



ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

SUBMISSIONS ON TERMS OF REFERENCE

The Australian War Widows NSW (AWW NSW) represents the interests of women impacted by Defence Service and has done so for more than seven decades. With a recently expanded charter, the AWW NSW provides support to all women and family members related to the veteran community. AWW NSW defines family in a broad and inclusive manner. For the purposes of AWW NSW, a family member of a veteran may include;

- current or former spouses/ partners of veterans
- biological / step/ adopted parents of veterans
- biological/step/adopted grandparents of veterans
- biological/ step/ adopted children of veterans; and
- biological/step/adopted siblings of veterans.

AWW NSW advocates for the needs of all women and families of veterans connected to defence service. We provide a voice for our members and community, ensuring that their views are represented across all areas that impact upon them.

AWW NSW welcomes any inquiry that examines the causes, issues and systems that impact upon veterans and their families. With the rate of veteran suicide more than twice the national average, and even higher for female veterans, it is important that critical lessons are learned and applied in a coordinated effort.

The matter of veteran suicide is complex and one that involves all segments of the veteran support ecosystem. All organisations, government and non-government have a role to play in reducing the instances of suicide and in equipping veterans and their families with the skills that they need to manage their mental health, the impacts of trauma and Service.

The impacts of both suicide and ill mental health on veteran's families are significant. AWW NSW believes that it is imperative to do all we can to support these families to limit the instances and effects of suicide, and mental illness on the whole family unit.

Remit of the Royal Commission

Consistent with our other submissions, AWW NSW believes the following core issues ought to be investigated by the Royal Commission.

1. Veteran Support System

The veteran support system is complex at the government, non-government and non-for-profit levels. Examination of the circumstances that lead to defence and veteran suicide must encompass all elements of the system. Particularly as it relates to the departments of government, statutory bodies and the armed services themselves. All elements/ arms of government need to fall within the scope of the Royal Commission. This includes DVA, the Repatriation Commissions, the Veterans Review Board, the Department of Defence and each of the Services. A critical element of the Royal Commission's investigations must be the Repatriation Commissions as it is through these Commissions (and its delegated authority) that decisions about veterans claims are made/ determined and appealed.



As mentioned above, every element of the veteran support system needs to be investigated, this includes the non-government sector as well. Collectively, we all have a responsibility to ensure the instances of veteran suicide are reduced. Another critical element of the system examination is the interplay between all organisations within it, and if this is a contributing factor in systemic failures through which veterans and their families fall.

Coupled with this is the need to consider a fundamental question. How did we end up here? Over the last 10 years at least there has been a concerted effort to transform the system, there have been multiple reviews into the experiences of veterans, the application of policy, the administration of the departments, and the impacts of service. There has been a mounting set of recommendations, proposed solutions, and ideas. Each review from a different angle, yet each review pointing out systemic failures and opportunities for improvement. Improvements to date have been largely cosmetic with the substance of a number of issues remaining unaddressed.

2. Suicide Attempts and dangerous behaviour

AWW NSW believes the Royal Commission ought to allow inquiry into attempted suicides, instances of self-harm and increasingly risky/ dangerous behaviour which often pre-empts eventual suicide. For every death by suicide in Australia it is estimated that as many as 30 people attempted to end their lives (Lifeline 2018). If this 1:30 ratio was to be applied to the 400 suicides in the veteran community, there could have been 12,000 veterans who attempted suicide during the same period. DVA data from 2000 to 2016 shows 986 hospitalisations for intentional self-harm involving 789 veterans. This figure does not include veterans still serving in the ADF and therefore medical costs not covered by DVA or those admitted under own insurance or Medicare. Risky and dangerous behaviour may include (but is not limited to) instances of doctor shopping, family violence, substance misuse, criminal activity and gambling.

3. Examination of experiential data

It is imperative that the Royal Commission examine the experiences of veterans and their families impacted by suicide and ill mental health. Objectively, the veteran support system seems to have all the necessary policies, programs and services in place – however they are not achieving what they set to. If they were, there would be no need for this Commission. The richness of the Commission's inquiry lay in the experiences of those policies, programs and services, on how they are implemented and applied, and, on their accessibility and effectiveness. There is a disconnect within the system between what ought to happen and often what actually happens.

4. Cultural Influences

There is a need for the Royal Commission to examine cultural influences which can hinder the positive impact of policy initiatives and programs bought in to assist Defence Personnel and their families. The institution of the Chain of Command is one such powerful influence over non-commissioned and junior officers, and their families. Soldier Career Management Agency and its equivalents are another. In any relationship where the power dynamics are not equal, those with the power need to be equipped to exercise it consciously, with compassion and responsibly. At the end of the day, our Defence Force is made up of people – highly trained, qualified, and talented people. People who have families and people who would stand in the way of danger to protect others. Respect might be a key tenant of Command and the Defence Forces, but that respect needs to be given to be earned, it can never be demanded.



5. Efficacy of Treatment

AWW NSW believes the Royal Commission should inquire into not only the availability of, and access to health/wellbeing, and counselling services; but also the effectiveness of such services. Key questions relating to the veterans' diagnosis and the effectiveness of the treatment modalities chosen ought to be asked. AWW NSW recommends forensic review and examination of each instance of suicide to determine if the diagnosis and treatment the veteran received was appropriate in the circumstances, or if other forms of treatment would have been more effective (hindsight bias notwithstanding). The Commission might also consider if the veteran had sought alternative treatment modalities or approaches, and these were denied by the system.

It is also important to inquire into the approaches taken by the treating professionals. For instance, were families included? Did the professional have the whole picture? How experienced was the professional? Did they have adequate supervision/ did they make appropriate clinical decisions with respect to their veteran patient? The Commission might also choose to examine if the standard of care between defence medical officers and civilian Doctors differs and, if clinical decisions about a patient's mental health again are being made by the appropriate person, particularly where there is a high risk of suicide (e.g., being delivered to hospital by police).

6. Regulatory oversight of Treatment

Many veterans with mental and physical health conditions access treatment through Defence, their health care cards or through Open Arms. There is a significant amount of paperwork and reporting required to access treatment and indeed sustain that treatment. In many cases pharmaceuticals accessed by veterans are paid for through their health care cards as well. This data is held by both DVA and Defence. A key line of enquiry for the Royal Commission ought to be around the oversight and indeed liability of the Government in instances where veterans have been able to 'fly under the (regulatory) radar' and gain access to large amounts of medications or stockpile medications.

7. Duty of Care

Further to the paragraph above, the Royal Commission ought to also inquire into the duty of care held by the Government and its departments when they have been made aware of risky and increasingly destructive veteran behaviour. Further, questions around duty of care ought to also extend to compensation pay outs. Namely large permanent impairment compensation payouts to veterans who may not have the mental capacity or support to manage such a large sum of money while they are unwell; or suffering from known conditions such as substance misuse, alcoholism, or gambling.

8. Veterans' Families

Veteran families are the silent majority in this system. We know the protective role that families play for those with mental illness yet the support options for families, particularly civilian families, and children (under the age of 15) is limited. Many supports only exist for the veteran themselves and the civilian family member has little standing or ability to access support in their own right. The support that is available is highly dependent on the relationship the veteran held with the family member, for instance many parents of veterans who have lost a child to suicide are left out by the system all together. As are children of veterans under the age of 15, accessing psychological services for these children is very difficult though arguably



critical given the abundance of evidence we now have about the long-term health outcomes for children with Adverse Childhood Experiences. Additionally, families are not well supported with the tools or knowledge they need to navigate the system and seek help for themselves or their veteran.

AWW NSW notes that it is easy to get distracted by trying to define the term family, particularly when developing terms of reference. AWW NSW encourages the Royal Commission to define family in the broadest possible sense, as our organisation has.

9. Reporting and accountability

It is well known that veterans and indeed veterans' families struggle to trust the system and the arms of government, particularly where they feel they have let them down, not taken accountability and or made entitlements unnecessarily difficult to access. For that reason, it is imperative that the Royal Commission establish itself as a transparent and independent entity. One that will look back in on the Defence Portfolio and examine the impacts of the system on the veterans who have died by Suicide. The Royal Commission ought to also demand accountability within the system to ensure lessons are learnt and a new future is built for veterans and their families. The Royal Commission may choose to require the relevant agencies to report publicly on progress in addressing any recommendations made in the reports presented to the Prime Minister and the Minister and accepted by government.

Thank you for the opportunity to make our submissions on behalf of our community and we look forward to working with the Royal Commission and the National Commission as we continue to represent the interests of those impacted by Defence and Veteran Suicide.

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