THE ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE
AIR FORCE ASSOCIATION SUBMISSION

PREAMBLE

Who we are

- The Air Force Association is a federated national organisation comprising seven State/Territory Divisions with approximately 7,500 members, many of whom are veterans of various warlike and non-warlike operations. Its national body, Air Force Association Limited, has an interface role with Government and its departments, and other veteran and non-veteran organisations. The Association holds membership on Department of Veterans' Affairs (DVA) Ex-Service Organisation Round Table (ESORT) and is a founding member of the Alliance of Defence Service Organisations (ADSO).
- The Air Force Association derived from the Australian Flying Corps Association that formed in Victoria in 1920 to provide support to veterans of the Great War. It is the second oldest Ex-Service Organisation (ESO) in the country, which operates to achieve the common Objects of providing *Advocacy, Friendship, Support and Commemoration* supporting veterans and families of any Service origin.

Association's position on the establishment of a Royal Commission

- The Association did not support the establishment of the Royal Commission into Defence and Veteran Suicide but strongly supported the Government's decision to create the Office of the National Commissioner for Defence and Veteran Suicide Prevention. Its opposition to a Royal Commission was on the basis there have been several extensive studies and inquiries on the matter. The most significant of these, the Senate Inquiry into Suicide by Veterans and Ex-service Personnel (2017), made 24 recommendations in its report titled, 'The Constant Battle: Suicide by Veterans' (August 15th, 2017). Many of these have yet to be implemented.
- The significant cost of the Royal Commission was also a concern. The Association would have preferred the funds be assigned to suicide prevention and early intervention strategies and processes to improve the wellbeing of those at risk rather than expending funds and considerable time and effort on determining the commonly known causes. It is also likely that despite the lobbying from vocal interest groups for justice, the inquiries will again traumatise many who have been closely affected by veteran suicide.
- Notwithstanding the Association's concerns, it is strongly committed to supporting the Government's decision to establish the Royal Commission and to work with the Inquiry in the fervent hope it will identify previously unknown causative and preventative measures, and not be a futile administrative exercise. Further, the Association is committed to closely monitor follow-up actions from the Commission's recommendations to ensure they are genuinely considered by the Government and implemented as appropriate.

INTRODUCTION

- Approximately $10.6 billion was spent on mental health in 2018-19 and in the year following 4.4 million Australians received mental health related prescriptions[1]. These statistics reflect a clear indication mental health is a serious national issue, not just for the veteran community, and challenge to our overall health and wellbeing.

- The recent Productivity Commission's Mental Health Inquiry found Australia's mental health system required significant reform[2]. It's findings were supported by the Royal Commission into the Victoria's Mental Health System that determined the current system as not sufficiently comprehensive to support the diverse needs of those suffering from mental illness or psychological distress[3].

- The Australian Institute of Health and Welfare (AIHW) advises various level of governments provide a wide range of mental health-related services, and that the Federal Government funds consultations with specialist and general medical practitioners, allied health professionals and other primary mental health services. The May 2021-22 Federal Budget announced a $2.3 billion package over 4 years to the National Mental Health and Suicide Prevention Plan in response to the recent formal inquiries into mental health.

- This national effort towards improving mental health and preventing suicide provides a unique opportunity to consider the outcomes of these recent inquiries, noting that Australian Defence Force (ADF) veterans face challenges unique from those of the general community. There should also be an expectation that funding for effective veteran mental health support would not be an issue.

PREVALENCE OF SUICIDE – ADF VETERANS

- According to Dr Kim Jones of Phoenix Australia, between 2001 and 2017, 419 ADF veterans have died by suicide, 229 former serving and 190 serving veterans[4]. Recent AIHW data put the figure closer to 465[5]. Regardless of the difference, death by suicide is more than ten times the number of ADF veterans killed in the War in Afghanistan.

- The male current suicide rate of serving veterans (permanent and reserve) is lower than in that of the Australian male in the same age cohort. However, the risk of suicide of former serving ADF men is greater than their serving counterparts with an 18% higher suicide rate than similarly aged Australian males in the general population[6]. There are similar statistics relating to US and Canada veterans.

- AIHW assess the suicide rate of serving (permanent/reserve) ADF females to be about half of that of the general population[7]. However, there is a very disturbing 115% higher

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[1] Australian Institute of Health and Welfare, web report last updated July 20th, 2021 at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/overview-of-mental-health-services-in-australia#national-mental

[2] Productivity Commission Mental Health Inquiry Report, *Actions and Findings, No 95 Jun3 30th, 2020*

[3] Royal Commission into Victoria's Mental Health System, Final Report at https://finalreport.rcvmhs.vic.gov.au/recommendations/

[4] *Defence Force and Veteran suicides: Literature Review by Dr Kim Jones, Phoenix Australia, p. 1*

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

[6] *Defence Force and Veteran suicides: Literature Review by Dr Kim Jones, Phoenix Australia, p. 1*

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

rate of suicide of former serving females compared to similar aged women in the general community[8].

- Of the 465 ADF members who suicided:
  - 15% of males experienced 'Defence force related deployment'.
  - 21% of ADF members and veterans were unemployed.
  - 33% of ADF members and veterans (154 people) were DVA clients.
  - The suicide rate for ex-serving males with 10 or more years of service was lower than for those with less than one year of service.[9]

- Male ex-serving ADF members die by suicide at 2.6 times the rate of female ex-serving ADF members, and the highest risk is for males aged 18-24 who have twice the rate of suicide compared to matched general population[10].

- Mental health professionals believe that while there is a heightened risk of suicidality with people with certain demographic factors, the reasons underpinning suicide are like a personal fingerprint. They are very much individual. However, there are several military service-related risk factors for suicide death in former serving ADF members, which include involuntary separation, especially medical discharge, and among the non-officer corps. Ironically, former operational service did not predict death by suicide. There was also a heighten risk of suicide among those with less than a year's service compared to those who had served for a decade or longer.

- Veteran suicide is not a new phenomenon. The challenges of service life and horrors of war and other operations have mentally impacted soldiers, aviators and sailors of past and current generations. There are many recorded suicides among WWII, Korean and Vietnam War veterans. Homelessness was and remains commonplace among such veterans. 'Swagman' seen in the 1940's, 50's and 60's comprised many unemployed and homeless veterans. The plethora of physically and mentally ill veterans gave rise to the Repatriation Hospital system.

ADF CULTURE

- The writer of this submission served for 46 years in Air Force serving seven years as an airman with operational service in Vietnam. On enlistment in 1964, most commissioned officers and many senior non-commissioned officers and warrant officers were either WWII or Korean War veterans or veterans of both conflicts. Servicewomen were not treated equally as was the case in general society. There was a significant class distinction between the officer and non-officer ranks.

- The Services had a very structured culture, more military than the public bureaucracy it is today. Mateship was important. Single men and women lived on base, sharing accommodation facilities. Married members lived in 'married quarters' located on base or grouped together in a local township/suburb. For many members, messes played a major role in social activities. Today, although mateship is encouraged, there are few

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[8] *Defence Force and Veteran suicides: Literature Review by Dr Kim Jones, Phoenix Australia, p. 1*

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

[10] ibid

opportunities to develop companionship beyond the workplace. Barracks living while undergoing training courses or on deployment is a challenge for many.

- Harassment, gender bias and intolerance of same-sex orientation were prevalent as it was in general society at the time. Although there has been significant 'cultural correction' over the last two decades, there remains a degree of stigma associated with mental ill health. Anecdotal evidence suggests PTS and PTSD are not readily accepted conditions by some military commanders or their officers, and those in Defence Health. Mentally 'broken' individuals can be assessed as weak and no longer suitable for promotion or command responsibilities. History provides evidence of very senior ADF officers who concealed their mental health issues to avoid criticism and preclusion from promotion.

- There have been many several reviews of ADF culture over the past two decades resulting in positive steps to address poor behaviour which has the potential to create serious mental health issues. This will remain an ongoing management challenge in an organisation such as a military force.

- In many ways, veterans are not sympathetic and understanding of their genus. Some older generations often view the current veteran generation as lacking resilience and that 'their' war was more challenging than other conflicts. Veterans with this perception do not appreciate that every conflict or operational deployment has its unique challenges. This lack of compassion within the veteran community is injurious and against the core of mateship.

- Ironically, the emphasis on team building and teamwork during service does not readily translate into recognition of former service by the ADF bureaucracy or its members. You're in our you're out. Explained another way, 'you're one of the team or you're not' which can be painful for those veterans having adjustment challenges following separation. For many, it is a 'loss of tribe'.

TRANSITION

- Officer and enlisted personnel initial training is meant, among other things, to be culture forming that is reinforced during service. It is particularly effective, with the military psyche becoming part of one's persona. Servicemen and women strongly hold the belief they have a responsibility to guard the nation's sovereignty and its Australian people.

- Veterans generally gravitate socially to other veterans, including those of other Services. The bondship is remarkable and one that is not easily comprehended by many civilians other than those in service organisations such as the police and firefighting services. In essence, the Service becomes their family providing a sense of personal security and belonging. It's not surprising that many former serving veterans sense a loss of identity that remains for many years following separation.

- Recent research confirms a common belief that military service, even without operational experience, has a lasting impact on a veteran's outlook on life. Moreover, it has a subtle lingering effect on a veteran's personality, making it potentially more difficult for some veterans to get along with friends, family and co-workers especially those of non-Service backgrounds.[11]

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[11] Science News, Washington University in St Louis, Joshua J. Jackson, PhD Assistant Professor of Psychology in Arts and Sciences, February 17th, 2012.

- The impact of ADF service on a uniformed member cannot be underestimated, yet many who separate from permanent/regular service miscalculate the extent of the required cultural adjustment and undervalue the absence of the structural support afforded to them during their service career. Avoidance by many veterans of the range of Defence transition support programs and services supports this conjecture.

- Transition can also be a challenge for the veteran's family. Relocation into the civilian community, possible loss of financial security with civil employment and coping with the veteran's adjustment to civilian life are just a few of the major influences on family life after service. Consequently, transition preparedness is viewed as a necessity for the veteran's partner.

- The Association has heard about a reluctance by some commanders and supervisors to maintain interest in veterans who express interest/intention to discharge from the Service. Some veterans contemplating discharge attract a 'disloyalty tag'. The attitude is part cultural and to some degree understandable. Military training is expensive and time consuming, so from a bureaucratic viewpoint there is a tendency not to encourage separation especially those in critical areas of employment. Nevertheless, the Services have a responsibility to prepare its veterans for civilian life as it did at the end of WWII during demobilisation.

- The establishment of the Joint Transition Authority was most welcome by the Association, but it hopes its creation will not encourage an abrogation of a unit commander's responsibility to ensure his/her uniformed members attend Defence transition training and take advantage of transition assistance programs.

- The Association has first-hand experience of Transition Seminars. The common feedback is that they are 'not fit for purpose' which is possibly why many separating members avoid the experience. It is a passive and ineffectual methodology. The approach to their arrangement is to invite organisations such as Ex-Service Organisations to staff stalls at seminar venues. Veterans and partners can approach the organisations they believe will assist them in transition. The problem for many is that 'they don't know what they don't know' and information opportunities are lost.

- The Association strongly believes transition training needs a complete review and should involve those who have lived experience of transition. Dr Bernadette Boss reinforces this opinion in her report[12]. Moreover, she opines that transition training should be available for veterans who have already discharged.

- Dr Boss has correctly identified the topics that should be included in a revised transition course[13]. The Association regularly is made aware of veterans' lack of knowledge of entitlements, the existence of DVA, veterans' legislation, and the availability of various veteran specific support services such as Open Arms, Ex-Service Organisations and Compensation Advocates.

- The veteran group most vulnerable to suicide, self-harm and other mental health issues have been identified in all recent inquiries into veteran health. It seems very prudent that such veterans receive individual transition attention and coaching. Moreover, although such individuals may be reluctant to accept this degree of assistance, Defence should use

[12] Preliminary Interim Report: Executive Summary, Interim National Commissioner for Defence and Veteran Suicide Prevention, page 31, para 83

[13] ibid, page 32, para 83

all possible means to ensure these veterans separate in the best circumstances. This may mean Defence arranges a 'buddy' system with a relevant Ex-Service Organisation to work with the discharged veteran and DVA.

VETERANS SUPPORT SYSTEM

- Veterans support legislation is the core of the veterans support system in Australia. It is a complex system of three Acts covering different periods of service[14]. Some veterans are covered under more than one Act. The Acts have different eligibility requirements and provide different levels of support to veterans through different claims and appeals processes. The timing and type of the relevant service determines which Act covers the veterans' impairment. Veterans with multiple impairments can also have different impairments covered under different Acts[15]. Comprehending the system and applying to individual veterans' needs is mystifying for most and challenging for experienced Compensation Advocates. The system's complexity is a well-known source of stress and mental anxiety for many veterans and their families. It has been linked to veteran suicide.

- The Senate Foreign Affairs, Defence and Trade References Committee in its report titled, *The Constant Battle: Suicide by Veterans* mentioned the problematic nature of suicide by serving and former serving veterans, noting that *it is likely that suicide and self-harm will cause more deaths and injuries than overseas operational service*. History has proven this conjecture to be true. Although the Committee in its statement was referring to modern veterans, the Association attests the 'constant battle' has been ongoing since the system commenced 100 years ago and has likely attributed to mentally fragile veterans of early generations to take their own lives.

- The Productivity Commission made a number of recommendations regarding the veterans support legislation, including harmonisation of the DRCA with the MRCA. Although the Association sees benefit in this proposal, the system would remain complex. Ideally, a single veterans' support Act seems appropriate with grandfather clauses to protect the entitlements of veterans covered under the various existing Acts. However, there appears to be a reluctance by the Government to deeply explore the opportunity to simplify veterans support legislation rather than apply 'band-aid' solutions that add to its complexity.

- DVA has undergone considerable cultural reform over recent years with an emphasis on proactively assisting veterans and their families. However, the Association opines there is over confidence in the ease of the online claims submission process, especially for complex claims. Many younger veterans find the process challenging. Moreover, there is increasing veteran frustration over the claims processing timeframe that is severely impacting the mental health of some veterans.

- Compensation Advocates, trained under the Advocates Training and Development Program (ADTP) will likely always be required to assist veterans who are unable to navigate the system. Management of the veterans' Advocacy system has been argued between the ex-service community and DVA over the last decade with no clear way ahead. Given the importance of veterans advocacy, especially for mentally and physically fragile veterans, the Government should show leadership in firmly establishing and funding a workable veterans' advocacy system.

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[14] Veterans' Entitlements Act 1986 (VEA), Safety, Rehabilitation and Compensation (Defence-related Claims) Act, 1988 (DRCA), and Military Rehabilitation and Compensation Act 2004, (MRCA)

[15] Productivity Commission Inquiry Report 'A Better Way to Support Veterans' Vol 1, June 27th, 2019 page 9

HEALTH SUPPORT SYSTEM

- Not all suicide is related to mental illness, but most is. Mental health practitioners will attest the major determinant is failure to follow up and manage effectively after a suicide attempt or depression diagnosis is made. This is especially after admission to a public hospital, which is a State Government responsibility.

- Federal and State Governments are well aware there is a demonstrable lack of Mental Health practitioners and services in the community particularly in regional areas throughout Australia. The ex-service community is not exempt. Veteran access to Mental Health practitioners is exacerbated by the relatively low fee level paid to these professional by DVA compared to that charged to a non-DVA client. The matter has been raised by National ESOs numerous times without any amendments to the fee level.

- Identifying former serving veterans has been problematic. Not all are DVA clients, and many are not aware of the Department's existence. DVA only is informed of services for which it pays: mostly that is in private hospitals and by private practitioners. Non-card holding veterans are not visible. The state health systems may collect veteran data but may only ask about possession of the Gold or White DVA Health Card. These two databases do not link, nor does DVA know about former serving veterans who have not made a claim. The Association welcomed the addition of a new question on ADF service, which was included in the ABS 2021 Census. Veteran assistance can only be provided to veterans if they are identified as such.

- Therapeutic control of the veteran population in Australia was abandoned by the Commonwealth when the Hawke Labor Government dispensed with managing the Repatriation General Hospital system in the 1990s. The surrogate for this system is the Gold or White Card which allows dispersal of health services provision far and wide. However, even the Gold Card does not guarantee easy access to specialist health practitioners.

- Mental Health services were closely managed by an inclusive system in which Ward 17 was found in every Repatriation General Hospital. These were staffed by dedicated professionals with an interest in veteran health with whom veterans had a trusting relationship. Veterans had a 'haven' and suicide prevention system. Today, it is not uncommon for veterans requiring 'Ward 17' hospitalisation to wait several months to be admitted to a similar facility within Australia's public hospital system.

- Previous inquiries, including Dr Boss' investigation, have identified former serving veterans are most at risk of suffering serious mental health issues, particularly after medical or administrative discharge. This is exacerbated if medical claims are unsettled or refused. This emphasises the need for advocacy support and a less complex veteran support system. Also, loss of career path, promotion prospects, need to find a job, housing and domestic disruption all combine to make life difficult.

- Every warlike and non-warlike operation brings about some unique mental health issues. For example, some veterans may be seriously affected by the fall of Afghanistan and the future wellbeing of its people. Vietnam veterans witnessed a similar outcome as well as being rebuffed by the general community which lasted decades.

- The extent of professionally trained mental health care practitioners within Defence is not known. However, it seems important that uniformed personnel have appropriate mental

health qualifications to manage serving veterans and to ensure continuity of care between the ADF health system and civilian health for discharging members.

HOMELESSNESS

- The extent of veteran homelessness in Australia has been debated for decades. Only recently, AIHW using predictive modelling estimated 5800 veterans were homeless or in danger of becoming homeless. This is the equivalent to the annual number of veterans who transition from service to civilian life. Many are not likely to be DVA clients because they either shun society, are suspicious of bureaucracy or embarrassed by their circumstances, or all these factors. AIHW reports that 67% of recently homeless veterans contemplated suicide within the last 12 months.[16]

- Dr Boss also draws our attention to the correlation between veteran homelessness and veteran suicide[17]. She is rightly concerned that while the Government invests more than $6 billion per year addressing homelessness, DVA has limited homelessness referral services and risk assessment tools because of the lack of legislative or policy authority[18].

- The Association appreciates state and territory governments have a primary responsibility for providing housing and homelessness services and that the Commonwealth supports the states and territories through the National Housing and Homelessness Agreement. However, veterans during service were the responsibility of the Commonwealth and like any civilian employer it should be accountable for the welfare of its workers who suffer injury (physical or otherwise) during service. It seems then, that the Commonwealth should take at least some responsibility for addressing veteran homelessness.

- The Air Force Association has recently established a Foundation to improve the lives of veterans and their families in need. Its start up program is developing veteran living centres of homeless veterans in Western Australia and Victoria. The program will hopefully extend to other states and territories. It's hopeful, the program will help reduce homelessness and suicide. The Association intends to seek Commonwealth assistance to fund the program.

WHERE TO FROM HERE

- Recent formal inquiries have identified the most common causes. An antiquated and extremely complex veterans support legislation, difficulty navigating the claims submission process, increasing backlog of claims, lack of adequately trained military compensation advocates, lack of effective through and end of service preparation for transition to civilian life, unhealthy aspects of ADF culture, and inadequate access to mental health services including hospitalisation have either contributed to and/or have maintained mental ill-health for many veterans.

- A problem with this many significant components requires a holistic and national approach. Each of the major problem areas can be addressed but it will require the ADF, DVA and other Commonwealth Government service agencies, state and territory

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16 Australian Institute of Health and Welfare, *Independents Review of Past Defence and Veteran Suicide: Final Report,* Report prepared for the interim National Commissioner for Defence and Veteran Suicide Prevention (Forthcoming), page 76.

17 Preliminary Interim Report: Executive Summary, Interim National Commissioner for Defence and Veteran Suicide Prevention, page 41, para 97

18 Ibid: para 100

governments, ESOs and the ex-community involvement. It is incumbent on the Government to demonstrate leadership in developing a comprehensive mental health strategy to prevent veteran suicide. Anything less is piecemeal.

- The Air Force Association strongly supports every recommendation made by Dr Boss in her *Preliminary Interim Report: Interim National Commissioner for Defence and Veteran Suicide Prevention* that was handed to the Government on September 15th, 2021.

CONCLUSION

- Veteran suicide is not an uncommon occurrence, especially among former serving members. Although not all causes for veteran suicide are known, the major reasons for suicide ideation and suicide have been identified through various studies. A number of recommendations have not been actioned.

- Billions of dollars have been spent on mental health services; however, their effectiveness is highly questionable. Former veterans have not got ready access to mental health services, including practitioners and hospitalisation. Over the years, veterans support legislation has been 'band-aided'. An old painted bike isn't a new bike. Less complex legislation should provider easier claims submission and approval processes.

- A healthier ADF culture and effective transition preparation program would have a favourable impact on serving and departing veterans. DVA and the ADF need to make better use of ESOs to assist transiting and discharged veterans and their families. However, best of all, the serving and former veteran community need to work together to help prevent this tragic loss of life using the mateship philosophy.

- The Royal Commission is a 'snapshot in time'. It has no influence regarding acceptance or implementation of its recommendations. Therefore, the Association strongly believes a National Commissioner for Defence and Veteran Suicide Prevention be appointed at the conclusion of the Royal Commission to continue work towards preventing veteran suicide.

Group Captain (Retd) Carl Schiller, OAM, CSM
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Air Force Association

November 8th, 2021