakeholders, the following views have been expressed to RSL Queensland:

- *Serving ADF are a Federal responsibility, and the Commonwealth should bear the expense and responsibilities for families - ADF families just must fit in with state provided services - We can't adjust to suit them - They are not disadvantaged - ADF are well paid and have access to lots of benefits.*
- *Serving ADF Families are only in a location for a short period, they are not long-term residents, so the State has no long-term responsibilities for them now or in later life.*
- *There is no point in getting transient ADF families involved in community organisations or on committees as they are only here for a short time and don't know the ropes so cannot add value or make a long commitment needed for those organisations.*
- *Expense and resources used to address inclusivity problems and get ADF Families being included in local/state communities are wasted, as the family will be moved on and therefore no long-term inclusivity with the community is possible. - Their moving away will be disruptive to the community organisation. - That's their life, they chose it.*

The ADF Posting System

Serving ADF members are moved frequently to new jobs as part of gaining experience and for career progression. While members may express interest in a particular next job and location, the decision rests entirely with the ADF "system". Any posting is compulsory. The needs of the service

take priority over individual interests. A posting cannot be refused by the member. When the member is moved, the relocation service covers the cost of moving the member and his or her family to the new location. The posting normally occurs in the December-January period. While a 6 month notice of posting is about average, giving time for planning, it is not uncommon for as little as a couple of weeks' notice to be given.

The ADF family may choose to stay in the old location. This is a personal decision as it involves separation of the family unit. It occurs most frequently, when a move would disrupt children's education, especially an interstate move in the latter years of secondary school and apprenticeship/TAFE/ university courses. Other factors influencing such a decision may be the partner of the ADF member's employment or education plans. The "staying" partner becomes, for much of the time, a single parent with all that entails, including social isolation and loneliness.

The Challenges for the ADF Family Moving to a New Location, often Interstate

The following scenarios show the challenges faced by ADF Families which can lead to long term disadvantage. The ADF Member moves into a new job and will be absent from home for varying and unpredictable periods. The Member's partner and their children may be on their own. The partner and the family are without the extended family support, have no connections in the local community and may have no established connections in the local ADF community. There is social isolation and the ill-effects of this are exacerbated in "many little ways". Akin to death by a thousand cuts.

Family accommodation

While Defence Housing provides some Married Quarters, not all families are catered for and many families, often with the ADF member away, face the prospect of finding rental accommodation in the new location/state and rules and practices. Common difficulties include:

- providing references for agents,
- last addresses being interstate,
- a sometimes "stigma" of unruly "military" as bad tenants,
- the need to be able to break a lease if the ADF suddenly posts the ADF member to a new location,
- to meet family needs suitable schooling.

Education of Partner and Children

Common difficulties include:

- Children with Special Needs, which were being addressed in the family's previous location, may require re-assessment in the new school or state system, but find that the assessments for the coming year have been completed and fund/resources are already allocated for that school
- Changing schools, especially in secondary schools, the subjects available may not be the same as in the previous location. While some schools have employed Defence School Mentors (funded by Defence), DSM are not available at all schools.
- Technical and Apprenticeships. The training available and the requirements for apprenticeships and trade qualifications can vary between states. While there is general

recognition of completed qualifications in each state, the situation is less certain for incomplete qualification and subject recognition.
- Staying Put. Often, to avoid disruption to education, the ADF member may be posted away, but the family remains in situ so as not to disrupt children's or partner's education.

Employment

While this mainly concerns the accompanying partner (male or female) of the ADF member, it can also apply to dependent children.

- For some occupations there is a requirement to register separately in each state if one wants employment in that state, generally at a cost and sometimes at a disadvantage as they may go to the bottom of the totem pole in that state regardless of time in the occupation elsewhere.
- Employers may be reluctant to hire ADF partners because they are short term. - Definitely not worth training. – This can apply to apprentices too.
- Depending on the posting location, jobs that suit the qualification of the ADF partner may be limited, meaning the partner faces under-employment and may have career disrupted as they may not be able to work in the field they are skilled in.

Social Isolation

Many are familiar with joining an established group, be it work, organisation, sport, or social group. Cliques are common and often form a barrier to new people joining. For many spouses/partners and children, it is totally new experience.

- For many new ADF Families, the first posting is away from where the ADF Family formally got together, where they met and the social groups they were in, and probably, where the new partner's family was located. The social infrastructure that supported them in the old location is no longer there. They are no longer part of a social infrastructure able to assist, advise and explain how things work and where you could find a good GP, dentist, or mechanic etc.
- For the family, it involves engaging with completely new people at work, school and in social settings. The civilian groups they are engaging with are well established in the community and social settings. There is often resistance to newcomers, especially those who aren't going to be permanent and hence will only temporarily feature in their lives. Engaging can be difficult, especially when they encounter new ways of doing things
- One ADF partner lamented that ADF kids were treated differently and were often excluded at school. A sympathetic local parent explained it was not personal. She had told her kids it was better to make friends with local kids rather than the military kids because they would be posted away, and that friendship would be lost. Apparently, her eldest child was very upset when her best friend (a veteran's child) left at short notice and contact had been lost, and she did not want her other kids to suffer the same.
- Others had reported that some established families have preconceived unfavourable opinions of ADF members and their families (and Police families.)
- Recent publicity concerning allegations of war crimes by ADF members in Afghanistan has affected ADF children attending schools. Other children have said words to the effect of "your father is a murderer". The Trials concerning the alleged war crimes may last for 5 or more years.

- Defence support services have experience providing community centre operations on Defence bases that are well experienced in catering activities for partners with young children. However, partners without children are left with limited engagement opportunities and can be isolated in new posting region without family or friends.

While many of these issues may independently appear minor, they are encountered to a greater or lesser extent when the ADF family is relocated intra- or interstate. They are common to all transient families and contribute to social isolation and loneliness and the issues that spring from it. In contrast, these issues are not necessarily encountered by the comparatively static individuals living in established communities.

While the ADF has made attempts to address many of these issues, most are related to the services provided by the relevant State Government, local government, and local community activities. Co-ordinated and complimentary work by all levels of government in all States is required. In some areas, this has been addressed, e.g., Defence provides funds to schools with a high ADF student population to enable them to employ a Defence School Mentor to assist in educational issues of the transient (often interstate) ADF children moving from school to school, but further efforts to deliver on consistent services is required.

State and Local Government Provided Services

Apart from education, families are also dependent on state provided services.

- Health Services, including NDIS. For many of these, there can be waiting lists in the state or particular locality. Members of the arriving family may be placed at the bottom of the local list even after being on the waiting list for considerable period in the previous location. They may even have been receiving treatment/support at the previous location, which is not available at the new location. This occurs in both interstate and intrastate moves
- Medical and Other Appliances. As with health services, there are often waiting lists. Additionally, when posted away, there may be a requirement to hand-back an appliance already provided, such as mobility equipment.
- Finding appropriate medical, dental, and allied health services which meet the requirements of the family presents a problem following every new posting.

6(a) – it is suggested that: -

- The Royal Commission consider the issues involving families which have been identified above, and make recommendations regarding the better co-ordination of federal, state, and local services to accommodate the special needs associated with regular postings.
- Whilst the Defence Member Family and Support (DMFS) Branch provide valuable support to the families of members when they seek help, they should take a more proactive approach to regularly surveying the 'wellness' of all family members, most particularly after a new posting or during a deployment.

Life experiences prior to enlistment

In her Preliminary Interim Report the Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss reported that;

'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.'

Medical information available to this ESO via its advocacy services identifies that many serving members have pre-existing issues relating to childhood trauma, broken homes, and education issues. During the enlistment process, it is suggested that these issues be identified, and additional assistance and support be provided to ensure they are coping with the requirements of their employment.

6(a) – it is suggested that: -

- The Royal Commission make use of case studies of those who have suicided or attempted suicide to extract from existing records and statements of involved parties the details of pre-existing issues at the time of recruitment.

Research could focus on: -

- Looking at suicide rates across the three different Arms of Service and establishing where the differences lie and if there are key factors contributing to the differences. It does appear that there is a high proportion of medical separations within the Army and this information could assist in focussing on the key problem areas.
- The induction and recruitment process and the differences across the Branches of Service. Once accepted for service, all recruits could be supported through higher levels of education during their service. This could change the recruiting environment, and longer term will change the educational qualifications of the ADF, furnishing the Army with a more psychologically robust Arm of Service, more capable and confident in transition, voluntary or otherwise. Any expense of such a program can be measured against the current 1200 - 1300 Class A military superannuation pensions being granted annually plus DVA top-ups.

Experiences at enlistment

The Dept. of Defence (DoD) noted in their briefing document of August 2011 that:

A member's journey starts with recruitment.

The recruitment process follows a rule-based, evidence-informed approach for suitability for military service. The process considers elements such as medical or circumstance suitability for roles, security clearance requirements, and citizenship requirements ensures the entry requirements set by the Services are met, and the candidate can make an informed decision about a career in the ADF. Throughout all stages of the recruitment process, the candidate is informed about the rigours of life in the ADF.

As part of this overall suitability assessment a psychological assessment is conducted on all candidates applying for enlistment to the ADF. The psychological assessment, also referred to as the Occupational Suitability Assessment (OSA), aims to weigh up the relative

risks associated with allowing that individual to progress within the selection process, and provides an appropriate evidence-based recommendation.[5]

6(a) – it is suggested that: -

- The Royal Commission should also consider the manner of recruitment such as the age at which recruits joined, whether they joined at officer level or in the enlisted ranks, and their educational level at the time of enlistment. This may provide further insight into where the key risk factors lie.
- Living veterans who had experienced suicidal ideation would be able to provide information regarding any issues they experienced during the enlistment process, for example, whether they felt adequately prepared for their in-service life?
- An analysis of the data collected would assist to establish if there is any relationship between the period during which they enlisted, the arm of the services in which they enlisted, and any other common factors which may become evident.

The Transition approach by Department of Defence

RSL Queensland is of the view that the existing transition model takes a reactive approach to transitioning members from service. Engagement in transition courses is triggered through the formal separation notice; being either undertaken by the member (voluntary separation), or by Defence (medical or involuntary separations). It is commendable that recent changes to the transition model include permitting access to Transition Seminars for all serving members (not just those transitioning), and comprehensive overviews of support services are included in these seminars. It is our contention that a proactive transition strategy is required to maximise the impact of current and future changes to the transition process; without this, many members may continue to delay transition planning until their separation is upon them.

The need for a proactive transition approach is even more pressing when considering that members will likely experience multiple careers, not just a Defence career. Approximately sixty percent of a recently transitioned (2010-2015) cohort had served less than 12 years in the Regular ADF [1]. Thus, the majority of the cohort were likely seeking civilian employment upon discharge from the military. However, as members transition, it is common for civilian careers to have been given limited consideration by the serving member; and the health and community services available to members are not widely known. Healthy transition from Defence requires a proactive transition model. This model should not only consider the practical aspects of civilian reintegration, but also the psychological and cultural adjustment required to successfully separate from service. It is envisaged that this transition approach would involve members openly discussing and planning for their transition in a systematic manner from the point of enlistment; with a view to reducing the uncertainty many members experience with the current transition approach.

It is acknowledged that a proactive approach to transition would impact resource commitments within Defence; including resources to support increased engagement with ADF Transitions and career planning, and the time committed by members to participate in these engagements. However, it is the view of RSL Queensland, without such a significant alteration in the transition approach, isolated changes will not realise their full positive impact, and ongoing concerns will

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[5] Royal Commission into Defence and Veteran Suicide, Introductory Defence Briefing, page 56

exist regarding the wellbeing of transitioning members. Finally, it is critical that a proactive transition approach consider the practical, psychological, and cultural factors that influence successful separation, and the relationship between these factors and overall transition outcomes for members and their families.

Nature/basis of this response:

1. Van Hooff M, Lawrence-Wood E, Hodson S, Sadler N, Benassi H, Hansen C, et al. Mental health and wellbeing transition study: mental health prevalence. [Internet] Canberra, ACT: The Department of Defence and the Department of Veterans' Affairs; 2018 [updated unknown; cited 2021 Jun 3]. Available from: https://www.dva.gov.au/documents-and-publications/mental-health-prevalence-report
2. Maguire AM. (2020, July). The Australian Defence Community needs assessment report: Priority areas for service planning. Brisbane, Australia: Gallipoli Medical Research Foundation and RSL Queensland.
3. Maguire AM, Keyser J, Brown K, Kivlahan D, Romaniuk M, Gardner IR, Dwyer M. Veteran families with complex needs: A qualitative study of the veterans' support system; under review.
4. Muir S. Family wellbeing study (Part 2). Military family approaches to managing transition to civilian life. [Internet] Canberra, ACT: The Department of Defence and the Department of Veterans' Affairs; 2018 [updated unknown; cited 2021 Jun 3]. Available from: https://www.dva.gov.au/documents-and-publications/family-wellbeing-study
5. Romaniuk*, M. & Kidd*, C. (2018). The psychological adjustment experience of reintegration following discharge from military service: A systemic review. Journal of Military and Veteran Health. 26(2): 60-73. *Joint First Authors
6. Romaniuk, M., Fisher, G., Kidd, C., Batterham, P. (2020). 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, 531.
7. Military-Civilian Adjustment & Reintegration Measure (M-CARM). https://www.m-carm.org/
8. Go Beyond: Navigating Life Beyond Service. https://rslqld.org/Find-Help/Go-Beyond

6(a) – it is suggested that: -

- Consideration be given to introducing a transition framework that engages with serving members from the time they enlist. Engagements could include mandatory meetings with ADF Transitions annually from the first year of service, through to career planning that considers civilian employment, and possible reintegration pathways back into service; supported by the new ADF Total Workforce model.

- A proactive model could also consider connection to practical living services, and health services for members based on their consent. It is understood that members receiving healthcare during transition need a formal handover to DVA. However, there is limited proactive engagement and handover to practical living services, such as vocational services for transitioning members. Based on consent, such a process could be undertaken through the existing ADF Transition exit process and occur once the transition process has commenced.

- Evidence demonstrates that help-seeking attitudes and behaviours play a key role in the transition and reintegration process [5,6]. A method that supports proactive service engagement prior to separation may improve transition outcomes for ADF members.

- Consideration be given to supporting the use of evidence-based assessment tools and evidence-informed educational programs that can highlight psychological and cultural factors that may help or hinder a healthy transition experience.

6. Describe any systemic issues in the current availability and effectiveness of support services for:

b Veterans following separation from the ADF, and their families, carers and / or support persons.

Statistics provided by AIHW identify those who have medically separated as being in the major risk category for suicide. Whilst it is acknowledged that DoD and DVA have worked together to improve the transition process, ESOs such as RSL Queensland continue to hear that both the transition processes and the situations these members find themselves in post transition are still problematic.

In their Briefing document DoD have advised -

> *'Since January 2020, Defence has been delivering transition support through the Defence Force Transition Program (DFTP). The suite of transition support programs allows the ability to tailor a package of support based on the individual needs of the member and their family. The package is not static and can change as the member's needs change for up to 24 monthspost-transition.'*

The report of the Inquiry into Transition from the Australian Defence Force (ADF) Joint Standing Committee on Foreign Affairs, Defence and Trade chaired by Senator Molan produces data confirming the AIHW data that members of the ADF are most vulnerable to health and personal problems immediately after they have transitioned from the military. Recommendations 5, and 6 at pages xxii and xxiii of the Defence Briefing Paper deals with medical transitions and many of the recommendations have already been implemented

RSL Queensland has noted the findings of the Joint Standing Committee supports many of the findings by the Productivity Commission. RSL Queensland raises the following issues.

The establishment of the Joint Transition Authority (JTA) has produced many improvements, but concerns remain re -

- There is no direct command authority for JTA that can control issues for transitioning members across both ADF and DVA. Subsequently, independent transition programs exist across the branches of Services;
- The incompatible construct and culture between the ADF and DVA can lead to '*inefficient administration and poor accountability*' [6]
- The lack of understanding and lack of programs to "detune" transitioning ADF personnel.
- The ongoing prevalence of transitioning personnel strongly aligned to the culture of the ADF lifestyle but not aware of the distinction to the cultural differences to civilian workforces.
- The lack of continuity in rehabilitation programs as medically transitioning members 'move from Defence to DVA care.
- The lack of credence and focus given to the Transition process by command and defence personnel.

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[6] Ibid: 2

- The inconsistent approach to permitting transitioning personnel access to dedicated transition courses across the branches of Service. It is acknowledged attendance at these courses can place tension on units operating at increasingly high operational and training intensity.
- The lack of attention given to those who are injured, involuntary retirees or those with disciplinary concerns to enable them to transition with dignity.
- The ongoing lack of awareness of serving members of the support programs and external community, health and ex-service organisations that can support them. In many instances, transitioning members are confirming they have only been informed of these services upon their transition pathway. Transitioning can be a complex and stressful period of the Defence journey and it is suggested this stress may be alleviated if engagement and awareness of support services was known by members much earlier in their careers.

6(b) – it is suggested that:-

- Further consideration should be given to the overall needs of medically transitioning members and their families. This should become a part of the transition process. Medical transition for a veteran who does not wish to leave Defence has been described as 'walking to the cliff edge'. A process must be established where this feeling of despair and 'nothingness' can be replaced with one of some certainty and hope. This can only be achieved by ensuring that both the veteran and his/her family have a clear understanding of the journey to be taken into a civilian environment – and receive the assistance they require to reach that point.
- The service medical records for medically and administratively transitioning veterans should be transferred in full to the veteran's chosen General Practitioner (with the veteran's approval). This would ensure: -
- The veteran was being encouraged to quickly connect with a GP at the time of transition
- The GP would be fully aware of historical medical issues and would be in the best position to create a meaningful treatment plan
- In addition to the points in the previous paragraph, whilst the DoD paper and the findings of the Senate Inquiry refer to DVA claims and medical treatment readiness, there needs to be a greater emphasis on a medically transitioning members' cultural readiness for change (detune), their knowledge and understanding of civilian services and their expectations of functioning in a civilian society. It must always be remembered that many of the members who are transitioning medically or administratively are doing so against their wishes and hence may be difficult to engage in any process regarding the acceptance of cultural change.
- Where a deceased veteran had already transitioned at the time of death or was going through the transition process, the Royal Commission might consider the mode of transition, the time taken to transition, and the support offered during the transition process. This data should include details of the information provided regarding DVA claims, Military Superannuation, and the medical and other civilian support services available. Living veterans who had experienced suicidal ideation could be requested to provide information regarding any issues they experienced during the transition process. Did they feel adequately prepared for civilian life? Did they have access to adequate support services? The veteran's compliance with available services and the reasons for any breakdowns in the delivery of services should also be considered.

Recommendation 7 (below) was made as an outcome of the Inquiry into Transition from the Australian Defence Force (ADF) Joint Standing Committee on Foreign Affairs, Defence and Trade.

These recommendations, if implemented, could lead to improvements in the health care provided to veterans:

Recommendation 7

> *The Committee recommends that the Government provide the following to better support veterans' mental health outcomes:*

- A sustained funding model for veteran's health research and *education.*
- Networked Centres of Treatment Excellence for veterans' mental health, including *treatment for PTSD.*
- A coordinated strategy to improve treatment outcomes for *PTSD.*
- Post-graduate education in Veteran Health and Mental Health for healthcare practitioners registered with Defence and DVA; and
- Mandatory online *veteran-specific training and professional development for clinicians and a register of clinicians for client information.*[7]

Treatment Excellence

DVA is commended for responding to veteran needs and providing access to non-liability mental health care. This ensures they can access necessary medical entitlements without going through a complex claims process to establish liability for benefits. However, the issue raised by the Senate Committee is the need for '*Treatment Excellence'.*

Research could focus on

- Whilst DVA provides access to treatment, it has no apparent ability to monitor and report on health outcomes, and hence any work towards developing best practice models for the delivery of mental health services is impeded. It is essential that there be a greater focus on identifying and reporting on outcomes achieved by all specialist mental health providers and gaining an understanding of how to improve.

RSL Queensland also draws the attention of the Royal Commission to the fact that DVA clients are entitled to Private Hospital Treatment, however these hospitals rarely have the facilities to deal with suicidal/psychotic veterans and, as a result, many emergency situations are referred on to the State Public Hospital system. It is no secret that Public Hospital systems across most States are under stress, resulting in access to treatment often being delayed, and then provided in haste. Following the provision of treatment in an emergency situation, there appears to be no automatic process for referral back into the DVA system. Therefore, there is no formal requirement for monitoring and reporting post hospital discharge. This is an issue which needs consideration.

[7] Inquiry into Transition from the Australian Defence Force (ADF) Joint Standing Committee on Foreign Affairs, Defence and Trade

6(b) – it is suggested that: -

- The Royal Commission consider eliciting further information regarding access to mental health facilities that deceased veterans, or those veterans who have attempted suicide had at a time when their mental health issues were at a critical stage. It is important that all veterans have continuity of best practice mental health care – even in emergency situations.
- That Recommendation 7 of the Inquiry into Transition from the Australian Defence Force (ADF) be implemented

6. Describe any systemic issues in the current availability and effectiveness of support services for:

c defence members or veterans with experience of suicide-related behaviour or risk factors, and their families, carers and / or support persons; and

d colleagues, friends, families, carers and / or support persons affected by a defence or veteran death by suicide, or attempted suicide.

RSL Queensland will not provide answers to questions 6 (c) and (d), above. These questions should appropriately be addressed by those with direct experience of suicide-related behaviour and by mental health professionals.

7 Suggestions to improve support services

Describe any opportunities for improving support services for each of the groups of people identified in subparagraphs 5a-d above. In providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.'

The role of non-government organisation, including ESOs

The Terms of Reference for the Royal Commission included -

'The role of non-government organisations, including ex-service organisations, in supporting defence members, veterans, their families and others within the community.'

DVA has stated in its report for the Royal Commission

'DVA recognises the crucial contribution and role of ESOs, advocates and veteran support organisations in helping veterans and their families. ESOs and veteran support organisations provide support to the veteran community, ranging from camaraderie and welfare support, advocacy when acting on veterans' behalf in making claims with DVA, connecting veterans and families to communities and providing 'lived experience' support to those seeking support. These organisations vary in size and geographic spread, ranging from large organisations with a wide community presence across Australia.

DVA supports a number of ESOs, including through grants programs, by partnering in thedelivery of nationally accredited training in military advocacy under the Advocacy Training and Development Program, and subsidising professional indemnity insurance.'[8]

Whilst DVA has acknowledged the role of ESOs and veteran support organisations in their paper, it is suggested that the relationship is an uneasy one. For reasons which have been considered via various inquiries, the trust cycle has been broken and is desperately in need of repair. The Cornall report – *Veterans' Advocacy Scoping Study of 2018* and the Productivity Commission report of 2018, *A Better Way to Support Veterans*, both suggested improvements to the ESO/Advocacy model. It is unfortunate that very little progress by way of change has been achieved at this stage.

7 – it is suggested that

- Both the DoD and DVA need to work more closely with the ESOs and support them more effectively with the provision of information and training. In a system which is working correctly, the benefit of competent and well informed '*camaraderie, welfare support and advocacy'* cannot be underestimated. Any model for working with ESOs needs to be appropriately funded and managed to ensure there is a resulting partnership which is based on a professional respect for the roles of all participants.
- DVA consider increasing their mandatory requirements of ESOs accessing grants. This may include requirements that are over and above the vetting for the purpose of the grant. For example, to take a holistic view of the ESO and mandate set requirements such as service delivery standards and reporting. Increasing the requirement to access valuable grants, will support the sector in raising the quality of outcomes.

Claims processing

Whilst the goal for DVA is to have an online claims process which is simple and easy to use, the fact is that it currently exhibits neither of those qualities. A large proportion of clients that come to RSL Queensland for claims assistance do so because they have tried and failed to be able to use MyService. In an environment where DVA is reporting on record numbers of claims (and backlogs and delays in claims processing) and there is no current harmonisation of the complex legislation it is absolutely vital that the Government recognise that the successful harnessing of volunteer or charitable services is vital to the successful delivery of their services.

7 – it is suggested that: -

- With appropriate planning and oversight, the bona fide ESOs and support organisations across Australia could become major players in working collaboratively with both Defence and DVA to address the needs of those veterans and their families who require additional help and support. The current focus on wellbeing needs to be adopted by all ESOs – always noting that financial and treatment benefits must be recognised as factors in ensuring wellbeing stability. ESOs are a resource which could be more effectively tapped.

[8] Initial Background Paper to the Royal Commission into Defence and Veteran Suicide, Dept. of Veterans' Affairs, page 16

Services and support for families

The Terms of Reference for this Royal Commission seeks information on - *Issues that exist within, and the availability and effectiveness of, support services for families and others:*

DVA services have traditionally focussed on the needs of veterans. Whilst educational support is provided to the children of seriously injured or ill veterans and benefits to the widows and children of deceased veterans, there is very little general support available to families of veterans via the existing provisions of relevant legislation. It is suggested by RSL Queensland that this situation should and must change.

The reason for the previous focus on veterans and not families is because the vast majority of DVA client services through the history of repatriation has been focussed on veterans who enlisted to fight a war and then returned to a civilian life (WW1, WW2, Korea and Vietnam Veteran National Servicemen and women to name some). Unless these veterans were killed or very severely injured, the family needs were not considered.

The current situation with long term career members of the ADF is entirely different and focus on the overall wellness of the family unit, which is critical to the mental health of serving personnel must be considered as a responsibility for both the DoD and DVA.

The submission has suggested several points in time where the wellbeing of families should be monitored. RSL Queensland is of the view that wellbeing issues being experienced by the families should become the responsibility of the Defence Member Family and Support (DMFS) Branch whilst the member is in service and the responsibility of DVA once transition has commenced.

In its report for the Royal Commission, the DoD has outlined their strategies to assist families. Unfortunately, there are gaps and additionally, once the medical transition has been completed, the whole family then finds itself on the edge of the cliff that was referred to previously.

The situation has been described in detail at pages 11 to 15 of this report. This identifies the complex interface between Federal and State Governments.

7 – it is suggested that: -

- DVA consider extending the eligibility requirement for ‘eligible young person’ to cover the children of any veteran who suffers an impairment that constitutes 60 or more impairment points; (currently the requirement is 80 points). This would allow more children to access the additional benefits available through MRCAETS.
- The additional payment for severely impaired veterans with eligible children also be extended to those veterans whose impairment constitutes 60 or more impairment points. It is to be noted that this payment is made to the veteran and there is no requirement for the money to be used for the benefit of the children. If the family separates, there is no required distribution of this money. It is suggested that the money should be placed in trust for the benefit of the children and could be used for such things as childrens’ clothing, sport activities and family activities. If the family separates, the money should continue to be managed so that the children benefit.
- There be further liaison between all State Governments and the Federal Dept of Veterans Affairs and DVA should actively seek to identify and remedy any gaps in the provision of services which can assist families – most particularly those families which may be dysfunctional because of ill health and unwanted transition. Behaviours due to un-

disclosed suffering, such as anger, gambling, drinking and drugs can seriously affect outcomes for the whole family. The appropriate legislative and policy frameworks will need to be developed to be able to ensure the ability to access these services by all members of the Defence families.
- Consideration be given to supporting research initiatives to understand the needs of families. Largely, previous veteran research has focussed on the member in different conditions, i.e. health conditions or needs during Defence timepoints, with a secondary focus on direct dependents. Limited research exists with a primary focus on understanding the needs of spouses and children during the Defence lifecycle. Understanding family needs will assist in determining what services are best delivered by DMFS and what may be a direction connection to non-government organisations and the community sector.

Military Superannuation.

There is also the need for effective engagement with the Commonwealth Superannuation Commission (CSC). Whilst their improved service levels are noted and appreciated, it must be clearly understood that the recipient of an invalidity Class A or Class B pension has no requirement to undergo any form of rehabilitation. There is only a very limited requirement for these pensions to be reviewed. The deficiency of this process was noted by the Productivity Commission which made various recommendations to ensure that these veterans did have access to rehabilitation programs. These CSC pensions have become the equivalent of the T&PI pensions from the VEA era, and they are leading to a cohort of veterans with lives that lack any real purpose because there is absolutely no requirement to return to any form of employment – or even an option to engage in funded psycho-social activities.

7 – it is suggested that: -

- The Royal Commission take these issues into account and seek further direct information from veterans and families regarding this situation. The payment of Class A and Class B military superannuation should be linked to effective rehabilitation programmes.

8 Impact of Culture

If your organisation has opinions on these matters, describe the impact of culture in the ADF and/or the Department of Defence and/or the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing.

Issues relating to Defence culture have been raised in this document at page 11 under the heading 'stigma'. It is also unfortunate that there is a general 'culture' of mistrusting Government. DVA has a generous and uncapped budget for supporting veterans, however, there is an ongoing belief that it is a department that is difficult to deal with and they are constantly seeking to limit benefits. DVA needs to improve the quality and timeliness of its services and then concentrate on improving its image with younger veterans.

9 Risk Factors

Describe any systemic risk factors your organisation considers to be contributing to defence and veteran death by suicide, or attempted suicide. For example, does your organisation consider that any of the following are contributing factors (this list is not intended to be exhaustive):

a defence members' and veterans' experiences in the ADF including recruitment to and transition from it;

Risks are summarised as; -

- suitability for military employment (pages 16 and 17)
- The transition process itself, particularly when it involves medical transition. This has been described at section 6(b)-pages 17 to 21 under the heading 'veterans following separation from the ADF, and their families, carers and/or support persons'.
- the failure to transfer rehabilitation responsibility effectively and seamlessly from DoD to DVA (See 6(a) pages 20 to 21)
- failing to ensure that transitioning members are culturally prepared for civilian life (page 21)
- Failing to fully understand the DoD process they are going through during transition
- Failing to understand the DVA claims and benefits process
- Failing to have expectations met regarding the provision of benefits (Financial and medical stability)
- Difficulties for both members and their families to adjust to civilian life
- Not accessing available medical services because of a reluctance to admit to physical or mental limitations. (page 11 - Stigma)
- DVA failing to provide best practice treatment and monitoring the outcomes

b defence members' and veterans' social or family contexts;

These risks are listed at pages 11 to 14 and summarised as: -

- the joint responsibility between Federal and State Governments leads to a lack of transparency and cohesion in the delivery of services
- the effect the posting system has on the family – most particularly employment for the partner and schooling for the children
- the disruption to the social networks formed by the family when they posted to another location
- the failure to provide adequate support to a family which is not coping, emphasized through limited screening mechanisms that are open to family members to permit early identification of family wellbeing concerns

c housing or employment issues;

Issues listed at page 12. Risks summarised as: -

- difficulties in finding accommodation when it has not been sourced by DoD
- difficulties in securing meaningful civilian employment post service, particularly if separation from Defence was unexpected and limited planning undertaken by the member.

- Spouses experiencing under-employment or career challenges due to the posting cycle. Current valuable employment benefits offered by DMFS does not include connection to employers, particularly in regional and remote locations where Defence bases are located.

d economic and financial circumstances;

At para 105 of its Initial Background paper to the Royal Commission, it has stated -

In responding to the Productivity Commission recommendation for a new single strategyfor veterans' lifetime mental health to be developed, DVA has worked in partnership with Defence to deliver a Veteran Mental Health and Wellbeing Strategy and National Action Plan. The Strategy and National Action Plan focuses on reducing the risk of suicide and improving the mental health and wellbeing of veterans and their families, recognisingthat good mental health is supported by whole-of-life wellbeing. Over the course of the four-year Strategy, DVA will drive a series of changes to enable a shift from a focus on illness to supporting whole-of-life wellness.

- RSL Queensland supports the goal for whole of life wellness, however, the risk in adopting this approach is in failing to recognise the underpinning importance of financial and medical stability. It is only by lodging claims with DVA, having liability accepted for service-related conditions and accessing the appropriate income support and medical treatment that the basis of this 'wellness' can be achieved. It is often stated that ESOs should focus on the wellbeing of veterans, however, the importance of a two-fold approach which assists in achieving available Government financial and medical benefits, as well as supporting wellbeing activities, cannot be overstated.
- The delays in claims processing by DVA (mentioned below in 9(e) creates very serious financial uncertainty and burdens on veterans and their families.

e difficulties in engaging with government agencies and/or support services;

- the DVA delays in claims processing is one of the major risks to the mental wellbeing of veterans. Whilst DVA has put various support services in place, veterans who are desperately seeking medical treatment and financial stability need to know that their claims are being progressed. Those veterans who identify themselves as 'at risk' can sometimes achieve some prioritisation of their claims. This is cold comfort to the thousands of other claimants who are trying to work through a broken claims process politely and respectfully.
- RSL Queensland recognises an ongoing discourse regarding the complexity of the veteran support sector. It is recognised this challenge doesn't just belong to DoD or DVA but ESOs and community services. However, navigating support services could be simplified through a consent based, proactive engagement in services through the existing Transition process. One way to deliver a solution to this problem, is to engage ESOs as service providers - the navigators and connectors to support services based on the service preferences and consent of the member and their family. This could involve a tender process to identify the service standards required of the successful applicant/s and any services it promotes to members engaged in their services, as well as the reporting requirements.

f in providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

RSL Queensland has 56 advocates on staff and 121 volunteer advocates across the State. Further to our claims experience, we have 15 staff delivering vocational services to veterans and their families, and a team dedicated to engage with the ex-service sector and with Defence.

RSL Queensland has adopted a revised approach to service delivery, which aligns with the DVA whole-of-life wellbeing approach. We conduct a General Intake Assessment or GIA survey at the first point of engagement with RSL Queensland. This approach permits RSL Queensland to understand the service preferences of veterans and their families, and their needs based on their living conditions, Queensland. The process enables a direct connection to our other RSL Queensland and Mates4Mates services via internal referral mechanisms, without further action required from the client.

The revised approach to service delivery was developed in response to the findings of the *Transition and Wellbeing Research Programme*; jointly commissioned by the Australian Departments of Defence and Veterans' Affairs (e.g., see [1]). These studies highlighted the breadth of need in veteran families, and the common co-morbid conditions faced by individuals, indicating that multiple services may be required to meet the wellbeing needs of our clients.

The approach, executed from June 2021, has proven successful: clients are typically requesting access to an additional three (3) services using this process. The process will continue to be refined. and RSL Queensland will strive to be able to refer to other vetted services in future, that are not addressed by RSLQ to assist veterans to navigate the complex service sector for veterans and their families. RSL Queensland has also incorporated wellbeing measures, currently the *Personal Wellbeing Index (PWI)*, for clients at set time points during their service experience. Whilst the wellbeing measure is optional; to date, the majority of clients undertaking the revised service approach have completed the PWI.

This experience of transforming the RSL Queensland service approach has informed the considerations in this document that endeavour to mitigate the challenges veteran families face when navigating the service sector.

In addition to our service delivery expertise, and direct contact with the veteran community, RSL Queensland has a longstanding research partnership with Gallipoli Medical Research Foundation (GMRF).

Notably, the *Veteran Reintegration Study* investigated the experience of separating from the Australian Defence Force (ADF). The study was designed to develop a comprehensive understanding of the challenges ADF members experience during the transition process, as well as determine the factors that lead to effective transition and successful reintegration into the civilian community. This study identified that key underlying cultural and psychological factors can either help or hinder a veteran's adjustment and reintegration to civilian life following military service. These factors were considered in response to item 6, regarding Defence members' experiences in the ADF and their transition from Defence.

Additionally, in 2020, GMRF prepared *The Australian Defence Community Needs Assessment Report* for RSL Queensland, which examined dominant health and wellbeing needs in ADF

families. The report was a targeted literature review that synthesized relevant government reports and epidemiological research to inform the combined services strategy for RSL Queensland and Mates4Mates. The report highlighted the breath of needs in the veteran community, and areas of focus for service delivery organisations seeking to assist veterans with increased access to support services.

Finally, in 2020, GMRF also completed the *Families with a Veteran: A Model of Care* report for RSL Queensland and Legacy Brisbane. The project was designed to develop recommendations for a model of care to guide service delivery for veteran families with complex, multi-agency needs. The project included a qualitative study, which examined complex needs in veteran families, and explored service providers' and families' experiences of accessing and navigating the veterans' support system. The study participants included service providers employed by, and veteran families engaged with, RSL Queensland, Legacy Brisbane, Open Arms and Mates4Mates. The report highlighted the care coordination challenges faced by veteran families with complex, multi-agency needs, and delivered a series of recommendations designed to better integrate service responses for these families.

Nature of the Information:

1. Van Hooff M, Lawrence-Wood E, Hodson S, Sadler N, Benassi H, Hansen C, et al. Mental health and wellbeing transition study: mental health prevalence. [Internet] Canberra, ACT: The Department of Defence and the Department of Veterans' Affairs; 2018 [updated unknown; cited 2021 Jun 3]. Available from: https://www.dva.gov.au/documents-and-publications/mental-health-prevalence-report
2. Romaniuk*, M. & Kidd*, C. (2018). The psychological adjustment experience of reintegration following discharge from military service: A systemic review. Journal of Military and Veteran Health. 26(2): 60-73. *Joint First Authors
3. Romaniuk, M., Fisher, G., Kidd, C., Batterham, P. (2020). 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, 531.
4. Maguire, A. M. (2020, July). The Australian Defence Community needs assessment report: Priority areas for service planning. Brisbane, Australia: Gallipoli Medical Research Foundation and RSL Queensland.
5. Maguire, A. M. (2020, July). Families with a Veteran - A Model of Care. Brisbane, Australia: Gallipoli Medical Research Foundation and RSL Queensland.
6. Maguire AM, Keyser J, Brown K, Kivlahan D, Romaniuk M, Gardner IR, Dwyer M. Veteran families with complex needs: A qualitative study of the veterans' support system; under review.

10 Issues in relation to engagement with Government

Describe any issues or challenges relating to defence members' and veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities in relation to support services, claims or entitlements relevant to Defence and veteran death by suicide, or attempted suicide. Please identify the basis for the response, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

ESO engagement with Government

The major issue which this organisation has had is in its dealings with DVA is the advocate training provided by their Advocacy Training and Development Program. The problems with ATDP are well known and DVA has commenced the process of addressing them, which is appreciated. The distribution of information regarding DVA policies and procedures needs to be refined to ensure that all accredited, practicing advocates have access to current information regarding claims processing.

The Queensland State Government is currently reviewing its procedures for addressing veteran issues and we are looking forward to improvements when the relevant legislation is passed.

Veteran engagement with Government

As previously noted, veterans may reside anywhere in the state and will also be accessing the wide variety of state government services which are available – e.g., employment, education, family support, health services and financial and legal support. It is important that veterans (and the wider community) are fully aware of the services and support that is available. It is equally important the state government entities are aware of a person's veteran status so they can be referred to the full range of services they are able to access.

In relation to veterans who have taken their lives by suicide, RSL Queensland requests the Royal Commission consider the following:

- What government, institution and community services were available to the veteran and the affected family?
- Was the veteran and the affected family aware of these services and did they know how to access the services?
- What assistance was available to aid in understanding the services and gaining access?
- What should be done to improve these services and access to them? This should consider the differing level of services due to regional/state variations.

10 - It is suggested that: -

- The Royal Commission should look to what recorded engagement veterans who had suicided had with various government agencies and support services and note any recorded issues. The Royal Commission should also engage with veterans who had experienced suicidal ideation to further explore any issues. It is submitted that the Royal Commission will then be able to make recommendations on best-practice processes to facilitate communication.

- **Explaining the complexities of the claims process and the benefits available.**

DVA needs to do a lot more to explain the current VEA/MRCA/SRCA claims processes. The complexity of these interacting legislations and the extended consideration of the range of entitlements is not well understood by veterans. Because most veterans have some understanding of the relatively simple process involved with disability pensions under the VEA, the MRCA and DRCA processes provide the perception of being slow and cumbersome. This lack of understanding when combined with the current delays in claims processing is causing significant distress to all veterans involved in the claims process.

11 Adequacy of wellbeing and mental health support

Describe whether there are adequate wellbeing and support services (including physical and mental health support services) available to defence members and veterans (both during service and post-service)? In responding to this question, outline any opportunities for improvement to these services. Please identify the basis for the response, including any reports obtained by your

organisation, surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

RSL Queensland's research partner, Gallipoli Medical Research Foundation (GMRF) has directly overseen this response, based on the literature referenced at the end of this submission. They have provided the response below:

Many services and programs are available to support the health and wellbeing needs of Defence members and veterans. However, important distinctions exist between: (i) the availability of services; (ii) awareness of available services; (iii) willingness to seek or accept support; (iv) and capacity to access and navigate services. For veterans with complex needs (i.e., needs that span health, social and economic domains of functioning), a particular concern is the care coordination required to ensure services are safe, appropriate, and effective [1,2].

The Australian health and social care system is relatively complex; characterised by multiple payer-provider schemes that exist across multiple levels of government and multiple sectors [2]. For veteran families, the challenges of accessing and navigating support services are exacerbated by interactions between military and civilian systems of care, and the density of the Ex-Service Organisation (ESO) sector [2,3].

The health and wellbeing needs of veteran families intensify during the transition from full-time military service to civilian environments, and service- or reintegration-related difficulties may emerge (or persist) for a significant period of time thereafter [2,4,5]. While many services and programs are available to veteran families, awareness of services is variable; as is their capacity to access and navigate services, and coordinate care [2,6]. Critically, families with complex needs carry the highest burden of risk factors for poor health and wellbeing outcomes, and face more challenges coordinating care when support services are distributed across agencies [2,5].

There is an urgent need for high-quality implementation studies that evaluate integrated care initiatives for Australian veteran families [2,7]. Further investment from governments and funding bodies is required to incentivise strategic partnerships between researchers, services, and families: co-design approaches are required to deliver evidence-based solutions that are sustainable in real-world settings [2,8].

Basis of the response:

1. *Agency for Healthcare Research and Quality. Care coordination [Internet]. Rockville, MD: AHRQ; 2021 [updated unknown; cited 2021 Oct 1]. Available from: https://www.ahrq.gov/ncepcr/care/coordination.html*
2. *Maguire AM, Keyser J, Brown K, Kivlahan D, Romaniuk M, Gardner IR, Dwyer M. Veteran families with complex needs: A qualitative study of the veterans' support system; under review.*
3. *Aspen Foundation. Ex-Service Organisation (ESO) mapping project: final report. [Internet] Canberra: Aspen Foundation; 2016 [updated unknown; cited 2021 Jun 3]. Available from: https://www.aspenfoundation.org.au/esomp*
4. *Van Hooff M, Lawrence-Wood E, Hodson S, Sadler N, Benassi H, Hansen C, et al. Mental health and wellbeing transition study: mental health prevalence. [Internet] Canberra, ACT: The Department of Defence and the Department of Veterans' Affairs; 2018 [updated unknown; cited 2021 Jun 3]. Available from: https://www.dva.gov.au/documents-and-publications/mental-health-prevalence-report*
5. *Maguire AM. (2020, July). The Australian Defence Community needs assessment report: Priority areas for service planning. Brisbane, Australia: Gallipoli Medical Research Foundation and RSL Queensland.*
6. *Muir S. Family wellbeing study (Part 2). Military family approaches to managing transition to civilian life. [Internet] Canberra, ACT: The Department of Defence and the Department of Veterans' Affairs; 2018 [updated unknown; cited 2021 Jun 3]. Available from: https://www.dva.gov.au/documents-and-publications/family-wellbeing-study*
7. *Peterson K, Anderson J, Bourne D, Charns MP, Sheinfeld Gorin S, Hynes DM, et al. Health care coordination theoretical frameworks: a systematic scoping review to increase their understanding and use in practice. J Gen Intern Med. 2019;34(Suppl 1):S90-8. https://doi.org/10.1007/s11606-019-04966-z*

8. *Janamian T, Crossland L, Jackson CL. Embracing value co-creation in primary care services research: a framework for success. Med J Aust. 2016;204(7):S5-11. https://doi.org/10.5694/mja16.00112*

12 Other Opportunities

Describe any other opportunities or ways in which government and non-government organisations and the community could:

a Address systemic risk factors relevant to defence and veteran death bysuicide, or attempted suicide; and

The plain English version of the Letters Patent seeks comment on: -

- *Protective and rehabilitative factors, including things to reduce the likelihood of development or acceleration of a mental health condition, and rehabilitation for defence members and veterans who have lived experience.*[9]

RSL Queensland has concerns that the handover process for medically transitioning veterans from DoD to DVA is still problematic. There is no smooth transfer from the Australian Defence Force Rehabilitation Program (ADFRP) to the DVA Rehabilitation services. There needs to be open communication between the two work areas commencing as soon as a member is identified for medical transition. A Rehabilitation programme within DVA needs to be established prior to transition and the member needs to be made clearly aware of the services available. At the present time there are some cultural and legislative issues which prevent this smooth handover of responsibility from DoD to DVA. This situation should be addressed as a matter of urgency. The problems identified by the Productivity Commission have not been adequately tackled. By addressing this issue, the consuming fear that veterans have of the unknown when they are faced with a medical transition can be addressed. DVA have excellent psycho-social and vocational rehabilitation programs, but they make poor use of them and their ability to report on outcomes is even poorer. These problems with the provision of DVA Rehabilitation services need to be addressed.

It would be of interest to know how many suicides occur when veterans are on DVA Rehabilitation programs? Anecdotally, there are very few. This should be researched to establish the real benefit of having medically transitioning/transitioned veterans engaging in professionally delivered programs to return them to gainful employment or an improved psychosocial situation.

The effect of the time delays by DVA in processing claims cannot be overstated.

It is noted that DVA has reported that it knows it needs to do better. DVA needs to move quickly and effectively to implement recommendations by the Productivity Commission to simplify the legislation and hence the whole claims process. It is important that the Productivity Commission recommendations 19.1, 8.1, 13.1.14.10, 15.2, 15.3, 15.4, 15.5, and 15.6, which relate to the simplification and harmonisation of the legislation, are considered, and implemented as soon as possible.

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[9] Plain English version of the Letters Patent

b Better protect and support defence members and veterans.

Many ex-service organisations deliver programs that provide critical outcomes for wellbeing goals for veterans and their families. For the avoidance of doubt, the services RSL Queensland is referring to here are programs that are not clinical services, rather adjunct interventions that target a primary concern of the veteran community, such as resentment and regret of service, moral injury or civilian adjustment concerns.

These programs are primarily led by veterans or incorporate veteran and partner lived experience, have limited or no clinical oversight and are clearly communicated as an adjunct initiative that may be beneficial to a veterans' wellbeing.

Whilst RSL Queensland is acutely aware some organisations exist with limited governance, insurance and qualified practitioners to deliver the service promoted, many organisations do exist with this governance and provide a safe service delivery environment to participants. As an example, RSL Queensland has partnered with 'PTSD Resurrected', 'Veterans Care Association and 'Trojan's Trek for many years and these organisations have demonstrated the outcomes of their programs through clients reporting via recognized clinical health measures.

RSL Queensland has seen first-hand the profound impact adjunct programs can have to the overall wellbeing of our clients. Whilst practical services that address environmental needs of veterans along with clinical/medical and compensation services are fundamental to the welfare of veterans and their families, these adjunct initiatives have demonstrated that they may be able to influence veterans to maximise their life as civilians and enable them to feel back in control of their attitudes and behaviours.

When considering a whole-of-life wellness approach these initiatives may play a vital role to veterans in need.

It is the view of RSL Queensland that DVA could assist to increase promotion of these services to members and their families during the transition process. It is important members understand the value of engaging in such services and when they may benefit from them. DVA could also assist additional participation could also be achieved via;

- A tender initiative.
- to increase funding and grants available to them.

Through RSL Queensland engagement with such organisations, it is apparent the costs of staff and capital costs are an ongoing concern.

RSL Queensland provides significant support to offset the hard service delivery costs and enable the services to be delivered free of charge to participants. However for these programs to meet the growing demand of the veteran community, opportunities for staffing cost and capital costs need to be a consideration of the DVA grants initiatives.

13 Other relevant matters

Describe (in summary terms) any other matters which your organisationconsiders relevant to its responses to the questions above or to the RoyalCommission's terms of reference more generally.

Consider the Suicide of 'older' veterans

RSL Queensland notes that most issues being considered relate to the suicide or attempted suicide of 'younger' veterans. Whilst this is a significant and disturbing issue, it is submitted that the situation regarding 'older' veterans should also be considered.

It is of concern that reliable data on the number of these suicides may not be available. The reason for this is various but some contributing factors are listed below.

The responsibility for this data falls on DVA and there are many gaps in DVA's ability to report on causes of death.

1. DVA only becomes aware of a client once they have lodged a claim for compensation or income support. Those clients who have not lodged claims are not visible to DVA.
2. DVA only becomes involved in the cause of death if the deceased had dependents who lodge a claim/s for death benefits. If a client does not have dependents and a claim is not lodged, then the cause of death will not be established by DVA.
3. Alternatively, death can be 'automatically' accepted, and benefits provided to dependants in a range of situations. Automatic acceptance under the VEA is as follows: -
   - an ex-prisoner of war, or
   - receiving the Extreme Disablement Adjustment, or
   - receiving a disability pension at the Special Rate (including a veteran who was in receipt of a Special Rate disability pension for blindness in both eyes), or
   - receiving a disability pension at the Intermediate Rate, or
   - receiving a disability pension at the Temporary Special Rate, or
   - receiving a disability pension at an increased rate for a condition specified in any of items 1 to 8 of subsection 27(1) of the VEA (these items relate to double amputees who may also be blind in one eye

Statistics taken from DVA '*Stats at a Glance*' show that, as of September 2020, 39% (31,967) of all current living disability pensioners would have an automatic entitlement to acceptance of their death

Automatic acceptance under MRCA is as follows:

- Assessed at Special Rate Disability Pension
- A MRCA PI assessment of 80 or more impairment points

Statistics on the number of MRCA assessed veterans whose death is automatically accepted as service related is not readily available, but the concept is similar.

If any of these veterans take their own life, their cause of death will not be established.

Research could focus on

In situations where there is an 'automatic' acceptance of death and the subsequent granting of benefits to the dependents, there is no investigation or recording of the cause of death. Veterans who do not have dependents also do not have the cause of their death established.

Liability for acceptance of suicide under DRCA (SRCA) is difficult to establish and hence there would be veterans who have DRCA (SRCA) only eligibility whose death is never claimed, investigated, or recorded.

This leads to the conclusion that a way of establishing causes of death for all serving and former serving members needs to be established. Once there are reliable figures in relation to the numbers of suicides, the causes can be more accurately analysed.

It is suggested that: -

- All Coronial reports should identify if the deceased was a member of the forces
- All police reports into deaths should identify if the person was a member of the forces.

Improved understanding of the prevalence of suicide in older veterans could lead to a greater understanding of the success of mental health initiatives and also the impact of pain and suffering due to service-related conditions.

Consider how to manage veterans with serious, diagnosed addictions (e.g., narcotic or gambling addictions) who receive large lump sum compensation payments.

It is of concern that there is no legislative capacity for DVA to manage or guide the affairs of veterans with known addictions who receive large lump sum payments of compensation. Those veterans who have difficulty controlling their substance or gambling habits can plunge into a critically destructive situation when they have ready access to large amounts of money.

Those people who are at risk should be able to be identified via their treating mental health professionals and DVA needs to be more active in seeking this information.

Research could focus on

The positive or negative effects of veterans with diagnosed addictions having access to relatively large amounts of available money.

Possible approaches to addressing this issue may be;

- Re-introduce managed trust accounts for veterans with identified serious addictions;
- Pay compensation as fortnightly pensions rather than lump sums for those identified with serious addictions;
- Veterans with serious addictions to have their finances monitored and guided by a professional financial counsellor for a period of (say) twelve months following the payment of a large lump sum to ensure they have the knowledge and ability to manage their finances

ENCLOSURE 4

RETURNED & SERVICES LEAGUE OF AUSTRALIA
SOUTH AUSTRALIA/NORTHERN TERRITORY

RSL
Australia

RSL SA/NT'S CONTRIBUTION TO RSL AUSTRALIA'S SUBMISSION TO THE ROYAL COMMISSION

RSL SA/NT and Sub-Branches

RSL SA/NT canvassed the input from a sample group of members conducting two days of semi-structured discussions regarding veteran suicide. The purpose of this is to inform the South Australian perspective for the RSL's submission to the Royal Commission. Over the two days, the Working Group spoke with 18 people representing 11 Sub-Branches from both regional and metropolitan areas.

The participants were first invited to speak about their Sub-Branch's view on veteran suicide. This was then followed by the sharing of any experiences of suicide of those known to them or of their own personal experience. Of these, five narratives related to personally known members of the veteran community who died by suicide.

The majority of cases mentioned were of those who had served in either the permanent or the reserves of the Army and Navy and no Air Force examples were provided. The subjects of the cases ranged in age from their early 20s up to their 90s at the time they were impacted by suicidal thoughts or behaviours. Some had never deployed but most served in places such as East Timor, Iraq, Afghanistan, Vietnam and during WWII.

Suicide in the Veteran community

It was clear that suicidality sometimes occurred without warning. Even for those who appeared stable, happily married, sober, connected, well employed and financially secure. Yet most reported experiences of suicidality as associated with issues of instability throughout life.

There was acknowledgement that military service can build relationships, but it can also erode relationships that are necessary for wellbeing over time. For those who are already experiencing instability, having to interact with systems that do not provide a sense of certainty and stability may be a contributing factor that pushes a vulnerable veteran shift from being stressed to being distressed and suicidal. For instance, long delays in the processing of claims by the Department of Veterans' Affairs was mentioned as a stressor and particularly if the claim was subsequently rejected.

Pre-Service Instability. Some stories of instability were reported to begin in childhood mostly through loss or lack of stable and secure relationships. These were reported in terms of family breakdown, trauma, and foster care. Some observations were made of those who were known to have died by suicide that they appeared to have low tolerance to stress from an early age. This for some, was coupled with a slightly 'darker' or 'sullen' personality, relative to others. A few experienced their friends and colleagues who died by suicide, as having significant unresolved identity issues upon entering service, which included sexual identity.

Participants were asked why these things were not detected during the recruitment process. Most responded that these individuals were often coached by recruiters, family members with military backgrounds or peers prior to recruitment mental health reviews.

Acute Crisis. The impact of a sense of loss and a lack of belonging was a consistent theme across all interviews. Irrespective of whether talking about their own individual

suicidality or that of others. Periods of acute crisis preceding suicidal thoughts or behaviours were often associated with lost job, lost camaraderie (especially after service), lost sense of belonging, lost financial security, lost legal battles, rejection of DVA claims, lost direction. A feature for older veterans also included lost youth, lost health, lost mobility, and a reduced capacity to communicate.

Of all the losses, that which mostly preceded suicidality was loss/breakdown of a relationship with a significant partner. However, living within dysfunctional relationships also appeared to be a factor that contributed to thoughts and behaviours associated with suicide. For the latter group, once the relationship formally ended, thoughts of suicide eased but the changed relationship gave rise to new fears of loss such as losing relationship with children.

Unresolved Crisis. Having experienced multiple layers of loss, many veterans who reported suicidality in themselves or others also spoke of how unresolved crisis eroded the things that once helped them thrive. These include identity, a sense of belonging, along with feelings of being supported and accepted. It is not known if an erosion of these things – which may be best understood as a basis for their sense-of-self – was consequential to there being fewer people that veterans could connect with, a reduction in their capacity to connect through mental health issues, or both. Either way, the inner-experiences of most were described in terms of spiraling and chronic loneliness, isolation, and hopelessness – even when in the physical presence of others.

Changes in the Individual. Many talked about co-occurring mental health conditions in and around suicide which presented as changed character, behaviours, and moods (i.e., increased depression and brooding). For some, these changes were accompanied by a formal mental health diagnosis but for others, they were not. Either way, changed circumstances and changes in the individual were understood to erode the veterans' capacity to cope.

Coping. Participants talked of how they coped and how others coped around times of suicidality. Some coping mechanisms were ultimately helpful, some were not, but all served to provide relief of increasing feelings of loneliness, isolation, and hopelessness.

Denial of changed circumstances or changed mental health conditions were reported amongst veterans during times of crisis. These manifested as unrealistic expectations regarding finances and skewed perspectives regarding the time it takes to adapt to significant changes.

Some reported "self-medication" with drugs and alcohol to cope. Others talked of those who joined online forums where they connected with other disenfranchised veterans. All these seemed to offer temporary relief – the former through numbing and the latter through a sense of renewed belonging. But ultimately all seemed to erode the suicidal individual's sense of self-worth which increased the chronicity of their crisis.

Coping through Relationship. Where individual coping mechanisms are not adequate to meet a veteran's crisis alone, support networks of veterans exist. When asked "*what's one thing you wish veterans experiencing suicidality knew*" almost all participants replied with themes of encouraging them to reach-out: "*there are organisations there to support you, you are not alone. Reach out. Take the first step. Start the conversation and talk.*" In addition, many wanted to convey the power of time when reengaging in or joining a new

group "*if you know someone already in that group, you will get a feeling of belonging faster. If you don't know anyone, it will take longer, just keep coming along.*"

Many acknowledged that some veterans did not reach out because the very act of doing so was perceived as an affront to their pride and masculinity (or that which masculinity represents) and bound with self-judgement and judgement of others. With that in mind, some stated that while many veterans wanted to reach out, they simply did not have the skills or role-modelling to overcome the feelings of shame and guilt often associated with loss and subsequent suicidality.

Unhelpful Veteran Platforms. Further to the above, there are a plethora of quasi single issue veteran related groups that flood social media platforms in attempt to portray themselves as bona fide veteran organisation. Yet they do not provide legitimate support instead many serve to both overwhelm veterans and promote 'victim' identities. The very antithesis of the veteran's identity during their service. Although such organisations were described to provide short-term relief, they seemed to erode the self-worth of many veterans. This could be construed as re-enforcing the shame brought about by loss and likely reduced the veteran's capacity or willingness to reach out to more established organisations.

Further, some of these social media groups were reported to actively cause harm to veterans by veterans. Of particular concern was the destructive nature of the Australian New Zealand Military Imposters website which calls into question the individual's authenticity as a veteran, or the degree of service held. For those incorrectly and erroneously named and shamed on this site, the loss of reputation and the need to fight for recognition was reported to compound the distress and suicidal ideations of impacted veterans.

What was Helpful. The role of their community in particular that of Ex-Service Organisations, was described as helpful to participating veterans and those they knew who had experienced thoughts and behaviours related to suicide. This is because direct community participation enabled them to be known and validated by those who became important to their everyday life. Not surprisingly, practical support offered or coordinated by veteran and community groups such a local RSL Sub-Branch, church groups, and those of a particular sporting or hobby nature contribute to ensuring personal connections are made and maintained. Further, these supports enabled veterans to '*share the burden*' through the emotional support of colleagues and friends who had similar experiences (peer support. This exchange was described as fundamental to easing thoughts of suicide.

Establishing relationships which forged such important knowledge, validation and connection was noted as easier in country areas. However, it is likely a basic human need no matter where a veteran resided.

It is without doubt that even during periods of crisis, intervention support that is provided from local community organisations, provide opportunities for the veteran to connect with their community. The mere act of providing support even in practical terms such as house cleaning, yard maintenance, or financial counselling lessens the feeling of being overwhelmed and inadvertently provides a method of helping connect veterans to other people. Whether connections are made by other veterans and/or non-veterans alike within their community allows the individual to forge new relationships and reestablish their sense of identity. Through doing so, provides a sense of connectedness and hope for their future.

Similarly, entering stable and meaningful work was also described as helpful for some but not all participants. This is likely because availability of work does not always mean veterans are psychologically ready to participate in it.

Coping through the Health System. It follows from the above, that the health system should be designed to augment an individual's and their communities' capacity when their coping mechanisms cannot meet demands during crisis. Having said that, many veterans talked of a health system that was not equipped to effectively help veterans in crisis.

Of the services which may better serve veterans during crisis such as GPs, mental health professionals, or more established ESOs, many Sub-Branch members lamented they are often not equipped to adequately support veterans experiencing suicidality. Although most veterans talked highly of organisations such as Open Arms and Lifeline, some felt let down by long wait times with Lifeline (up to two hours) and diversions to interstate call centres with Open Arms (mostly Brisbane). Either way, the care that follows acute interventions offered by these organisations do not seem adequate for those experiencing suicidal crisis in the community or as they transition to aged care – a time of heightened loss. Adequacy, in this context, is defined as 'the right intervention' that adequately supports veterans cope with suicidal thoughts, within a helpful timeframe and with the right frequency or intensity to avert the crisis.

What veterans in RSL SA/NT Sub-Branches called for are better equipped professionals in GP clinics, outpatient clinics and hospitals – especially as these related to crisis care. Specifically, veterans advocated for trauma and culturally informed care and services that include family. One veteran relayed that family care and relationship building achieved during a family retreat greatly supported their recovery from suicidality. The need to focus on relationships is consistent with the theme that relationship breakdown is often associated with suicidal thoughts or behaviours in veteran cohorts.

The Importance of Relationships

Many of the participants talked to the healing power of love and the renewed trust it forged, particularly when new and healthy relationships were formed after periods of suicidality. Most found this through re-partnering relationships and some found it through developing a relationship with a 'higher power' such as may be found through religious observation. Either way, these relationships were described as holistic and served to also improve the building of rapport with others outside the significant partner relationship or religious institution.

Where to From Here?

While this paper has identified the overarching thoughts and considerations of participants as these relate to veteran's suicidality. These being the key underpinning factors for a veteran's mental health stability of strong connections to community and sound personal relationships. What was striking was what was not a focus for the discourse over the many discussions held. Those topics that were not mentioned was money and compensation as a key driver for addressing suicidality. The key focus was on the fact that veterans just want care, care from those organisations established to assist and support them, care from their significant others, care and acknowledgement from their communities.

Veteran care is complex because it sits at the intersection of Federal, State and community care including the plethora of ESOs. Navigating fractured systems while experiencing a

mental health condition is not helpful. A clearer understanding of the delineation of roles and responsibilities between DVA, Defence, State based services and those provided by ESOs is necessary. This will help to better inform and assist veterans and their families to understand where to turn to for what and under what circumstances.

Consequently, the recommendations by RSL SA/NT are as follows:

- Establish an overarching peak body to represent veterans across their life cycle that can inform governments as to the policy levers that are appropriate for the age and stages of a veteran. This is particularly so for those experiencing or are vulnerable to homelessness or transitioning to aged care.
- Improved overlapping transition system between Defence/DVA and the civilian community, that checks that veterans are equipped with the basic skills to reenter civilian life, base line their mental health status (exit exam) and where permission is granted, make introductions into the veterans' new location through organisations such as the RSL.
- Develop programs that support family and significant partner relationships as both a preventative measure and as a crisis intervention.
- For those who seek connection via faith and/or religious means, provide the opportunities for locating those ex-chaplains, padres etc. that are now operating in local communities.
- Provide programs that teach veterans the importance of the impact of poor on-line behaviour towards other veterans particularly in social media environments. Some participants were certain these skills were lacking in our community and contributed to isolation and distress.
- Consider the establishment of transition counsellors and the development of specific interventions that support veterans as they experience loss and grief throughout their age and life changes.
- Use census data to help identify where veterans live and what they may need. Use veteran community groups such as the RSL to facilitate filling these gaps applying a community funding model.
- Reform the funding arrangements for advocacy services that support veterans seeking DVA compensation and support.
- DVA to acknowledge the relationship between the advocate and the veteran and use this relationship to better engage and collaborate particularly when delivering decision outcomes that are not in the veteran's favour. Often the advocate is in a better position to provide hope for a way forward or quickly engage support services, which DVA may not be able to achieve.
- Establish a national strategy to determine the best mechanism to providing a holistic case management approach for care and support across the life course of a veteran to better inform veterans of where to access and under what circumstances.
- Improve crisis care for those veterans in acute crisis that includes overnight accommodation and intense holistic wrap around services.

- Undertake longitudinal research that exams the experience of veterans' suicidal thoughts and behaviour in the Australian context.

Dr Paula Dabovich
Mr John O'Grady
Ms Jo Hanrahan
On behalf of RSL SA Inc State Board

ENCLOSURE 5

RETURNED & SERVICES LEAGUE OF AUSTRALIA VICTORIA

RSL Australia

ROYAL COMMISSION INTO DEFENCE PERSONNEL AND VETERAN SUICIDE

RSL Victoria

Submission to RSL National

RSL
Victoria

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7.4 TOR (i) the manner or time in which the defence member or Veteran was recruited to the Australian Defence Force; 31

7.5 TOR (ii) the relevance, if any, of the particular branch, service or posting history, or the rank of the defence member or veteran; 31

7.6 TOR (iii) the manner or time in which the defence member or Veteran transitioned from the ADF or transitioned between service categories; 32

7.7 b.4 (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; 34

7.8 (c) the 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; 34

7.9 (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; 35

7.10 (e) protective and rehabilitative factors for defence members and Veterans who have lived experience of suicide behaviour or risk factors; 35

7.11 (f) any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others: affected by a defence and Veteran death by suicide; or who have supported a defence member or Veteran with lived experience of suicide behaviour or risk factors; 35

7.12 (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; 36

7.13 (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); 37

7.14 (i) any systemic risk factors contributing to defence and Veteran death by suicide, including the following: 37

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References:

A. Letters Patent (LP) and Terms of Reference (TOR's) for the Royal Commission (RC) for Defence and Veteran suicide dated the 8th of July 2021.
B. RSL Victoria Branch Constitution and Rules.
C. RSL National Constitution and Rules.
D. Commissioner Defence and Veteran suicide hearings Report dated September 2021.
E. AIHW Serving and ex-serving Australian Defence Force members who have served since 1985 suicide monitoring 2001 to 2019.
F. AIHW Spreadsheet Veteran suicide 1985 to 2019.
G. ADF Transition Guide[1].
H. Department of Veterans' Affairs Initial Background Paper to the Royal Commission into Defence and Veteran Suicide 1 September 2021.
I. Royal Commission into Defence and Veteran Suicide Introductory Defence Briefing.
J. Inquiry into transition from the Australian Defence Force (ADF) Joint Standing Committee on Foreign Affairs, Defence and Trade, Senator Molan.
K. Transition and Wellbeing Research Programme

[1] The ADF Transition Guide has been revised and the new version is about to be published. It continues the theme that a successful Transition is vital to Veteran health.

Prologue:

Mary's Story: An Australian Family Coming Back from War **[In Strict Confidence]**

Reference A**.**

6.5K words of experience and emotion. It encapsulates the travails of Veterans, the family unit and the battle for survival in the afterlife of service to our country. Mary's story is courageous and honest. It is written by an Australian, a patriot, a true believer. Mary and her family are victims of a failure of Australia's obligation to Veterans ; She didn't sign up to be a soldier, but she is fights the good fight.

I know Mary. If we lost her support, tenacity and love the collateral damage would be immense.

Is this emotional; absolutely! Losing mates, sons, daughters, husbands, and wife's to suicide behaviours cannot be anything but emotional.

The Mary's of our Defence Personnel and Veterans deserve the county's support. It is Australia's obligation.

For Mary, and all those brave courageous women that preceded her over the generations, this Royal Commission is necessary.

They "stuck fat"!

Bill Westhead Chair of the RSL Victoria Royal Commission into Defence and Veteran suicide Advisory Committee.

Chapter 1 - Introduction

1.1. Defence Personnel and Veteran suicide is the individual's ultimate conclusion to a negative series of health, management, and lived experience issues that have not received sufficient medical, management or leadership intervention to prevent that suicide. Broadly, separately or by combination, these are the causatives of suicide.

1.2. Defence personnel and Veteran suicide have caused both the Veteran community and the Australian public to lose confidence in the management of defence personnel and Veteran health.

1.3. Nothing, no edict, or inquiry[2] has mitigated Veteran suicide behaviours to date.

1.4. This Royal Commission has been commissioned because of Veteran suicides, suicidal behaviours and poor health that continues unabated. RSL Victoria believes that Veteran suicide behaviours can be mitigated by appropriate funding, leadership, management, and honesty throughout the service continuum.

1.5. Fortunately, the TOR's allow investigation into these factors giving this Royal Commission the lifesaving responsibility to recommend remediating processes and procedures to Government.

1.6. The following is the RSL Victoria submission to inform the RSL National submission for the Royal Commission (RC) into Defence and Veteran suicide.

Chapter 2 - Government Compact with Military Personnel

2.1. Why is Veteran suicide and suicidal behaviours and Veteran health so important? Because defence personnel, Veteran suicides, and suicide behaviours [3]are not a recent phenomenon. There appears to be a nexus between service in the defence force and poor Veteran health. That nexus needs to be understood, the paradigm modified to give defence force personnel and Veterans the rightful expectation of an equitable quality-of-life post service. Simply, if this paradigm is not broken the Commonwealth becomes more liable for its existence causing greater expense to maintain an effective ADF. It is beyond community expectations in 2021 that defence personnel and Veterans become default casualties because of their service without compensation or competent remediation.

2.2. It is beyond community expectations in 2021 that an employer will be allowed to disregard historic health evidence showing that service will have detrimental short, medium and long term effects on defence personnel and Veterans lives.

2.3. The current Veteran suicide epidemic should not be unexpected. There is sufficient historic evidence that Veteran suicide is a corollary of military service[4]. We simply have not conducted the forensic analysis[5] required since our first deployments in the Boer War. We have observed the Veterans and their families, attempted to solve medical issues but we have not delved into reasons why Veterans have suicided.

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[2] There have been approximately 25 detailed reports commissioned by the Commonwealth into Veteran Health, Veteran suicide, and suicide behaviours. Despite best intentions these have not been effective in mitigating Veteran suicide.

[3] Behaviours are ideation, attempts and completion.

[4] The current VICPOL experience is showing anecdotally that PTSD is an outcome of exposure to operational and training trauma.

[5] See data para

2.4. Military service is unique. In the first order Defence Personnel are trained to commit violence on behalf of the nation. At all rank levels and employment in Defence Uniform, personnel are imbued with the martial spirit, patriotism, the tradition of service and commitment to Australia. The ADF must focus, by necessity, on Operational outcomes. The role of the ADF is simply to win wars. Everything; selection, training, management, leadership is suborned, or should be, to that mission.

2.5. It is accepted by Government and ADF Command that Defence Personnel will be routinely injured and often killed as a part of Defence service.

2.6. The ADF is deliberately not structured or commanded to be managed as a public service. Defence Personnel are required to abrogate their civilian rights and cultural values to ADF Command to enable the ADF Mission.

2.7. Defence Personnel are routinely required to live in conditions that may be dangerous, uncomfortable, gone from the family environment for extended periods, even to be without sufficient food and water, in all seasons and weather.

2.8. In return for handing over these basic human rights to Command, Defence Personnel have an expectation that their political and military leadership will support them during training, on operations, post operations and post service.

2.9. That philosophy is the country's compact, a compact that transcends the public service and influences.

Chapter 3 - Aims

3.1. The aims of the submission are:

- Historical opportunity to place on record the unique issues facing the Veteran because of service;
- Produce evidence to the Royal Commission to engender positive change to the culture of the ADF;
- Produce evidence to the Royal Commission to engender positive change to the culture of DVA and delivery of its Mission; and
- Provide evidence, information and solutions for RSL National to recommend to the RC.

Chapter 4 - Methodology

4.1. This submission will address each Term of Reference (TOR) in detail however the Letters Patent offer significant flexibility to explore associated topics where necessary.

4.2. RSL Victoria has conducted substantial research into Veteran suicide and Veteran health, this research will be attached to the document in the form of references. The commentary in this submission will be supported by the references, published and empirical data.

4.3. In compiling this submission, we are exceptionally conscious of the views of our membership. RSL Victoria has conducted two surveys in 2021 with just under 2000 responses. Survey 1 - suggestions for the TOR Committee, Survey 2 - was direct input to this report. Please find

attached as Annex B the graph showing the responses and as appendix to the raw responses spreadsheet. That spreadsheet has been stripped of identity to ensure confidentiality.

4.4. Please see attached Annex C, a spreadsheet showing a list of information resources researched for this submission.

4.5. The results of this research and these surveys, the debate at the 2021 State Conference clearly articulated membership views that are reflected in this submission, and they are the vital link into the defence apparatus and Veteran welfare commentary. The membership has affirmed, in no uncertain terms, its desire to strip away the politics of the nation, RSL and stake holders to produce a forthright and accurate submission.

Chapter 5 - Previous Inquiries, Reports and Data

5.1. Annex C shows the spreadsheet listing reports written over the past two (2) decades directed to the Defence Personnel and Veteran suicide epidemic. Some observations regarding these reports are:

- All were designed with the best intentions to ameliorate the effects of service on Veteran health;
- These reports are comprehensive, the recommendations accepted by government, the reports recommendations were implemented and well-funded;

- Unfortunately, these reports and their consequent implementation have been commissioned by numerous national government departments including:
    - DVA;
    - Department of Defence;
    - Department of Defence Personnel;
    - Prime Minister's Department;
    - Department of Education, Skills and Employment; and
    - Defence Force Recruiting.

- Sponsored by multiple Government Departments, there is no command authority and no mechanism to monitor performance metrics at the Veteran coalface.

5.2. Despite the negatives these reports should/will save time with the preparation and delivery of evidence to the RC.

The Commissioner for Veteran suicide report reference D

5.3. Dr Bernadette Boss's report produced in late September 2021 has been a report of great utility to inform this submission and probably the Royal Commission. A concept floated after the Royal Commission was announced was that the Commissioner for Veteran Suicide be a permanent appointment. Another concept floated was that the Commissioner would be used by the Royal Commission to solve any immediate issues that required resolution.

5.4. Whilst RSL Victoria supported a Royal Commission there is no doubt that the information elicited by Dr Boss is of great value.

Data

5.5. Throughout the Veteran spectrum there is a paucity of organised data and the ability to interpret that data. Many records are not digitised or accessible in many of the stake holder spaces. This data is especially valuable to the nation and to be able to use evidence-based data to inform the debate would be beneficial.

5.6. ADF training institutions such as Kapooka (1RTB) have been in operation since the early sixties and have gathered a significant amount of information from recruits especially size, weight, mental and physical fitness. That data is a national asset and can track the fitness standards of generations of Australians; males, and females. It is also important to be able to track the injuries, types, gender etc. across the generations. Whilst injury mitigation techniques have been improved over the generations to have this data readily accessible, interpretable but confidential, governments will be informed more fully as to fitness of the population and allow the Government to be fully informed on the national health status.

5.7. Several ADF organisations such as Special Forces (SF), ADFA and RMC have this information digitised but not available to the public. Within the bounds of confidentiality i.e., strip identity, analysis of this information will inform the Royal Commission on generational susceptibilities.

5.8. This investigation has revealed that straight forward information is not readily available. For instance:

- How many Defence Personnel and Veteran suicides have been reported to Defence or DVA or coroners or police agencies;
- How many Defence Personnel and Veteran attempted suicides have been reported to Defence or DVA or coroners or police agencies;
- How any instances of Defence Personnel and Veteran suicidal behaviours have been reported to Defence or DVA or coroners or police agencies;
- Where is the breakdown of the data for injuries across Defence or DVA; and
- What organisation has been tasked to collect this information in order to ameliorate the effects of suicide.

5.9. In the ESO world these basic data requirements are not available, or not coordinated across the Defence Personnel and Veteran spectrum.

5.10. It is apparent that historical data resides in archives, these need to be interpretable and publicly accessible for organisations vested with the responsibilities of Veteran welfare.

Chapter 6 - Terms of Reference

(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);

6.1. There is historic evidence that emphasises common themes amongst defence personnel and Veterans regarding their lived experiences. Often trauma, exposure to violence, explosions and unfamiliar dangerous circumstances has been the cause of systemic issues leading to suicidal behaviours.

6.2. The other systemic piece regarding Veteran health has been the historic cynicism employed by the Commonwealth and its departments that, apart from being killed or physically injured on the battlefield, no other factor should be considered.

6.3. Slowly, but surely, the evidence of Veteran behaviours have emerged to cause the definition of mental illness such as shell shock, battle fatigue and PTSD as realistic medical classifications related to military service.

6.4. That said, still Vietnam Veterans are struggling to get PTSD and the causatives being approved as mental injuries. Refer to para 6.7.1 Case 4, the Veteran who was given a diagnosis of "COVID Anxiety" in April 2020.

6.5. These are systemic issues and cynicism in government and its departments has been exhibited when they are assessing mental injury.

6.6. This ESO recognises that the previous minister attempted to minimise the impact of mental health issues via free consultations for Veteran and the issuing of a white cards. However, to progress those mental issues to an equitable conclusion remains a contorted, torturous and obstacle ridden pathway.

6.7. The common theme is this corporate cynicism worsens the condition for the Veteran.

6.8. A Veteran that may be treatable is often pushed over the edge by this systemic bureaucratic cynicism. The requirements; for advocates to interpret complex legislation, constant appeals to bureaucrats, elected representatives, the need for intervention via ESO's such as the RSL to advocate for Veterans is evidence of a systemic adversarial culture.

6.9. The publicity surrounding the need for a Royal Commission has highlighted in the public space the difficulties encountered by defence personnel and Veterans to be taken seriously that service to their country may have a detrimental impact on their lives, their family unit and their economic wellbeing.

6.10. Through our military history it has been recognised that the occupation is violent and dangerous, but the life changing factors have not been recognised. In 2021 the public is more aware of the dangerous vagaries inherent in-service life.

6.11. The evidence is that long term exposure in the military system has marked effects on Veteran health and whilst we value experience in the services the evidence is that long term service in an intense operational continuum virtually condemns a person to mental health issues.

6.12. A scarce national resource is being wasted via systemic, adversarial maladministration and cynical management.

(b) 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:

b.1 (i) the manner or time in which the defence member or Veteran was recruited to the [the Australian Defence Force (the ADF)];

6.13. Australian history, indeed, history of the western world has shown that in times of conflict that there are those willing to serve their country. By family tradition, desire for adventure, or simple commitment to the nation people have heeded the call to arms.

6.14. World War 1 was purely volunteer (although there were two divisive conscription campaigns), World War II had limited conscription as did Korea, Vietnam had significant conscription support[6], however since December 1972 the ADF has been all volunteer. Historically conscripts, whilst initially reticent performed to the equal of their regular comrades.

6.15. In times of national economic difficulty, the military has been seen as an occupation to allow the relatively unskilled, unqualified to gain a respectable job. Conversely in times of economic prosperity the military has struggled to gain and retain personnel, especially those who are highly skilled.

6.16. Whilst the ADF mission has not significantly changed the community has. Cultural changes have occurred that may assist the maintenance of standards via technology but create a recruiting candidate that may lack the resilience of his forebears. In 2021 a 17-year-old does not appear to have the physical and mental strength of a 17-year-old from 1914.

6.17. The process of recruitment is detailed and partly dependent on the honesty of the candidate; however, they are scrutinised by qualified medical practitioners and prior living history is considered.

6.18. As a volunteer force the recruiting "gene pool" in Australia is competitive and potentially restricted by:

- Service tradition;
- Citizenship;
- Residential qualifications;
- Family culture;
- Ability to achieve the vocational entry standards;
- Meet psychological expectations of defence
- Possession of a criminal record, particularly drug offences;
- The ability to achieve the required entry fitness level; and
- The ability to achieve a security clearance.

6.19. For high end ADF employment such as for officers and specialist positions the high degree of vocational ability is required.

6.20. The process takes most of 12 months and potential candidates particularly at officer level are heavily scrutinised.

6.21. Through the training phases officers and enlisted personnel train separately. They do not merge until training has completed. The Australian military mythology of egalitarianism is challenged in the current construct, officers and enlisted separation of social and work culture continues throughout their careers.

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[6] The 1964 / 66 / 69 federal election campaigns were fought on the Vietnam commitment and conscription. All these campaigns were in favour of our commitment to Vietnam and conscription. The 1972 campaign, the government of the day had actually announced full withdrawal from Vietnam by the time of the election. Contrary to popular belief and whilst the issue was contentious the majority of Australian supported our commitments. That support evaporated in the 70's and 80's.

6.22. A candidate may be in training for upwards of four years before they are fully qualified. Enlisted ranks training can be from 1 year to 3 years. During this period, but particularly for those combat arms training is extremely physical, and candidates are scrutinised heavily in a competitive environment. At the training stage the candidates encounter a system which is merit based, often for the first time in their life.

6.23. From day one on entry, they are encouraged to believe in their superiority, their training, their mission, and commitment to Australia. They are also encouraged to compare their performance to their forebears particularly the Gallipoli and Western Front generation. They are expected to be the guardians and the wardens of our military traditions.

6.24. Whilst graduated training intensity increases, again particularly with the [7]combat arms, candidates are encouraged to believe that their training will allow them to overcome any adversity.

6.25. In effect they are "onboarded[8]"; they have a neuroplasticity culture, their reactions, vigilance, and responses become automatic, calculated aggression and focus. They are imbued with the warrior spirit that is reinforced not only in their training cycle but in their operational cycle. They are imbued with the spirit of mateship, teamwork, and the fallibility of the weakest link to that spirit.

b.2 (ii) The relevance, if any, of the particular branch, service or posting history, or the rank of the defence member or veteran;

6.26. The data released from AIHW on 28 September 2021, reference D, shows significant discrepancy in the injury and mental health status between the services. Whilst the Army is the largest service and has the most health and therefore mental health issues, the Australian Navy is very close to the number despite having less members. The Air Force is significantly less than both Army and Navy by incidence and percentage. Within these services there is a substantial difference in the types of training and employment and again the rank structure is showing that officers are less susceptible to enlisted personnel to related health issues.

6.27. Combat training is designed to replicate the operational environment. Services from all nations pride themselves on making combat training, if possible tougher than actual operations, physically and mentally more difficult. This has been a time-honoured tradition and there is the propensity for failure to achieve a standard resulting in injury in the combat related environment. Even within the combat arms there are gateways to elite organisations such as SASR, Commando (CDO), Clearance Divers (CD's), and JTAC's from 4 Squadron RAAF.

6.28. Pilots from all services have an extremely competitive and intensive training focus that reaches into their operational employment with the standards that need to be maintained and rigorously tested routinely.

6.29. Injury is a constant companion as regularly candidates are required to prepare for physical and mental extremes. Even within the services there are vastly different requirements not always compensated by pay and conditions of service structures. To achieve and maintain high standards and gain promotion requires a concentrated commitment to duty.

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[7] Neural plasticity, also known as neuroplasticity or brain plasticity, can be defined as the ability of the nervous system to change its activity in response to intrinsic or extrinsic stimuli by reorganizing its structure, functions, or connections.
[8] Onboarding is a human resources industry term referring to **the process of introducing a newly hired employee into an organization**. Also known as organizational socialization, onboarding is an important part of helping employees understand their new position and job requirements.

6.30. Officers will be posted every two to three years and will be sent interstate or overseas on operations as a normal part of their career rhythm. Since 1995 service personnel have been deployed to some 78 operations, on and offshore and some of these operations are enduring. In conjunction with the usual posting rhythm the member will be away from the home base for extended periods. For officers the gateway to high rank is staff college (or service equivalent) and that means probably four to five postings plus deployments to the rank of second/third year Major, Squadron Leader, and Lieutenant Commander. For NCO's postings to a training establishment are necessary for them to go to senior NCO level hence the considerable dislocation from home base is similar as for officers.

6.31. There is a disparity with certain groups with health issues but unquestionably those Combat based organisations undergo intensive training, training deployment and operational deployments and they are more prone to health problems during service and over the Veteran life cycle.

6.32. The key is to remain injury free and achieve some social stability to progress through the system.

b.3 (iii) The manner or time in which the defence member or Veteran transitioned from the ADF or transitioned between service categories;

6.33. The evidence is that the most vulnerable time for Veteran or defence personnel is on transition from the services to civilian life, particularly those transitions that are involuntary.

6.34. The Federal Government's *Inquiry into Transition from the Australian Defence Force (2019)* reference K acknowledges that leaving the military and returning to civilian life is a difficult role transition. The Defence and DVA funded *Transition and Wellbeing Research Programme*, see Annex C, provides detailed information about the experience of service and the first five years post-service. It provides a specific target group which is most at risk of suicidal behaviours:

- Ex-service members who are younger, male, Army, and of lower rank;
- Those who have been medically discharged, and with mental health conditions; and
- Ex-service, rather than currently serving or reserve personnel.

6.35. An involuntary transition is due to suitability or more likely injury or a disciplinary matter. Most of the negative evidence directed at the ADF and DVA by Veterans is the stripping of their dignity and self-esteem because of involuntary transition. It is difficult to admit to a mental or physical injury but the lack of dignity accompanying the injury is a long-term legacy issue. Whether it is in rehabilitation in platoons, at training institutions or discharge transition slowly dignity and the organisation's respect is stripped leaving the member vulnerable.

6.36. The competitive environment, peer pressure upon a person who is injured and is unable to complete either the course or military service causes a great loss of personal self-esteem. These injuries require leadership and management to either repair or re-integrate the service personnel into their employment stream. If the injury is sufficiently damaging that the service person is discharged i.e., transitioned to civilian life, the consequent loss of self-esteem makes this candidate extremely vulnerable to suicide and suicidal behaviours. It is evident, as comment upon in reference E that the leadership and management of these people is deficient.

6.37. References E, G and K are detailed and specific in identifying the susceptibility of those who transition involuntarily. Apart from operational trauma poor transition is the largest causative of Veteran suicide and suicidal behaviour.

6.38. Consequently, the Joint Transition Authority (JTA) has been established, is operational and is expected to be fully developed by October 2022. The roles of the JTA have been established and commanders of all levels have been required to use reference G as a guide to use for those transitioning from the ADF. Commanders have been given the responsibility to ensure all the aspects of transition are communicated appropriately to their subordinates.

6.39. Traditionally, particularly for those who want to get out of the military quickly, transition has merely been another gateway to civilian life and perfunctory attention has been given by both the transitioned and the authorities.

6.40. Whilst JTA and its responsibilities has been determined the organisation is still embryonic, and the question of appropriate resourcing needs to be considered. References D and J acknowledge that JTA is under resourced both financially and staff. See below for figure 1 JTA construct. JTA is responsible for the transitioning from the ADF to DVA and the numerous agencies that report to the transition cell wherever it may be. That said JTA does not have a command authority in any sphere other than the ADF. This causes dislocation with the Veteran and there are instances where JTA's direction and program have been usurped by OC's and CO's to get service personnel to either go on ops or training exercises.

6.41. In paragraph 2.4 it is shown the intensity of training and training for operations service personnel who have had these traits imbued need to be transitioned appropriately for them to fit into the civilian environment. In 2021 the civilian environment is vastly different from the military environment. In addition to the imbuing of a superiority complex over their civilian counterpart, the potential Veteran has an extremely focused self-belief and commitment to their role. These roles are mostly incompatible in civilian life. Additionally, parts of the military have taken themselves off the Australian Training Systems and some Veterans are unqualified to participate in the civilian environment and are therefore not equipped for that environment without further training.

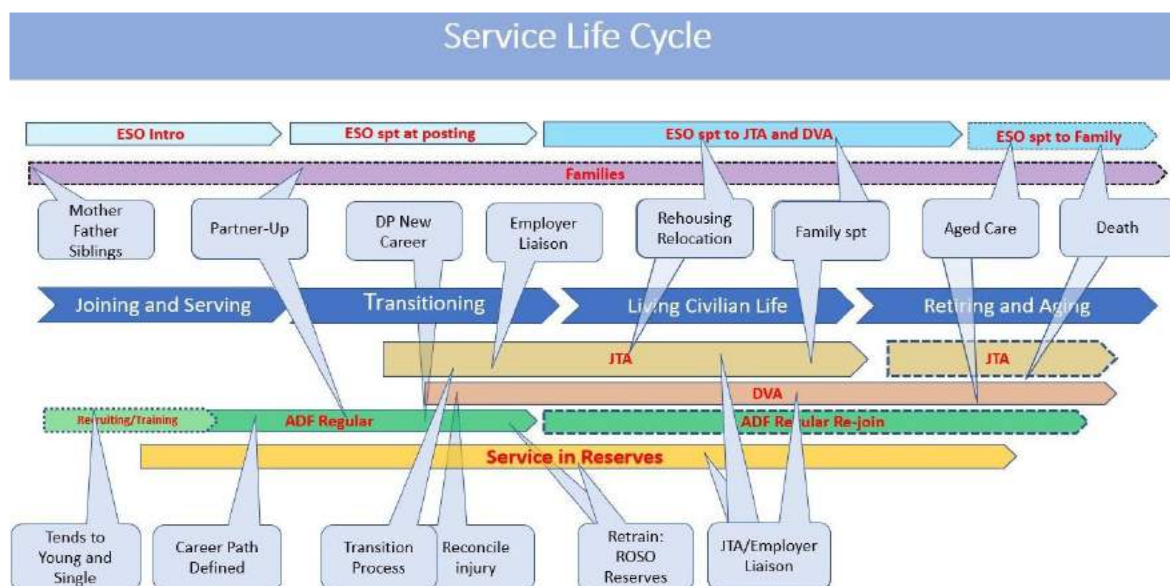
6.42. Usually, small training packages have been offered to personnel transitioning to enhance their civilian skills however these packages are in the main inadequate and are caveated by JTA. It is more likely that an officer from whatever service has the skills and qualifications to transition with less stress than their enlisted counterpart. In gaining civilian qualifications during service a service person may request ADF support to upskill however that support is usually caveated by a return of service obligations (ROSO).

6.43. The other component of transition that has been found as a vulnerability is the separation of the service person from the “tribe”. Loss of that team identity, ethos and mission orientation has shown that the Veteran may become isolated from his community. These combination of factors during transitional phases gives rise to the statistics showing the problems with Veteran health on transition.

b.3.1 RSL Victoria offers the following as a transition model :

6.44. Figure below shows some of the decision points and milestones in the service life cycle. The organisation that remains a significant focus for the Veteran is the family. In one form or another that family is part of the Veterans considerations from the start of his service to the end of his life. ESO's can also be from start of service to end of life but necessarily their contact changes due to

the posting cycle and where a Veteran settles. Importantly DVA will start at some stage in the Veterans career and be part of his life until end of life. JTA has an extremely important role in this service lifecycle, but as mentioned it is hampered by a lack of authority over most areas. A key role for the JTA is to set the Veteran up with DVA and ESO's and employers to provide an holistic transition service.



6.45. **Phase 1 (Involuntary)**: As the references have identified, transition is acknowledged in the very early stage of the service persons career. Should the service person become injured or unsuitable, leadership and management should identify these facts early and appoint transition coaches/case managers. Their tasks are to manage the individual through the transitional phases. This could take some years and the structure of JTA should reflect that fact.

6.46. **Phase 1a (Involuntary)**: If the separation is involuntary due to injury JTA and DVA should appoint case managers[9] to transition the member. If necessary (most likely), the member will return to the home state and a hand over to an appropriate JTA/DVA case managers should occur and be notified. JTA should encourage the member to join an ESO and that ESO should be briefed to facilitate the relationship between JTA / DVA and the member.

6.47. **Phase 2**: Decision point to leave the military. The location for the transition and the new home base should be elicited it is likely to be interstate. The service person should be encouraged to give more than the statutory notice that they intend to leave the military. Through the chain of command to JTA the interviews should be conducted to determine reasons for transition, ambitions, and qualifications for the ambition. The requisite personnel management process should then be approved as shown in reference G.

[9] Case managers should be individuals that always manage that individual. Case managers need to be appointed, regionalised, and provide face to face contact whenever possible. Case managers are not telephonists their job is to liaise with JTA/DVA and if necessary, the ADF and produce regular updates on progress. That management must be subject to performance metrics.

6.48. Due to the inculcation of aggression, hypervigilance, and a sense of superiority it is essential that the member undertakes a course to decompress (or detune) prior to going into the civilian environment. A military person, particularly those from combat arms, will encounter problems. We know this, we need to mitigate it with detailed psychological assistance. In the current politically correct environment Veterans are encountering cultural difficulties due to their aggressive demeanour. If the person transitioning seeks a qualification, be it from apprenticeship to diploma through to perhaps tertiary education the applicant should be considered on **vocational merit not rank**.

6.49. If on the job training is to be conducted that should occur at government expense and at no detriment to the conditions of service i.e., leave or pay, to the service person. There is sufficient government funding of programs at state or federal level to obtain qualifications. There should be no caveat other than success for the funding of this scheme.

6.50. A plan for phase 2 including funding lines should be made and submitted through the chain of command to JTA. Any ROSO for these courses should be via service in the applicable reserve force. The state JTA cell, in conjunction with the reserve force, should be liaising with the state-based employers to monitor the integration of the applicant into the reserve and civilian employment.

6.51. **Phase 2a**: DVA Claims. The transition coach needs to liaise with the member and DVA if necessary, initiate and resolve claims in this phase with the view to having the member fully DVA accredited prior to discharge.

6.52. **Phase 3**: Training for transition to civilian employment. Part of the JTA plan is to have the support of ESO's to facilitate the transition of the service persons. The state to which the service person intends to reside should use the transition hub in that state to coordinate training, liaise with the potential employer, notify, and liaise with the selected ESO and potentially identify the chain of command in the state reserve force of choice.

6.53. **Phase 3a**: DVA. DVA claims continue to be case managed, and liaison is conducted by the case manager with the member and the ESO. If rehabilitation is required that is managed by the DVA Case Manager and JTA Transition Coach. These managers should be assessed based on position and forms part of the performance metrics.

6.54. **Phase 4**: Integration into the civilian community, service, and reserves. As noted in earlier separation from "the tribe" causes some anxiety for transition. Service in the reserve is beneficial from the income and acceptance perspectives. If ROSO is required, then the JTA Case Manager continues to report as applicable on the progress of the member. ESO's should be the facilitator of relationships and the reserve forces should be communicating with the ESO's to assist the member. Anecdotal data suggests that the member may try two or three jobs before finding employment comfort. JTA needs to monitor this process.

6.55. For some, discharge from the military has been described as a 'reverse culture shock' and how the individual copes with the stress of the transition to civilian life is highly subjective (Westwood, Black, & McLean, 2002). The ability to cope with transition events in general has been linked to four main factors: the circumstances of the transition, such as ability to control the timing of transition; notions of self, such as a belief in their ability to successfully manage the transition event; strategies and resources to manage transition; and the availability of social support (Schlossberg, Waters, & Goodman, 2006).

b.4 (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;

6.56. Serving members of the ADF are loath to admit to a mental health issue, therefore in regard to the timeliness in the reporting and treatment of mental health issues the ADF is usually behind the curve. A members career will be prejudiced when they admit the mental health issue.

6.57. This is a difficult issue because the operational imperative exists but if the members condition is going to be prejudiced by further deployments they shouldn't be deployed. There should be intervention and non-prejudicial treatment given to the member on the submission but a "chat "with the padre or the psych does not constitute treatment. There does not appear to be the appropriate treatment infrastructure available to the ADF.

6.58. One of the conditions of employment in the ADF is the ready access to medical services. Outsourcing, contracting and off basing facilities and practitioners has negatively impacted on the quality of medical services. Routinely civilian contractors are used for mental health services, often pushing out consultation periods. Often there is lack of continuity from the practitioner to the patient in some cases making treatment problematic. Even for relatively minor injuries, a regular occurrence for the combat arms, medical assistance is subject to civilian availability. For the more complex mental health issues the situation is even worse. For the Veteran, as mentioned previously, DVA does not pay market rates and even "Open Arms" practitioners exercise their economic prerogatives pushing out consultation time to such an extent practitioner/patient continuity is compromised.

6.59. The VVCS which morphed into "Open Arms" now run by DVA is more of a telephone service than a face to face consultation. In times of emergency this is insufficient. The last thing a Veteran exhibiting suicide behaviours wants to do is repeat his experiences via the phone. Whilst it is acknowledged that you can't provide a service everywhere Open Arms is losing its relevance due to the increasing numbers of Veterans who need their service and the impact of COVID on the Open Arms practitioner.

6.60. The agreement between the commonwealth government and the state government that the state governments provide medical services albeit funded by the federal government has broken down and does not serve Veterans. For a number of reasons some political, some financial, this arrangement needs reconsideration. There is the view that the Victorian government will prioritise its resources to Victorian organisations before the Commonwealth. The Veterans compact is with the Commonwealth government not the State government and whilst it is acknowledged that the arrangements are in place, the prevailing view from the Veteran perspective is that Veterans aren't being serviced as intended.

6.61. Between 2007 and 2013 $15 billion was removed from Defence and Defence related funding, including defence personnel and Veteran health. In 2014 the government of the day changed the fee schedules for DVA. Both these decisions have had significant negative impact on the provision of Veteran health services.

(c) the 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;

6.62. The ADF's focus is on operational outcomes. Its primary mission is to win wars and in most ADF uniform organisations that focus is part of the daily rhythm. The ADF operational focus means

that it is required to endanger its members, its members accept that risk if that risk is mitigated as far as possible and for good reason. Even then soldiers, sailors and air personnel will take a risk to get the mission completed.

6.63. ADF personnel, particularly those in the combat arms are encouraged to be brave, again this is part of our culture and history shows that bravery often swings a negative battlefield position to a winning position. Often bravery has been used to support the members fellow man. Medals are awarded for saving lives on the battlefield.

6.64. Being a loyal "mate" in the face of adversity is a crucial part of our military culture.

6.65. Military personnel once trained are desperate to deploy on operations. Whilst this enthusiasm is necessary and commendable there are limits. Excessive deployments, telling lies about physical and mental health, making sacrifices detrimental to the family units may cause collateral damage to all in the members orbit. There is significant historical and recent evidence that a member can become addicted to combat deployments. Leadership needs to intervene to ensure the individual does not deploy to excess. Our history is replete with the lack of intervention from leadership to stop Veterans from redeploying, this has caused, in many cases, death or injury or social dislocation later in life.

6.66. Conversely a failure to deploy, complete a course successfully or not fulfill the service length obligation, for whatever reason, may stigmatise the member. Most of the stigma is inadvertent but our social and cultural history will often refer to the member as not completing or left because of injury. Even in films, social media etc. a person will be referred to as non-completing. These people are as vulnerable as those who deploy too often.

6.67. What the ADF cannot afford to be is a social experiment. The focus on operational outcome is the correct focus and we should resist "politically correct" devices to salve the minority of public opinion. The ADF culture, and in most areas the warrior culture, has been disparaged by social commentators and even the defence bureaucracy. As shown in para 2.4 we imbue the warrior culture because we operate as teams, coalitions, and forces in very difficult circumstances. That culture has historically been shown to be an essential element of battlefield survival.

6.68. If we let minority opinion tamper with this culture, we are placing our members at risk during training and on operations.

6.69. This culture is not a licence for inappropriate behaviour to any section of the community, including our enemies on the battlefield.

6.70. Since the mid 1990's and certainly since 1999 the ADF has been intensively deployed to multiple locations throughout the world, frequently concurrently. This has been the busiest period in ADF history. As mentioned, there has been whole of nation support for our previous conflicts[10] via conscription and national will. Since 1999 all services have had personnel caps that were instituted in 1975 due to the publishing of the defence white paper, the first such review since the second world war. Additionally, the reserve component of all services has diminished in size since 1975.

6.71. Despite this operational intensity and the attendant threat analysis the cohort employed by defence since 1995 has repeatably been deployed to meet the government requirement. We have been deployed to Timor, Bougainville, Solomon Islands, Tonga, Iraq on three occasions, Afghanistan 2002 – 2014, onshore and offshore commitments such as Olympic and Commonwealth Games, APEC, VIP visits, Operation Quickstep (Fiji) and border protection operations. Most of these deployments have been enduring and concurrent.

6.72. This intense operational continuum has exhausted the ADF. The evidence of multiple tours particularly by key elements of ADF such as SF, Navy (Border Protection and Gulf deployments), RAAF transport aircrew have caused operational exhaustion. It is not uncommon for many service personnel to have undertaken five or more tours to Afghanistan, Iraq and Timor as well as maintain on shore responsibilities.

6.73. Consequently, by necessity the operational focus has caused the priority to go to those operations rather than personnel management. As the regular and reserve forces have become overstretched many of the administrative tasks and roles have been handed across to civilian defence or outsourced. This has caused a disconnect in communications and effectiveness due to the conflicting cultures of the ADF uniform and the public service values, the incompatible times of duty and employment conditions.

6.74. The intensity of operations forced the ADF to prioritise to meet their operational commitments. This increased the training burden on service personnel and those who are deployed into combat roles[11]. The constant training burden meant that injuries to members increased exponentially[12]. Some members who were injured did not recover and were subject to involuntary separation from the ADF. Members reinjuring are likely to develop conditions in later life such as arthritis, back injuries etc.

6.75. Evidence from previous conflicts but especially Vietnam shows that as the Veteran ages they become vulnerable because of the physical injuries. PTSD becomes a very significant issue see Annex D that shows that approximately 25,000 Vietnam Veterans suffer from PTSD.

6.76. The ADF in Vietnam had its size increased due to conscription. That has not occurred with the post 1995 cohort, and we are making this submission because this cohort is manifesting suicide behaviour and other injuries that has been exacerbated by operational exhaustion. In addition to the operational deployments training has become extremely sophisticated to replicate the operational environment. Leaders at all levels are deliberately placed under intense pressure, physical and mental, to train for these operations. Evidence points to medical problems manifesting in the future (50 plus years) and this Royal Commission represents the ideal opportunity to acknowledge these facts and recommend treatment and programs to mitigate these looming medical issues.

6.77. ADF command and or the governments of the day need to explain to the Australian community, let alone this military cohort, why they held the regular forces to a 1975 operating cap that continues today[13]. A function of command is to apprise government without fear or favour; with honesty and courage. It is evident that ADF command accepted the responsibility to supply personnel to these operations and either did not warn of operational exhaustion and its immediate effects on its subordinates to the government of the day(s) or ignored the potential consequences.

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[11] Combat roles includes SF, infantry, armored corps, artillery, engineers, pilots, border protection, deployments to the Gulf, etc.

[12] Whilst this has occurred it is difficult to reconcile the ADF/DVA reporting in this matter.

[13] The 2021 structure document puts the army level at 32,500 and navy and air force ceilings as the same for 1975 see attached link in Annex C

The long-term effects of operational exhaustion should have been considered to ensure that members health was not going to suffer from those decisions.

6.78. It is a fact, that unlike our USA, UK and Canadian counterparts, no star rank of the ADF has been publicly sacked for speaking out and supporting subordinates. No star rank has resigned on a point of principle, again unlike our allied military counterparts. These command decisions have ramifications[14]; on the health of its subordinates and the apparent compliance of senior command regarding government decisions. These circumstances have caused a significant rift between officer and enlisted ranks that is evidenced and exemplified by the war crimes enquiries and outcomes.

6.79. In 2021 enlisted ranks will question command decisions and they will air their views on social media accessible to interested parties nationally and internationally. This apparent gulf will require a change in culture to imbue better relationships between officers and enlisted, the very glue of an efficient military force.

6.80. The cultural gulf between officers and enlisted is also exacerbated by self-management of personal administration where, particularly junior commanders have less oversight of the administrative aspects of their personnel. When a member is injured, self manages to DVA, often key details are missed with knock on effects to transition and later in civilian life. To be fair the current generation, even though they have been militarily trained, tend to resist command oversight that existed in previous generations. The ADF will need to reconcile these cultural issues.

6.81. Reference E shows an increase in injury, suicides and suicidal behaviours in females. The evidence is that females are being asked to do more than they are physically able. Continuing to place females in roles where they must carry significant weight over significant distance for significant periods of time will cause injuries. The knock-on effect of those injuries is removal from employment stream until injury is repaired, the possibility of reemployment in another ADF role or involuntary separation from the ADF. As shown in the data this class of Veteran is increasingly vulnerable to health issues.

6.82. At the micro level the relationships between an injured member, the ADF and DVA have been at best tenuous. For examples see at Annex E.

Case 1: A 38-year-old army sergeant Timor, and Afghan veteran, was redeployed after been diagnosed with PTSD, back injuries, and knee injuries. On return to Australia (RTA) his condition worsened, he was reposted from Puckapunyal to Townsville, his condition continued to deteriorate, and he was discharged with 17 injuries unresolved by DVA. He returned to Victoria exhibiting suicidal behaviours, he was financially embarrassed, unemployed and his family circumstances could be described as tense. The local RSL intervened in 2019, achieved some solution however DVA has yet to contact this person since 2019 for any form of case management or observation. In effect the ADF got him off the books unresolved, DVA did not case manage and the RSL has effectively kept him alive and his family unit intact.

Case 2: A 30-year-old infantry soldier deployed to Afghanistan voluntarily left the army without transition in 2019. He failed a Victorian government psych test for employment in the emergency

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[14] The last star ranked removed from service was Brigadier John Deighton in 1983.

services for being too aggressive. He is over aggressive, hyper vigilant and is still an infantry operator rather than a civilian. He is unable to be employed in emergency services.

Case 3: A 72-year-old clearance diver navy Vietnam Veteran had multiple injuries including PTSD which was recognised for 20 years by DVA as "anxiety" rather than PTSD. He had numerous health issues that required daily maintenance for him to remain alive i.e., heart, blood disorders. He was managed by a regional RSL with no support from DVA, yet historic documentation showed that both the ADF and DVA were aware of his injuries and illnesses but provided no management. He committed suicide in February 2020.

Case 4: In May 2019 a "Young" Veteran was admitted to Warragul Hospital, his wife utilising the powers the Victorian Mental Health Act. Neither DVA nor Open Arms were available. After triage at the Hospital and the Warragul Mental Health Service the Veteran was advised to approach the Warragul RSL for assistance with his condition. Though the Veteran was not a member of the RSL, the Warragul RSL engaged an advocate, utilised its Welfare members (who are unqualified) to assist the Veteran, his family and made appointments to conduct the immediate liaison between relevant agencies. A number of issues emerged from this incident including:

- The Veteran was agitated, embarrassed with his condition and felt guilty for his perception of letting his family down;
- The sixteen (16) year Veteran who had served recently retiring as a SGT, didn't know the extent of his privileges and entitlements regarding mental health issues and DVA;
- The local medical authorities were uncertain where to direct the Veteran for post incident support;
- The Veteran was in no mood to and actively resisted making contact with DVA via phone;
- He wanted nothing to do with the military and in fact wore his medals first the time since discharge on ANZAC Day 2019; and
- DVA, via the RSL, processed a claim for PTSD and in April 2020 that claim was refused on the basis that the Veteran was suffering from "Covid Anxiety".

Case 5: An indigenous recruit joined the Army via the Indigenous Development Program (AIDP). She came from a very disturbed community, with a horrific history of sexual abuse. Physically strong and motivated, however with significant trauma under the surface. She disclosed to AIDP staff the abuse she'd suffered. Due to her physical and emotional strength, she had taken up a role in her family as a defender of other female relatives despite her youth. Throughout the course, she had to take time to be on her phone counselling family members. Due to her background, it was suggested that she join a Corps with significant female presence, rather than a combat corps. While she was physically fit and capable, it was felt that she needed female role models in her work environment. In conversation with staff, she expressed her desire to go to Engineers or Transport however recruiting talked her into Infantry Corps. On graduating AIDP, she went to Kapooka, and was assigned to RAINF. Whilst at the School of Infantry she sustained an injury that eventually led to a medical discharge in January 2021.

She was returned to her community, celebrated her 21st birthday and in June 2021 killed herself.

6.83. These are just five of the examples listed in the Annex E. These examples are both historic and current. Neither the ADF nor DVA in these cases were able to complete their tasks to enable smooth transitions to civilian life. DVA did not provide case management, oversight, supervision or interest in any of these members. The local RSL Sub-Branch managed these members. The

Annex shows multiple events and incidents across the ADF service spectrum. It is solid evidence to show that transition, even after the formation of the JTA is not working in a significant number of cases. For whatever reason DVA has not case managed these members. This Annex shows circumstances indicative of the Veteran environment that is a direct cause of suicidal behaviours.

6.84. Whilst attempts have been made to remediate the process, the culture between ADF and DVA is clearly not successful. The plethora of reports listed in Annex C whilst endorsed by government agencies, departments and ministers have not had performance metrics applied, the recommendations not properly coordinated.

6.85. Reference (I) shows the attempts at remediation conducted by the ADF into suicide behaviours however the metrics haven't been achieved causing the programs to lack effectiveness.

6.86. There is the reality of the reluctance of service personnel to self-report. When self-reporting a health issue, particularly a mental health issue, the "system" tends to restrict employment, deployment, and promotion. We continue to see Veterans whose health was compromised and disadvantaged because of delay or absence of reporting of mental health concerns at an early stage. Joint Health Command guidelines which reduce a member's medical status for disclosing ill-health and seeking care can contribute to or exacerbate a culture where people are reluctant to self-disclose and enact their resilience processes.

6.87. Unfortunately, there are multiple cases of waivers being applied allowing deployments and employments despite overwhelming evidence of individuals suffering mental health issues. This occurred in units subject to the intensive operational continuum that was the ADF over the past 25 years.

6.88. A culture that views help-seeking as a strength also allows for greater visibility of psychiatric injury at an early stage. This would facilitate easier access to entitlements for Veterans when they apply under DVA legislation for assistance with injuries. A system in which injuries that occur in service are more commonly reported will allow for easier claim acceptance at a later date.

(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;

6.89. ESO's are volunteer organisations essentially designed to provide fellowship and support not the micro-management of Veteran health.

6.90. ESO's are characterised by the volunteer focused, special interest i.e., 1 RAR Qld Association, in the main volunteer managed and there are approximately 5,000 ESOs in the Veteran welfare space. However, there is an unwieldy number of ESO's in Australia. Surveys of Veterans show they find this confusing to navigate, especially at times when they are most vulnerable. DVA and Defence has an understandable policy to not recommend any specific ESO, however this leaves the Veteran needing to conduct their own research as to support options available.

6.91. There is no mechanism via which Veterans can examine the quality or effectiveness of the services ESO offer. There is no current regulation of the industry to ensure a quality service provider. There is no requirement for any organisation which has tax concessions to support Veterans , to engage in evidence-based or evidence-informed care. We note that the opening remarks of reference J, *Inquiry into Transition from the Australian Defence Force (2019)* stating that the role of Ex-Service Organisations (ESOs) – specifically their role in supporting this

transition period – does not appear to be defined. In submissions to this Inquiry, RSL, Mates4Mates, and Soldier On all recommended a formal process for managing ESOs.

6.92. Whilst there are difficulties within the RSL structure and membership, an historical trait of the RSL, the RSL has the public kudos and integrity with government. It does not have full support from the recent service cohort because it has lost its edge to be an exacting Veteran and defence advocate as required by references A & B.

6.93. Since the Vietnam war ESO's and NGO have assumed greater responsibility for Veterans due to the poor performance of DVA[15]. Associations such as the Vietnam Veterans Association (VVA) were formed to provide support interpreting complex legislation and the RSL assumed Veteran management roles that are notionally a DVA responsibility.

6.94. The RSL has by dint of its long history acquired resources to support Veterans , but it has been forced to move into the service vacuum caused by DVA's poor performance.

6.95. The smaller RSL Sub-Branch, particularly those in the regions, do not have the medical expertise to manage wounded Veterans . By assuming DVA's management obligations they are not only endangering the members life, but their own, potentially leaving the RSL vulnerable to litigation in the event of inexpert advice. This applies to all ESO's who rely on volunteers to operate.

6.96. ESO's should not be the providers of government services unless they are paid to do so by the government and are able to hire the relevant expertise.

6.97. That said, the utility of the RSL Sub-Branch is that has the local contacts that can assist JTA/DVA, employers and the member to integrate and remain integrated in the civilian environment. The RSL should be the agency of last resort in emergency. The Sub-Branch should be the facilitator, not the critical component looking after the veteran, the Veteran family but to liaise with authorities to assist the Veterans. The assumption of these responsibilities by the RSL sub-branches has allowed DVA to provide inferior service to the veteran.

6.98. ESO's have been the driver for this Royal Commission and other reports because they have been forced to assume the responsibilities for Veterans health over generations. That they have thrived is a tribute to the ESO's but an indictment on the government services or lack of thereof that has caused their formation.

(e) protective and rehabilitative factors for defence members and Veterans who have lived experience of suicide behaviour or risk factors;

6.99. The research required to answer this Term of Reference thoroughly has not been observed by this ESO. We do not know, due to lack of data what is the baseline. Reference E is an updated report on Veterans suicides which shows an increase since 1985. There is not the historic data to go back into the relative cohorts WWI, WWII, Korea etc. to confirm the hypothesis that Veteran suicide is endemic to service.

6.100. The collection and interpretability of data is essential to understand this problem thoroughly, until we know the extent of the problem it is difficult to devise protective and rehabilitative schemes for suicide and suicide behaviour.

[15] See Annex E for a list of issues members have faced dealing with DVA.

6.101. Because we are working after the fact i.e., suicide behaviours exhibited, and not getting to the core issue neither the leadership nor management are working from a firm database. Trying to treat and rehabilitate suicidal behaviour is still in its embryonic form and is usually complicated by financial and family pressures that have exacerbated the original condition. Certainly, programs and information on the vulnerable Veteran have been distributed into the community, however overseas experience tells us that unless we have early intervention on exhibition of suicide behaviour one of these highly trained Veterans will cause a mass casualty event. The availability of weapons, the ability to use them and a loss of moral authority will conspire to cause an event that has happened in both the US and the UK.

6.102. Whilst this Royal Commission is to take two years this is one of the issues that needs to be quickly resolved by a coordinated use of JTA, DVA, ESO's, relevant authorities and welfare agencies. This ESO attempted to have VICPOL introduce a standard operating procedure (SOP) for the treatment of a Veteran exhibiting suicidal behaviours. See attached as Annex F, this concept was defeated at Victoria Government level when they said this is a Commonwealth problem.

(f) any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others: affected by a defence and Veteran death by suicide; or who have supported a defence member or Veteran with lived experience of suicide behaviour or risk factors;

6.103. Only 5.5% of the Transitioned ADF get out of the military because they are "retiring". The Defence and DVA Transition Taskforce Report, Reference K found that the most reported reason for someone transitioning is 'impact of service life on family'. It is also known that mental health disorders, especially those with associated anger conditions, can increase the risk of family dysfunction, including family violence.

6.104. The experience of Veterans with complex PTSD is that the sanctity and support of the family unit is vital for the family. It would not be too fine a point to say that if a spouse left the family unit due to exhaustion it would prejudice the member who is exhibiting suicidal behaviours yet our support for the family particularly the spouse is limited by confidentiality restrictions and the desire to speak only to the Veteran.

6.105. The statistics of marriage breakdowns in the ADF is unknown, however the anecdotal evidence is that service brings significant pressure onto the family unit over and above their civilian counterpart. Deployments, training deployments, duties, courses, onshore commitments such as bush fires, COVID etc. place strains upon the family unit. Additionally, the spouse most often will prejudice their employment due to interstate postings, dislocation from the wider family unit and equal employment opportunities. For one partner to pursue a military career often the spouse will be forced to take employment that is not maximising their skills. This causes a loss of standard of living "in the now" and earnings potential for the future. Children are often compromised from the social perspective and the incompatible education standards across the nation.

6.106. A member exhibiting suicidal behaviour clearly exacerbates existing tensions in the family unit. Evidence has shown that family unit support from the military is transient and lacks focus, yet destruction of the family unit inevitably leads to the collateral damage beyond just that of the service member. Past generations have accepted some of these restrictions, however in 2021 emancipated Australia these family restrictions become unacceptable.

6.107. The AHURI Inquiry into Homelessness Amongst Australian Veterans was funded by DVA to estimate the number of homeless Veterans and to examine Veterans ' pathways into homelessness, service usage patterns and ways that service responses may be improved. The

research estimated that approximately 5,800 contemporary Veterans experience homelessness over a 12-month period in Australia. It was acknowledged at the time that this resulted in an over-representation of Veterans amongst the homeless population.

6.108. The report found that Veterans who are homeless are reluctant to access support services, especially mainstream homelessness services, or they don't know where to seek help or don't trust support services. It was also clear from the qualitative data that a number of Veterans were discharged to homelessness directly from hospital admissions, including from private psychiatric facilities where treatment was funded by DVA. The report makes a number of recommendations including that "chronically homeless Veterans require active, face-to-face case management and ongoing, wrap-around support services, in addition to the provision of permanent housing."

(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;

6.109. Para 466 Page 135 of Reference D (Dr. Boss) states:

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.*

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.

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.

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.

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.

6.110. Despite this extremely low level of fraud, it is apparent from all the recent reports, but especially reference (D) that the culture of DVA is adversarial. Given the low level of fraud and the high level of legal fees one wonders why DVA, and its previous incarnations have this adversarial culture. Is that honest? Is it serving the interest of Defence Personnel and Veterans as is the DVA mission or is it an endemic culture of the Government and DVA?

6.111. It is well documented over a series of enquiries and two Royal Commissions that the Commonwealth spent over $60,000,000 in 1960's money in preventing the settling of the Voyager claims. This money would have been better spent on enhancing the quality of life for the Voyager survivors. What the effects were of 20 years of litigation on the Voyager survivors and their families? Even in 2019 at the Jessie Bird inquest in Victoria significant legal representation was made to the coroner by DVA. The coroner's report and the DVA submission show that whilst there was a "mea culpa" from DVA, via its director, it was self-serving and attempted to deflect culpability from DVA. In 2021 in response to the establishment of the Royal Commission DVA published a position statement, reference (H), effectively saying "we are aware of the problems of the past, we have instituted programs, received extra funding, employed more people; there is nothing to see here."

6.112. There is overwhelming historical evidence that DVA's culture is adversarial, secretive and does not fulfill its mission statements. The public, as well as Veterans , have a right to expect better performance and outcomes from this federal government department. The evidence that will be presented to the royal commission, i.e., reference E and shown in Annex E List of Cases and several coroners reports supports these contentions.

6.113. A Veteran is entitled to have a full productive life after service. It has been shown that military life, particularly over the last two decades, has been exceptionally robust; by operational necessity. When the Veteran is injured, it is the mandated mission[16] of DVA to return the Veteran to a quality of life commensurate with his qualifications and abilities.

6.114. The current and very recent construct of DVA is at cultural odds with defence personnel and Veterans . The national call centre structure may be suitable for limited enquiry, but it is not an appropriate vehicle for case management. Services are centralised in capital cities, there are few if any regional DVA services, certainly none in Victoria. The annual reports show that their reaction to Veteran claims is worsening. Please see the figures from RSL Victoria below:

RSL Vic Claims at DVA (from 2019)	Average Wait Time (Days)	Average Time for Determination (Days)
358	236	383
	7 .5 Months	13 Months

[16] See 2019/20 DVA Annual Report for Mission Statement & Outcomes.

6.115. These claims have been compiled by professional advocates on behalf of Veterans yet the wait times are not only excessive they exceed the prescribed DVA requirements. If commercial enterprises failed to meet Comcare and Workcover statuary requirements the same as for DVA they would be fined millions!

6.116. Anecdotally the figures for the individual Veteran self-managing are worse but they are not made public.

6.117. This report will not dissect all the case issues applicable to DVA, but the core issue is one of confidence from the Veteran, the Veteran family and Australians. It can be shown that the Commonwealth, via its Veteran agency DVA, is not looking after the Veteran either now or historically. If the Commonwealth department abrogates its Veteran responsibilities, then recruiting will become an issue for the government. Mothers, fathers, significant others will not let their children join the military if they are not going to be looked after in accordance with the government compact.

6.118. Each state and territory has its own department of Veteran affairs partly subsidised by the federal government and combined the overall budget is very similar to that of Aboriginal Affairs. That department has seen the utility of face-to-face case management; even in the most remote areas of Australia. DVA cannot fulfill its mandated mission unless it adopts face to face case management throughout Australia. The evidence is overwhelming that unless vulnerable Veterans are closely monitored, they will exhibit suicidal behaviours. Once an ADF member becomes a Veteran on leaving the ADF DVA must engage with that Veteran. JTA & ESO's can facilitate this relationship however DVA has the overall responsibility for the remaining life of the veteran.

6.119. At the micro level, it is personal relationships between advocates and selected members of DVA staff that provide occasional solutions. DVA processes and procedures are either circumvented or ignored to achieve outcomes. Senior DVA management occasionally intervene when a claim is going to be negatively publicised or suicidal behaviours have been exhibited.

6.120. A Veteran, their significant others and advocates should be able to rely on robust, interpretive and efficient DVA processes and procedures rather than appealing to DVA "mates". Advocates are apprehensive about giving information to this Royal Commission as it may sour existing relationships in the DVA bureaucracy.

6.121. Payments made to specialists by DVA are not on the same schedules as its Medicare or NDIS counterparts. Medical specialists, but particularly those in the mental health field, are reticent to take on DVA cases because of the low payment. In regional areas where there is a lack of mental health services this can blow out consultation periods of up to six weeks to two months between appointments.

6.122. The utility of physical activity, exercise programs and community events has been shown to be very positive yet remains unfunded by DVA. The DVA culture refuses to consider these events and the use of fitness centres to assist Veteran organisations. The RSL Active program as rolled out in Gippsland Victoria, funded by the Victoria State Government has been an outstanding success. Veterans have engaged, joined the Veteran community, and have contributed to the wellbeing of Veterans and at the same time have become fitter. This is win win! In addition to prolonging the physical expectations of the Veteran it has improved their mental health.

6.123. That DVA will not fund these beneficial programs is symptomatic of the antiquated DVA culture.

(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);

6.124. The legislative and policy framework of DVA and the ADF are convoluted and complex.. This should be a major focus for the royal commission to consider and resolve. The aim should be to provide a legislative basis that allows for a simple singular and easy access to compensation and rehabilitation support. Any scheme must also be easy to understand and administer. In making changes to legislation no existing Veteran entitlement can be omitted or weakened.

6.125. The complexity of defence personnel and Veteran entitlements particularly those relating to injury have spawned an advocate industry. Whilst it is understandable in a generational context that Veterans have had to resort to interpreting legislative outcomes shows that the system is flawed. See Annex G for the DVA issues, however as alluded to with programmes such as DHOAS, the interpretations of conditions of service for serving personnel is also convoluted and certainly not commensurate with commonwealth public service conditions and simplicity of interpretation.

6.126. As the military has converted to self-management a level of expertise has been removed, clerks to provide good advice for making claims and accessing entitlements are no longer available at unit level.

6.127. The anecdotal evidence is that a person self-managing a claim through DVA has not received their full entitlement as opposed to the success rate of advocates. The legacy issues are that often that DVA will quote the original submission and application thereby prejudicing a rehearing later in life. Please refer to previous TOR's on ADF & DVA culture.

(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;

6.128. Refer to figure 1 Veteran Life Cycle. The family in one incarnation or another in the vast majority of cases remains as a constant for the Veteran. On entry to the ADF there is mother, father and siblings and whilst the status changes over the course of the Veterans life usually family support is part of the Veterans daily consideration. Experience has shown that the pressures of service cause family breakdowns. For whatever reason, PTSD, illness, repeated deployments etc. the pressures are not only on the Veteran but the remainder of the family. These pressures are exacerbated by the posting cycle and resultant financial pressures.

6.129. As previously mentioned, a spouse can have a separate career path from the Veteran that is possibly (and becoming more prevalent) more profitable than that of the Veteran. This family entity then makes the decision to make a sacrifice of careers, therefore quality of life or leave the military.

6.130. Divorce is common and an additional data point that needs to be tracked are those reasons that impact on defence family life.

6.131. The recent operational continuum of Australia and its five eyes allies is that family breakups coincided with deployments. Anecdotally the American experience is worse than the Australian experience due to the length of their tours.

6.132. Reference A highlights that those families that remain intact and are impacted by suicidal behaviour are placed under incredible pressure and it appears that the collateral damage will be not just in the immediate family unit but passed down through the generations. This ESO's experience is the spousal support to the family has been exceptional. The spouse assumes the responsibility to organise the Veteran to mitigate the effects of suicidal behaviours on the immediate family and is the point of contact to DVA and the ADF. Often spouses are not able to gain employment because of the full-time carer responsibilities causing greater financial pressure on to the family unit. We have observed the disintegration of these family units and the collateral damage to the family unit will have long lasting generational effects.

6.133. The disintegration of the family is often the trigger for increased suicidal behaviours with the Veteran. This ESO has witnessed incidents of Veteran suicide in order to minimise the daily impact on the family unit. This apparent sacrifice, whilst not common, has been documented through various organisations.

6.134. Whilst it limits the immediate collateral damage the Veterans apparent sacrifice does not limit the generational damage done to spouses, siblings and the wider family.

6.135. This ESO has also experienced Veterans openly stating that the Veterans suicides would be grist for any submissions or platforms taken by an ESO.

6.136. There was a campaign within Defence to be family centric, family oriented but operational imperatives have been necessarily important for defence.

6.137. The posting cycle, the locations, lack a spouse's career enhancing employment, lack of social continuity for the family, the vagaries children's education systems conspire to impinge upon the ability of the family to prosper as would their civilian counterparts.

ii. housing or employment issues for defence members and Veterans ;

6.138. Over the past 30 years defence housing has improved immeasurably on or off base. Most military families have also embraced the real estate market privately, particularly when forced by the posting cycle.

6.139. Single member accommodation across bases has also improved from previous generations where communal living was the standard. Whilst these accommodations reflect the standards found in the civilian environment what has been lost is the culture of command knowledge on the living conditions of on-base personnel. In these facilities micro cultures have grown, off base personnel have often been invited on base and because there has been no supervision some of these people have stayed for weeks on end.

6.140. Defence personnel are entitled to their privacy and a quality standard of living however the lack of command supervision has allowed these sub-cultures, that may not be in the best interest of the Veteran to exist, and suicidal behaviours are not detected.

6.141. On discharge Veterans and their families are occasionally naive as to market forces and do not have the facilities available to them as they would in the military. Additionally moving to localities without knowledge of the cultural mores of those localities can produce pressure on the family unit

6.142. The Defence Ownership Assistance Scheme (DHOAS) is convoluted and difficult to move from one property to another and subject to too many caveats.[17] These schemes should be simple, accessible and flexible and not subject to the bureaucratic interpretations that seem to blight DVA & ADF.

6.143. See para 6.5.3 for employment issues (JTA).

6.144. With the closure of the Repatriation specialist accommodation Ward 17 as part of the Austin Hospital infrastructure there is a requirement for emergency accommodation for Veterans who are exhibiting complex suicide behaviours. At the moment the VICPOL invokes the mental health act on a dislocated Veteran exhibiting suicide behaviours and they are sent to local hospital emergency departments. Often there is no liaison with DVA via "Open Arms" and the Veteran is discharged under his own undertaking. Whilst the Ward 17 construct was part of the old repatriation department and is now being utilised by emergency services in the main it is not suitable for these emergency Veteran requirements, especially those who are homeless, agitated and exhibiting suicide behaviours.

6.145. This ESO and its Sub-Branches have had to brief various welfare organisations on what they should do when they encounter a dislocated Veteran. These people can be dangerous to themselves, and the community and specialist accommodation is required for the rehabilitation of the Veteran and protection for all.

6.146. The destruction of the family unit adds significantly to the financial burden on the Veteran and that family unit and cheap accommodation in the country's vibrant rental and real estate market is very difficult to find and access. ESO's in particular are picking up the responsibility in this area, however they don't have onsite professional support from DVA.

iii. defence members' and Veterans ' economic and financial circumstances;

6.147. Defence is subject to the vagaries of economic times. As mentioned in tough economic times defence is usually oversubscribed with applicants and the reverse is true during a prosperous economic environment. The past 20 years of operational commitment has given defence personnel and Veterans economic windfalls. Tax fee regimes, extra income have given those who have conducted multiple tours fine incomes. In most cases these incomes have been used beneficially however it was no coincidence that the largest General Motors and Ford dealerships in the country were in the garrison towns Darwin and Townsville and were particularly busy when tours finished.

6.148. This economic environment gave false views on the future of income capacity. The reality of life as a low rank person on the salaries that they had to become used to post

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[17] A Veteran who is in VICPOL training was deemed inefficient by the Army Reserve, disqualifying him from DHOAS support even though for the previous two years he had worked 300 days in the Army reserve.

deployment impacted on families and increased attendant pressures if there was evidence of suicide behaviours.

6.149. A Financial indiscretion is not the military's problem however the base salaries, especially for those who are qualified do not reflect the civilian earning capacities, COVID environment notwithstanding. There has been an erosion of conditions of service in key areas particularly the provision of medical services. Some areas, particularly Darwin, have an expensive cost of living that is not compensated sufficiently to avoid financial stressors. Add in the reduced capability of the spouse to meet their earning capacities there is potential for the family unit in a military context to be financially stressed.

Chapter 7- Recommendations

The following recommendations are made to the Royal Commission:

7.1 Data

7.1.1 That the Royal Commission advises government to contract designs for a compatible, across the ADF & DVA spectrum, data capture scheme that regularly updates the ability to define injury by category i.e., mental health, progress of injury, time taken to progress the injury, outcomes;

7.1.2 That ADF & DVA periodically submit data to the minister for publishing showing injuries by time and resolution;

7.1.3 That a data category showing suicidality behaviours is initiated and becomes part of the data reporting system;

7.2 Defence Personnel & Veteran Suicide Commissioner

7.2.1 That the Royal Commission appoint a defence personnel and Veteran suicide Commissioner with IBAC type powers to be able to investigate all aspects of ADF uniform, department of defence and DVA operations, processes, and procedures in the event of a death by misadventure, suicide, attempted suicide or serious injury of a member of the ADF;

7.2.2 That the commissioner can investigate incidences reported to it on a confidential basis;

7.2.3 That the commissioner is required to report to Parliament every six months on the progress of Royal Commission recommendations and be able to make observations on the performance of the ADF & DVA and Dept Defence regarding Veteran health.

7.3 Previous Reports

7.3.1 That the Royal Commission makes a recommendation to implement into the departments specified in those reports a series of metrics designed to indicate progress as recommended in the reports.

7.4 TOR (i) the manner or time in which the defence member or Veteran was recruited to the Australian Defence Force;

7.4.1 That applicable ADF recruiting, and training fitness data is digitised, is interpretable i.e., Excel, and available. That data is then used to inform government on the fitness levels of its youth across the generations;

7.4.2 That Royal Commission investigates the concept of generational resilience and fitness standards;

7.4.3 That the Royal Commission investigates, examines, and reports on the potential recruiting base that is available in Australia;

7.4.4 That the Royal Commission considers the gulf developing between officers and enlisted ranks and combines recruit (RCT) and initial employment training (IET) at the respective service entry point. For instance, all ADFA[18], RMC and enlisted recruits do combined recruit training at 1 RTB (Kapooka) and Infantry IET at IC Singleton. The cohorts are to be as near as practicable equal sized officers, enlisted squads. On completion of both these iterations Officers undertake the formal officer training components. This concept will narrow the gulf between officers and enlisted ranks and whilst it is acknowledged the training continuum is extended the relationships built and experiences on the courses will mutually enhance respect.

7.4.5 That Royal Commission directs the ADF/JTA to realise the effect of the warrior culture and that a decompression/detuning program is designed to ensure that the transitioning member is suitably equipped to reintegrate into civilian society. If they aren't they remain in the ADF under an extended program to achieve decompression / detuning;

7.4.6 The Royal Commission recognises, publishes the necessity for reverence of our military traditions and the reasons why they are a vital part of a military culture;

7.4.7 That the Royal Commission recognises, publishes and re-enforces the necessity for merit-based training;

7.4.8 That the Royal Commission recognises, publishes and reinforces the necessity for high intensity physical and mental training, in the training and operational cycles.

7.5 TOR (ii) the relevance, if any, of the particular branch, service or posting history, or the rank of the defence member or veteran;

[18] The ADFA and RMC training is based around recruit training and infantry IET training in its first instance.

7.5.1 That the Royal Commission recognises, publishes and reinforces that military service is inherently dangerous and that demands timely and comprehensive medical support across the service career of the Veteran;

7.5.2 That the Royal Commission recognises, publishes and reinforces the fact that the best years of a person's life has been given in service to the Australian government, when serving in the military and the "compact' is recognised and that the compensators i.e., pay conditions of service and medical support is of such a professional standard that a person will be enticed to join the military as a result of those high standards;

7.5.3 That the Royal Commission recognises, publishes and reinforces that the posting cycle, deployment cycle can have detrimental effects upon the member and their families, and these effects can be long lasting;

7.5.4 That the Royal Commission recognises, publishes and reinforces to DVA & the Department of Defence (civilian) the onerous physical and mental effects of some military service and requires those organisations to educate their employees on service life;

7.5.5 That the Royal Commission recognises, publishes and reinforces to government that operational (or combat) organisations within the ADF assume a greater burden and should be compensated commensurately either financially or by award recognition;

7.5.6 That the Royal Commission recognises, publishes and reinforces to the ADF that injuries, whilst inevitable must be treated comprehensively and the member rehabilitated as quickly as possible, and if possible, returned to the existing employment stream. This requires comprehensive, professional and available onsite medical support when training and operations are conducted;

7.6 TOR (iii) the manner or time in which the defence member or Veteran transitioned from the ADF or transitioned between service categories;

7.6.1 That the evidence presented to the Royal Commission in previous reports, in particular references H, J, and K, shows that transition of members particularly those involuntarily transitions represents the most vulnerable group transitioning from the ADF. That the Royal Commission determines that the current and developing model for transition, Joint Transition Authority (JTA) is appropriate and effective;

7.6.2 That the Royal Commission determines if leadership and management of defence personnel and Veterans who were or are injured was appropriate and effective during and after ADF service;

7.6.3 That the Royal Commission determines the impact on families of defence personnel and Veterans who were or are injured;

7.6.4 That the Royal Commission determines the impact on defence personnel and Veteran families whose spouse or family member suicided, exhibited suicidal behaviours or who were exposed to suicide;

7.6.5 That the Royal Commission acknowledges and makes recommendations to government as to the financial, economic, and social wellbeing of ADF members, Veterans and families as a result of injuries caused by service;

7.6.6 That the Royal Commission determines an average overall cost of recruitment, training, service, ongoing training, transition and DVA management over the Veteran lifecycle;

7.6.7 That the Royal Commission determines the design requirements to enable a Veteran to be employed as part of transition and still maintain links with the military;

7.6.8 That the Royal Commission consider and recommend the utility of ESO's being in the direct decision and liaison loop as part of transition;

7.6.9 That the Royal Commission consider the relative expenses of transition courses to gain effective employment as opposed to allowing an injured Veteran to remain on social security/pensions;

7.6.10 That the Royal Commission acknowledges and recommends to the ADF that the most vulnerable in the transition stage are younger, male and of enlisted rank or those who have been medically discharged with mental health conditions and are the most vulnerable in the transition phases;

7.6.11 That the Royal Commission recognises the utility of the competitive environment and peer pressure has been a necessary part of team success, a failure in this group may cause a loss of self-esteem necessitating; competent leadership and management to provide comprehensive and sophisticated treatment to either return the member to full duty or transition to civilian life with dignity;

7.6.12 That the Royal Commission acknowledges, publishes, and reinforces the government obligation to give Veterans a quality of life commensurate with their civilian counterpart or provide training to equip that Veteran for integration into civilian life;

7.6.13 That the Royal Commission investigate the utility of allowing Veterans to not lose their "tribal identity" by service in the Reserve Forces;

7.6.14 That the Royal Commission recognises, publishes and reinforces that transition may take several years to be fully effective for a veteran;

7.6.15 That the Royal Commission recognises, reinforces that the JTA needs to be appropriately resourced, decentralised and has authority to direct government departments on policy and management regarding Veteran transition;

7.6.16 That the Royal Commission investigates all available civilian funding sources and make recommendations on the validity of utilising those funding sources to train a person from any rank who wishes to transition and requires training to do so successfully;

7.6.17 That the Royal Commission investigates the impacts on defence personnel and Veteran families for someone who has exhibited suicidal behaviour;

7.7 b.4 (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;

7.7.1. That the Royal Commission investigates method by which a service member can disclose mental health concerns without prejudice to career path, employability and deployability;

7.7.2. That the Royal Commission investigates the effectiveness of medical services that have been contracted out and off based;

7.7.3. That the Royal Commission recognises, reinforces the concept that service personnel are entitled to timely medical care in order to maintain their employability;

7.7.4. That the Royal Commission investigates to complexity of mental health issues as they are reported after the fact;

7.7.5. That the Royal Commission recommends the ADF leadership chain is trained to identify unusual, behaviours in their subordinates and provide immediate assistance without prejudice;

7.7.6. That the Royal Commission investigates the effectiveness of phone consults as opposed to face to face services;

7.7.7. That the Royal Commission recommends to Government that the DVA fee schedule is revised so as it meets market expectations;

7.7.8. That the Royal Commission investigates and recommends on the effectiveness of the Federal Government/State Government health sharing arrangements and priority to Veterans medical services;

7.8 (c) the 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;

7.8.1. That the Royal Commission acknowledge the operational focus for ADF and that service in the ADF can be life threatening and dangerous, but members will take risks to achieve the mission;

7.8.2. That the Royal Commission recognises the concept of service bravery and loyalty to “mates”;

7.8.3. That the Royal Commission investigates the causes of operational exhaustion through repeated deployments for the recent cohort;

7.8.4. That the Royal Commission investigates if the use of operational waivers was excessive, or made in contrary to recommendation and whether or not they contributed to suicide behaviours;

7.8.5. That the Royal Commission investigate on why in 2021 ADF Services are held to functional restrictions that were designed in 1975 in a benign threat environment;

7.8.6. That the Royal Commission investigate and report on what part of the Defence apparatus allowed these restrictions in view of the intense operational continuum in the past 25 years;

7.8.7. That the Royal Commission investigate and report on why Command did not warn of operation exhaustion and if they did, to whom and what was the outcome;

7.8.8. That the Royal Commission investigate whether in 2021 the relationship between ADF Command, Officers and Enlisted is appropriate, if not, what measures should be taken to reinvigorate that relationship;

7.8.9. That the Royal Commission investigate the cultural incompatibility between service personnel and Veteran and DVA and the potential to cause conflict and exacerbate medical conditions due to that incompatibility;

7.9 (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;

7.9.1. That the Royal Commission investigate the status of ESO's, their roles delivery of services, the large number, and whether the industry's role is adequately defined;

7.9.2. That the Royal Commission investigate and recommends on whether or not the role of an ESO is adequately defined via Federal legislation;

7.9.3. That the Royal Commission acknowledge the role of RSL sub-branches, over the generations, that have become the "first responder" for Veteran health rather than DVA;

7.10 (e) protective and rehabilitative factors for defence members and Veterans who have lived experience of suicide behaviour or risk factors;

7.10.1. See Entry on data;

7.10.2. That the Royal Commission, on weighing the evidence, institutes remediating action for urgent issues bought before the Royal Commission prior to the timelines allocated for interim and final reports;

7.11 (f) any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others: affected by a defence and Veteran death by suicide; or who have supported a defence member or Veteran with lived experience of suicide behaviour or risk factors;

7.11.1. That the Royal Commission acknowledge that the Cases shown, and "Mary's Story" are the reality that families encounter and investigate the impact of service on Families;

7.11.2. That Royal Commission recommend that a spouse can act on behalf of the Veteran when communicating with DVA;

7.11.3. That the Royal Commission investigates, ascertains, and publishes the appropriate data of family separation and divorce in and after service;

7.11.4. That the Royal Commission acknowledges the importance of the family unit and the ADF must structure their posting cycle and welfare programs to assist with employment and education;

7.11.5. That the Royal Commission recommends to Government that children whose parent(s) are in the ADF are not prejudiced by State education systems and if they are, financial support is given to those families;

7.11.6. That the Royal Commission recommends to Government that each Sate is provided with emergency accommodation for those Veterans who are homeless and exhibiting suicide behaviours;

7.11.7. That the Royal Commission recommends that State Police Forces are provided with Federal Government financial and operational support to formally report Veteran homelessness and suicide behaviours. That report is administered by DVA and devolved to ESO's;

7.12 **(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;**

7.12.1. That the Royal Commission investigate the adversarial culture of DVA and in light of the low fraud figures remove the DVA barriers and accept an ADF doctor's report for a Defence personnel or Veteran issue;

7.12.2. That Royal Commission recommends that DVA publish all pertinent figures with regard to Veteran health to ESO's on a bi-monthly basis;

7.12.3. That the Royal Commission recommends that DVA decentralises its service to the regions and reintroduces face to face consultation;

7.12.4. That the Royal Commission recommends that DVA institute Case Management services with oversight from the Commissioner (see recommendation);

7.12.5. That the Royal Commission recommends that DVA reporting and case action times are in line with commercial requirements and that DVA staff are not paid any bonuses if these metrics are not met;

7.12.6. That the Royal Commission recommend that as part of a Veterans rehabilitation Fitness Centres can be funded by DVA with appropriate metrics;

7.13 (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);

7.13.1. That the Royal Commission recommends that the complex legislative and policy framework of DVA is modified with the aim to provide a legislative basis that allows for a simple singular and easy access to compensation and rehabilitation support mechanisms. The scheme must also be easy to understand and administer and in making changes to legislation no existing Veteran entitlement can be omitted or weakened;

7.14 (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;

7.14.1. See previous entry

ii. housing or employment issues for defence members and Veterans ;

7.14.2. That the Royal Commission recommend the simplification of the DHOAS and removal of caveats for qualification;

7.14.3. That the Royal Commission recommend funding lines to allow ESO's to brief welfare organisations on the impact of military life and procedures when encountering Veterans manifesting suicide behaviours;

iii. defence members' and Veterans ' economic and financial circumstances;

7.14.14. That the Royal Commission initiate a review into ADF renumeration including, at a minimum the following;

- The uniqueness of service;
- The Government Compact;
- The likelihood of injury;
- Training alignment with the civilian sector;
- Separation form family and souse;
- Limits for spousal careers;
- Spouses reasonability's when members is deployed from the home base;
- Any other pertinent issue.

Summary

In the face of overwhelming evidence, evidence that continues to emerge, evidence that has been historically ignored, why did the organisations entrusted to look after Defence Personnel and Veteran health oppose this Royal Commission?

Why did Veterans and ESO's have to cajole, threaten and protest to have the Commissioner and then the Royal Commission for Defence Personnel and Veteran suicide initiated?

The reason: the erosion of effective leadership and management of respective Governments, the ADF, and DVA especially over the last 25 years. Courage and honesty, traits imbued into service personnel, are conspicuously absent in these corporate spheres.

The investigations into Veteran behaviours over the century have elicited the apocryphal that military service has its medical legacies yet as a Nation we have skirted the issues. This submission shows that we don't know our position, the baseline; either that or the pertinent data is not published!

The Royal Commission needs to direct the construction of a transparent, concise, and interpretable database to establish the precise position with regard to service and Veteran health.

This Royal Commission is the opportunity not only to recognise historic issues or to remediate the current problems but to recommend the construction of a management infrastructure that serves the interests of those who served our country, now and into the future.

The list of Cases, para.6.8.2 and Mary's story in reference A show despite the ADF and DVA posture of "nothing to see here" that Defence Personnel and Veteran management is not effective. ESO's are providing triage and support instead of the ADF and DVA. ESO's are not the first "port of call" for Veteran management. ESO's should not be taking management responsibility for Veterans; that is the mission of DVA. Remote access by Veterans to DVA is a point of failure and only regular local liaison and strategic management will ameliorate the circumstances encountered by Veterans, their families and ESO's.

Again, this is historical. As shown in the recommendations, both the ADF and DVA need to laterally review and rebuild their structures to prevent the repetition of circumstances described. Traditional leadership and management techniques are not effective. Both organisations need to consider that prevention, or rapid response to aberrant behaviour is a vital leadership and management function.

The accumulated evidence suggests that there are inherent health issues likely to emerge as a result of operational and training for operational service. This is particularly relevant to the service cohort post 1995. Urgent investigation and analysis are sought to prepare for the onset of illnesses within this cohort.

The corollary of the previous paragraph is that extended service i.e., 10 years or more and operational exhaustion is likely to cause lasting injury, be it mental or physical.

The ADF is an operationally focused organisation. Issues that effect that status should be avoided, that include the uses of the ADF as a vehicle for some of the social issues of the day. Everyone in the ADF should be treated fairly and their performance rated on merit. Any issues be they equity and diversity or gender or sexuality should fade into the background and judged on operational effectiveness. Most of the community won't care about these issues if the mission is completed effectively. They will care is mission and capability are compromised causing loss of life or injury.

RSL Victoria recommends the permanent appointment of a Commission for Service and Veteran Issues with appropriate IBAC type powers. An inspectorate, with the power to ensure the Royal Commission recommendations are being effectively instituted. It should also be a "Standing Committee" to hear complaints from service personnel and Veterans.

This Royal Commission is an historic opportunity to repair and improve the health, quality of life and lifespan of our Veterans and their families. Those who appear must be required to present professionally, their evidence should be honest and courageous. The Royal Commission should punish those who obfuscate, withhold evidence, have failures of memory or delay the production of or destroy evidence.

Australians need to be confident that their sons and daughters will be treated appropriately, their health protected during and where necessary repaired during and after their service in the ADF. A comprehensive evidence based Royal Commission will bestow the appropriate strength to the Commissioners to analyse and recommend rectification of the insidious conditions that cause Veteran suicides and suicide behaviours.

A Veteran is entitled to have a full productive life after service. Currently too many are dying early, or their families are inadequately supported via the Nation's treasury. Effectively managed, in and out of service, they become a productive asset to the Nation.

RSL Victoria commends this submission and the recommendations contained therein to the Royal Commission.

Dr. Robert Webster OAM
President
RSL Victoria

Annexes:

A. Mary's Story.
B. RSL Vic Survey Results (To be released at a later date).
C. Veteran Management Information Links Spreadsheet.
D. Australian Veterans – Identification of mental health issues Stephanie Hobson and Alexander McFarlane AFP VOL.45, NO.3, March 2016 © The Royal Australian College of General Practitioners 2016. See link.
E. A Sample of Case Studies RSL Vic.
F. Management of Dislocated Veterans

Glossary

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. Also known as Involuntary Separation.

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.

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.

Comsuper: Commonwealth Superannuation Corporation.

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.

DDVA HREC: Departments of Defence and Veterans' Affairs Human Research Ethics Committee.

Defence personnel: ADF members and employees of 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.

DHOAS: Defence Ownership Assistance Scheme

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.

Five Eyes: Australia, New Zealand, United Kingdom, United States of America, Canada.

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.

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.

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.

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.

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.

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.

ROSO: Return of Service Obligation.

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.

SERCAT: Service Category. SERCAT is the system that categorises the service type of ADF members.

SF: Special forces.

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.

Suicide: A deliberate act resulting in the end of one's own life.

- 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 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.

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.

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