Suicide Prevention Australia

Mental Health Australia

Joint Submission

Royal Commission into Defence and Veteran Suicide

March 2022

Executive Summary

This joint submission by Suicide Prevention Australia and Mental Health Australia has been developed through consultation with both support service providers and people with lived experience of military service and suicide.

This submission firstly provides recommendations on the conduct of the Royal Commission into Defence and Veteran Suicide (the Commission), particularly in relation to engagement of witnesses with diverse experience and communication with the veteran community.

The submission is then structured to provide response and recommendations in relation to the Commission's Terms of Reference.

In our consultations regarding the matters raised in the Commission's Terms of Reference, there was a strong consensus regarding key underlying issues relating to Defence and veteran suicides. The issues are interrelated and can be expressed in different ways, but may be summarised as:

- moral injury
- social isolation
- Defence culture
- support services and transition.

Of great significance is the moral violation from the feeling of betrayal when commanding officers, the Defence institution, or Australian society in general, do not act in veteran's best interests – despite the significant sacrifices the veteran made or was prepared to make. Many of the recommendations offered in this submission are aimed at ensuring that the interests of those in Defence and veteran communities are respected and their wellbeing protected.

In this submission, Suicide Prevention Australia and Mental Health Australia call for improved coordination of support services for veterans and their families. Consultations emphasised the need for a collaborative response across government, ex-service organisations, broader non-government services, communities and businesses. This includes improved governance, information sharing, and funding arrangements.

Further work is also required to improve rates of meaningful employment, social connectedness and mental health literacy amongst veteran communities. These were all found to be important protective and rehabilitative factors.

As highlighted in previous inquiries, a lifetime wellbeing approach should be taken in the Australian Government's compensation and rehabilitation program for veterans. While these reforms are underway, wait times for claims processing should be published publicly to improve transparency and accountability.

Further, ongoing accountability for implementation of reforms recommended by this Commission should be established through formal structures. This could include an ongoing Commissioner for Defence and Veteran Suicide, and association with National Office for Suicide Prevention.

Australia can and must do better to support the wellbeing of those who have served our nation through the Defence force. The disproportionate rate of suicide amongst our veteran community *must* not continue, and is a particular responsibility of the Australian Government to prevent. This Royal Commission is the opportunity to bring together reforms recommended by previous inquiries to create systemic change, and fundamentally improve the wellbeing of Defence personnel and veterans now and into the future.

Recommendations

Role and Actions of the Commission

1. The Commission consider appointing a representative of Defence personnel and veterans other than Commissioned Officer rank to help inform the Commission's work.
2. The Commission take steps to ensure that those in Defence and veteran communities are aware of the work of the Commission, especially its work in hearing from a diverse range of voices.
3. The Commission undertake a review of recent inquiries, reviews and current reforms in areas related to Defence and veteran suicide to inform its work**.**
4. The Commission include in its recommendations the creation of practical mechanisms to provide transparency and accountability in implementation.

Response to Terms of Reference

A. Systemic Issues and Common Themes

5. The Commission consider recommending that Defence develop a moral injury management strategy, with an implementation and action plan, that addresses the growing burden of moral injury for service members, veterans, and their families. This should include Defence revising embedding trauma-informed care approaches.
6. The Commission consider recommending that the Australian Government fund the development, implementation and evaluation of moral injury training for healthcare professionals.
7. The Commission recommend the Australian Government fund further research into moral injury amongst Australian Defence personnel and veterans, including systemic responses and individual treatment.

B. Systemic Analysis of Contributing Risk Factors

8. The Commission consider recommending a significant overhaul of Defence recruitment practices, including consideration of early transition planning, enhanced screening for resilience, and preparation for exposure to potentially traumatic experiences.
9. That in hearing evidence the Commission ensure that information about branch, unit, posting and rank are included in its analysis. And, to the extent possible without violating confidentiality, that this information is included in the Commission's publicly accessible reports.
10. The Commission should examine workers compensation best practice as a potential model for ensuring that the veteran support systems focus on the wellbeing of veterans and on positive transitions to civilian life.
11. The Commission should consider how the Commonwealth Distress Intervention Trials may be leveraged to improve early intervention and prevention of suicide amongst veterans.
12. The Commission make recommendations that Defence and DVA improve arrangements to have DVA access information from health and mental health services provided by Defence, once permission has been given by the transitioning Defence member.

C. Impact of Culture

13. The Commission make recommendations that the senior echelons of all Defence branches commit to a program of cultural change to reduce the stigma around mental illness and help-seeking, including policy changes to protect those who disclose or seek treatment for mental ill-health.

D. Role of Non-Government Organisations providing support

14. The Commission should consider recommending systemic changes to improve coordination and navigation of post-service support ecosystem for veterans, such as a coordinating body to oversee services provided during transition, increased investment in case management/care coordination approach, and access to NGO or DVA services for personnel prior to discharge.
15. The Commission make recommendations that the Australian Government limit administrative requirements and increase the funding rate for private psychological and psychiatric services provided to veterans, to equate to rates for serving personnel and the general community.
16. The Commission investigate how governments work with the sector to address broader shortfalls in mental health and suicide prevention workforce and services, including improving funding arrangements for veteran mental health and other support services.

E. Protective and rehabilitative factors

17. The Commission investigate how Defence personnel could be better prepared for meaningful civilian employment following military service, including changes within Defence training and transition employment support.
18. The Commission recommend greater investment in supporting social connection for veterans through service navigation support, social prescribing and community organisations, and review effectiveness of Veteran Wellbeing Centres to inform further expansion
19. The Commission make recommendations to improve the availability of mental health literacy training for Defence and Veteran communities.

F. Supports for families and others

20. The Commission consider how best to increase access to support services for families of Defence personnel, and improve choice through access to support services which are not Defence or veteran specific where preferred.
21. Considering the evidence for the effectiveness of postvention suicide support, the Commission should examine how to improve access to such services for Defence and veteran communities, including choice of general and veteran-specific services.

G. Engagement with Department of Defence, Department of Veterans' Affairs or other government entities

22. Recommendations of previous inquiries for systemic reform of the veteran support system should be fully implemented, to create a lifetime wellbeing approach and improve veterans' experience of engaging with government services.
23. While these reforms are being implemented, wait times for DVA claims processing should be publicly listed to increase Australian Government accountability. Claim process tracking should be included in legislation relating to veteran entitlements and compensation.
24. In consultation with veterans, the Commission should consider where responsibility for supporting veterans in transition from military to civilian life best sits in Australian Government agencies (including the Joint Transition Authority), and how accountability for this should be established.

H. Legislative and policy frameworks

25. The Commission should consider the most appropriate mechanisms to provide ongoing accountability for implementation of systemic reform, such as a National Commissioner for Defence and Veteran Suicide Prevention and the Australian National Suicide Prevention Office.

I. Systemic risk factors (such as social, housing, employment)

26. The Commission make recommendations for continued investment in support services which assist veterans and their families across the continuum of social determinants of health, including but not limited to financial hardship support, and child and family services.

27. The Commission make recommendations to build on ex-service organsations' capability to address social determinants of health.

J. Other

28. The Commission make recommendations to increase opportunities for leadership within Defence and DVA, and co-design of mental health and suicide prevention initiatives, for people with lived experience of military service and suicidality, or caring for someone with this experience.
29. The Commission recommend increased resourcing for veteran suicide data collection, collation and quality improvement, including examination of prevention and intervention.
30. The Commission make recommendations to increase research on the experience of female, transgender, gender diverse and non-binary Defence personnel.

Introduction

Suicide Prevention Australia and Mental Health Australia welcome the Australian Government's focus on the systemic risks, impacts and prevention of suicide among Defence and veteran communities through the establishment of this Royal Commission into Defence and Veteran Suicide. This Commission delivers the opportunity for those impacted by suicide and suicidal thoughts and behaviour to be heard - and for the examination of systemic issues to galvanise a pathway for reform.

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We have over 400 members, including the largest and many of the smallest suicide prevention organisations, practitioners, researchers and leaders, as well as aligned not-for-profit and commercial organisations. Suicide Prevention Australia supports and strengthens the services of our members, is an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy services, and research support to the suicide prevention sector.

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. It was established in 1997 as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. Mental Health Australia members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

The issue of Defence and veteran suicides is of strong importance to both organisations, and in preparing this submission, Suicide Prevention Australia and Mental Health Australia have drawn on our extensive networks to consult with both support service providers and those with lived experience of military service and suicide. We particularly acknowledge the feedback to this submission from representatives of the National Mental Health Consumer and Carer Forum.

The insights from these consultations have been structured in this submission to follow the Commission's terms of reference.

During consultations, we also heard a number of comments about the importance of the Commission, and recommendations on how the Commission should undertake its inquiry. While these insights fall outside of the terms of reference, they are important to the Commission's work and so are summarised below. The remainder of the submission follows the structure of the Commission's terms of reference.

Role and Actions of the Commission

Amongst those consulted there was strong consensus of the importance of having a Royal Commission in this area. Many felt hopeful that the Commission will be critical in realising long-needed reforms, and ultimately in saving lives. However, some of those consulted reported that there was a degree of cynicism due to inaction following previous inquiries. In particular there were concerns raised that the Commission will need to take particular actions in:

- Hearing the diverse range of voices of veterans with lived experience of suicidality, and the voices of the families of veterans who have died by suicide
- Linking the issues of Defence and veteran suicides with issues for suicides in general and with important reforms occurring in related areas such as mental health
- Ensuring, to the extent possible, the implementation of its recommendations

In addition to its important role in making recommendations for change, the Commission will provide a critical service to those in Defence and veteran communities by creating a space for their stories to be heard and recognised. In talking to veterans, their families and those who work with them it was clear that many in Defence and veteran communities feel (and are) unheard, and this contributes to their distress. There were concerns expressed that the Commission would need to hear from the full range of diverse voices, for example, hearing from junior ranks as well as senior officers; and hearing from the families of Defence personnel and veterans with lived experience of suicide, as well as Defence force personnel and veterans themselves. The actions of the Commission so far in seeking input have been very encouraging. However, it is important that these voices are not only heard, but that all members of Defence and veteran communities are aware they are being heard. One recommendation we received was that plain English updates on the Commission's work should be distributed through all veteran associations. Another recommendation was that the Commission should have a legally qualified representative of junior ranked personnel, whose role would be to advise the Commission to help ensure the voice of junior ranks was heard.

While this Commission will focus on the experiences of Australian Defence personnel and actions the Australian Government should take to better enact its duty of care to these personnel, stakeholders also raised concern for veterans who have migrated to Australia and the supports available for this cohort. As discussed throughout this submission, the Commission should consider the needs of diverse veteran communities in access to services to promote mental health and wellbeing.

Recommendation 1: The Commission consider appointing a representative of Defence personnel and veterans other than Commissioned Officer rank to help inform the Commission's work.

Recommendation 2: The Commission take steps to ensure that those in Defence and veteran communities are aware of the work of the Commission, especially its work in hearing from a diverse range of voices.

Some of those we consulted made the point that although many of the factors that impact on Defence and veteran suicides are unique, other factors apply across a range of different groups. For example, as discussed below, social isolation, relationship breakdown and stigma around help-seeking are significant issues for veterans, but are also experienced by many others. As such, it is important that the Commission's work takes account of developments in mental health and suicide prevention in other areas.

In particular, this inquiry comes at a time of reform more broadly in suicide prevention including significant Australian Government investment in suicide prevention in the 2021-22 budget[1], the

[1] Australian Government (2021) *Generational change and record investment in the health of Australians*, Media Release, https://ministers.pmc.gov.au/coleman/2021/generational-change-and-record-investment-health-australians

conclusion of the National Suicide Prevention Trial,[2] and the establishment of a National Suicide Prevention Office.[3] In addition, there are significant reforms in mental health, with a recently released National Mental Health and Suicide Prevention Agreement, response to the recommendations of the Productivity Commission inquiry into Mental Health,[4] and further reforms at the jurisdictional level, most notably the Victorian Government's reforms in response to the Royal Commission into Victoria's Mental Health System.[5]

The increased risk of suicide for people with experience of mental illness[6] means that reforms to promote mental health are an important part of suicide prevention. It is also important to note however that not all suicides are the result of mental illness, and that there may be multiple and complex factors involved such as bereavement, financial crisis and relationship breakdown. Nor do all experiences of mental illness lead to suicide.

Other areas of significance to Defence and veteran suicide are also undergoing significant changes. For example, in the area of disability support, the Australian Government is considering changes to the NDIS Act based on the 2019 review of that Act, and a new National Disability Strategy has recently been released.

To ensure the recommendations of the Commission integrate with other reforms underway, the Commission's work should build on previous inquiries into mental health and suicide prevention systems, as discussed in this submission.

Recommendation 3: The Commission undertake a review of recent inquiries, reviews and current reforms in areas related to Defence and veteran suicide to inform its work.

A concern expressed by many we consulted with is the potential for a lack of action on the Commission's recommendations. There is a perception that there have been many previous inquiries that have not resulted in the needed changes. The lack of action on recommendations of previous inquiries is highly disrespectful, and as stakeholders highlighted, adds to a sense of hopelessness and compounds the trauma already being experienced by veterans and their families.

Whilst there is a limit to what the Commission can do to ensure its recommendations are implemented, the Commission could consider recommending mechanisms to provide accountability for implementation of its recommendations. For example, the Commission could recommend the creation of an enduring commissioner (similar to the role of Interim National Commissioner for Defence and Veteran Suicide Prevention) which could be tasked with producing regular reports to be tabled in parliament that track Australian Government progress in implementing the recommendations of the Commission.

Recommendation 4: The Commission include in its recommendations the creation of practical mechanisms to provide transparency and accountability in implementation.

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[2] Currier, D., King, K., Oostermeijer, S., Hall, T., Cox, A., Page, A., Atkinson, J., Harris, M., Burgess, P., Bassilios, B., Carter, G., Erlangsen, A., Gunn, J., Kõlves, K., Krysinska, K., Phelps, A., Robinson, J., Spittal, M. and Pirkis J. (2020) *National Suicide Prevention Trial: Final Evaluation Report*, https://www.health.gov.au/resources/publications/national-suicide-prevention-trial-final-evaluation-report-0

[3] See, https://www.mentalhealthcommission.gov.au/national-suicide-prevention-office

[4] Productivity Commission (2020) *Mental Health: Productivity Commission Inquiry Report*, Report no. 95, https://www.pc.gov.au/inquiries/completed/mental-health/report

[5] Victorian Government (2022) *Mental health and wellbeing reform*, https://www.health.vic.gov.au/mental-health/mental-health-reform

[6] Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. *International journal of environmental research and public health*, *15*(7), 1425.

Response to Terms of Reference

A. Systemic Issues and Common Themes

There was a strong consensus in our consultations on the key issues in Defence and veteran suicides. The issues are interrelated and can be expressed in different ways, but in summary are:

- moral injury
- social isolation
- Defence culture
- support services and transition.

Of these issues, the influence of Defence culture and the critical role of support during transition are covered in the Commission terms of reference and so are addressed in later sections of this submission.

Before examining the issues of moral injury and social isolation it is important to emphasise that our consultations indicated that these are not experienced by the majority of Defence personnel and veterans. Many ADF personnel make highly successful transitions out of Defence into new careers or retirement. However, too many in Defence and veteran communities do suffer one or both of these negative experiences that impact on their mental wellbeing. From our consultations it seems these are some of the root causes of a great deal of the distress that can lead to suicide attempts and deaths. Many of the recommendations made in this submission are ultimately about addressing these impacts.

Moral Injury

In both the background research for this submission, and the consultations conducted, the concept of moral injury arose frequently. Although there is yet to be a consensus in the research literature on the precise definition of moral injury, or moral trauma, there is an emerging body of research looking at the substantial impacts on wellbeing that arise from the violation of a person's core moral beliefs.[7] This may relate to a person feeling they have transgressed their own moral code, and/or been victim to morally violating behaviour by another.[8] Moral injury can also be associated with institutional action or inaction, which leads to a significant sense of betrayal.[9] For example, amongst people exposed to sexual trauma during military service, perceptions of institutional betrayal by the military have been found to be associated with increased risk of suicide attempts.[10]In consultations with veterans and frontline service providers, some were aware of the term "moral injury" and others not, but even where the term was not used the descriptions of veteran's experiences aligned with this concept.

The literature makes a distinction between Post-Traumatic Stress Disorder (PTSD) and moral injury. Research indicates that the risk factors most associated with PTSD (most notably experience of combat) do not sufficiently explain patterns of suicide in veterans.[11] Some studies have found no

[7] Jamieson, N., Maple, M., Ratnarajah, D., & Usher, K. (2020). Military moral injury: A concept analysis. *International journal of mental health nursing*, *29*(6), 1049-1066.

[8] Griffin, B.J., Purcell, N., Burkman, K., et al. (2019). Moral injury: an integrative review. *Journal of Traumatic Stress, 32,* 350-362.

[9] Smith, C.P., & Freyd, J.J. (2014). Institutional betrayal. *American Psychologist, 69,* 575-587.

[10] Monteith, L. L., Bahraini, N. H., Matarazzo, B. B., Soberay, K. A., & Smith, C. P. (2016). Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma. *Journal of clinical psychology*, *72*(7), 743-755.

[11] Jamieson, N., Usher, K., Maple, M., & Ratnarajah, D. (2020). Invisible wounds and suicide: Moral injury and veteran mental health [Editorial]. *International Journal of Mental Health Nursing, 29*(2), 105–109.

relationship between combat exposure and suicide risk,[12] whilst other studies indicate that specific kinds of combat may be associated with suicide risk,[13] including those that challenge ethical norms.[14]

This aligns with what we heard in consultations with veterans and those who have worked with veterans. They related stories of non-combat trauma, such as being under orders that prevented intervening in atrocities, or being impacted by factors that occur subsequent to combat, such as inquiries into actions during combat and the sense of being blamed for actions taken under orders while decision makers are not held accountable, or a lack of support when they are struggling after transitioning out of Defence. Defence personnel who have been abused by commanding officers is also an example of moral injury. Likewise rejection by fellow Defence personnel or by family and loved ones, can also be experienced as a betrayal.

Feedback in our consultations also highlighted that the unclear association between experience of combat and suicidality may reflect conditioning to deal with combat rather than a lack of mental health impacts stemming from combat experience. Moral injury can be a complex interplay between being forced (or conditioned) to digress from one's own moral code, and lack of support or compensation by those who should have supported the defence personnel.

The clear message was that for many of the veterans who are struggling, it was not the experience of combat itself that was the primary cause of their distress, but a moral violation. This violation could come from feeling they had betrayed their own moral code in what they had been forced to do. It could also come from a sense of betrayal when commanding officers, the Defence institution, or Australian society in general had betrayed their moral obligation to veterans – by not acting in their best interests despite the significant sacrifices the veterans made or were prepared to make.

These quotes, provided to us by one of the veterans we consulted with, outline some experiences contributing to PTSD and moral injury:

> *As the platoon signaller with a rifle company, I saw the deaths and wounding of soldiers many times, both Australian and enemy soldiers. I cannot forget those incidents, which come back to me in flashbacks and nightmares frequently. On one occasion I witnessed an Australian sergeant kill an unarmed and wounded enemy soldier – I asked my company commander, who also witnessed the murder, to report the matter to the Battalion Commander. No further action was taken to my knowledge. This and other memories are part of my PTSD Burden.*
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> *My mother and stepfather disowned me when I told them I had been called up – they did not approve of war. This apparently was a more important principle than obeying the law. My Catholic friends, however, hailed me as a patriot, off to defend my country. (Unfortunately, my Catholic friends did not want to know me after my return from Vietnam.)*
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> *My Vietnam experience raised major conflicts in my mind – was I a party to murder? Was I transgressing God's laws? Was Australia's intervention in South Vietnam an invasion, and were we the men in black hats?*

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[12] See, e.g.: Bryan, C. J., Hernandez, A. M., Allison, S., & Clemans, T. (2013). Combat exposure and suicide risk in two samples of military personnel. *Journal of clinical psychology*, *69*(1), 64-77; Farberow, N. L., Kang, H. K., & Bullman, T. A. (1990). Combat experience and postservice psychosocial status as predictors of suicide in Vietnam veterans. *Journal of Nervous and Mental Disease*.

[13] See, e.g.: Nichter, B., Hill, M., Norman, S., Haller, M., & Pietrzak, R. H. (2020). Impact of specific combat experiences on suicidal ideation and suicide attempt in US military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of psychiatric research*, *130*, 231-239.

[14] LeardMann, C. A., Matsuno, R. K., Boyko, E. J., Powell, T. M., Reger, M. A., & Hoge, C. W. (2021). Association of combat experiences with suicide attempts among active-duty US service members. *JAMA network open*, *4*(2), e2036065-e2036065.

Researchers are exploring a range of therapeutic techniques to support veterans and others who have experienced moral injury to address or reduce the ongoing psychological impacts.[15] However, reducing (and preventing) the impacts of moral injury must not be relegated to the individuals affected alone. Research points to the significance of social relationships in mitigating - or where absent, amplifying, the impacts of moral injury, including suicidal ideation and behaviour.[16] As such, supporting healing from moral injury likely requires "an affirmative community effort to understand and reintegrate the morally injured, as well as to accept shared responsibility for that injury."[17]

There are a range of areas in which the Australian Defence Force should improve its prevention and response to moral injury. These include initial assessment processes, induction and training, trauma informed care approaches and engagement with family and carers of defence personnel who have experienced moral injury. Undertaking these actions will require a moral injury management strategy that plans for the growing burden of moral injury for service members, veterans, and their families. This strategy should include an implementation and action plan with timelines and costings.

More broadly, further education and training of health professionals in identifying and responding to moral injury is required, along with support for ongoing research into moral injury and how best to address it. The Commission should consider this thoroughly.

Recommendation 5: The Commission consider recommending that Defence develop a moral injury management strategy, with an implementation and action plan, that addresses the growing burden of moral injury for service members, veterans, and their families. This should include Defence revising embedding trauma-informed care approaches.

Recommendation 6: The Commission consider recommending that the Australian Government fund the development, implementation and evaluation of moral injury training for health care professionals.

Recommendation 7: The Commission recommend the Australian Government fund further research into moral injury amongst Australian Defence personnel and veterans, including systemic responses and individual treatment.

Social Isolation

Transitioning out of the Defence Force can be associated with significant social isolation. As one stakeholder put it *"There's nothing more ex than being ex"*. This quote relays the distance between currently and formerly serving personnel.

Although suicide is a complicated, multi-factorial human behaviour with many and varied risk factors, social isolation, and related concepts such as loneliness and thwarted belongingness, have been shown to be related to suicide across a range of cultures and groups.[18] Arguably the experiences of social isolation encountered by many of those on leaving Defence are often particularly acute. In

[15] Griffin, B.J., Purcell, N., Burkman, K., et al. (2019). Moral injury: an integrative review. *Journal of Traumatic Stress, 32,* 350-362.
[16] Ibid.
[17] Ibid.
[18] See, e.g.: Shaw, R.J., Cullen, B., Graham, N., Lyall, D.M., Mackay, D., Okolie, C., Pearsall, R., Ward, J., John, A. and Smith, D.J. (2021). Living alone, loneliness and lack of emotional support as predictors of suicide and self-harm: A nine-year follow up of the UK Biobank cohort. *Journal of affective disorders*, *279*, 316-323; Niu, L., Jia, C., Ma, Z., Wang, G., Sun, B., Zhang, D., & Zhou, L. (2020). Loneliness, hopelessness and suicide in later life: a case–control psychological autopsy study in rural China. *Epidemiology and psychiatric sciences*, *29*.; Bennardi, M., Caballero, F.F., Miret, M., Ayuso-Mateos, J.L., Haro, J.M., Lara, E., Arensman, E. and Cabello, M. (2019). Longitudinal relationships between positive affect, loneliness, and suicide ideation: age-specific factors in a general population. *Suicide and Life-Threatening Behavior, 49*(1), 90-103.

consultations it was stated that those in Defence experience a unique closeness and belonging, coupled with an extremely strong sense of purpose, which may be dissolved almost immediately on transitioning out of Defence.

Feedback from people with lived experience of defence service and suicidality reflected a broad sense of isolation, where the general community did not understand their experience of service and conversations would turn to political context of conflict rather than seeing the veteran as a person themselves. Further, we heard some veterans may not wish to speak with their families because they do not want to burden them with the trauma they've experienced. Some veterans will only speak with other veterans because of the shared experience and understanding. However, some stakeholders also raised the issue of isolation from the veteran community, with veterans of particular conflicts or veterans who had not been deployed into conflict, sometimes not feeling accepted by the veteran community.

While the social isolation of veterans may be unique in many ways, it can still be seen as part of a broad need for Australia to address social isolation as a significant national issue. And initiatives that have been successful in addressing social isolation in other contexts should be examined for potential application to those transferring out of Defence. This is discussed further in relation to protective and rehabilitative factors, where it is proposed in Recommendation 18, that the Commission advocate for greater investment in supporting social connection for veterans through service navigation support, social prescribing and community organisations.

B. Systemic Analysis of Contributing Risk Factors

Recruitment

The consultations we conducted make it clear that many in Defence and veteran communities encounter difficulties during transition out of Defence and afterwards. Similarly, the data shows that high suicide rates are present for veterans compared to the general population, but not for currently serving Defence personnel.[19] However, discussions in some consultations indicated that although the problems tend to occur at the point of transition for Defence force personnel, some of the solutions need to be implemented far earlier.

The majority of Defence force personnel will transfer out of defence long before retirement.[20] This means that a whole of life course approach should be taken, and conversations about transition should occur during recruitment.

Another factor in recruitment processes that was raised in one consultation is the extent to which they reduce the likelihood of damage to mental wellbeing. This is composed of two elements: personnel selection, and preparation.

In terms of selection, it was suggested in consultations that Defence could do more to ensure they are selecting those who will be resilient to the particular challenges of Defence service. Currently screening is conducted as part of recruitment, but consultations indicated this was largely done through surveys and brief psychological interviews. It was suggested that more sophisticated

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[19] Australian Institute of Health and Welfare (2020) *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update*, https://www.aihw.gov.au/reports/veterans/national-suicide-monitoring-adf-2020/contents/about

[20] Australian Institute of Health and Welfare (2021) *Final report to the Independent Review of Past Defence and Veteran Suicides*, https://www.aihw.gov.au/getmedia/e83ffc3c-292d-4d31-9b82-4b3f8b5baca7/aihw-phe-295.pdf.aspx?inline=true; Kelsall, H., Sim, M., Van Hooff, M., Lawrence-Wood, E., Benassi, H., Sadler, N., Hodson, S., Hansen, C., Avery, J., Searle, A., Ighani, H., Iannos, M., Abraham, M., Baur, J., Saccone, E., & McFarlane, A. (2018) *Physical Health Status Report, Mental Health and Wellbeing Transition Study*, Department of Defence and the Department of Veterans' Affairs.

psychological interviews and in-depth interviews could reduce the numbers of those joining Defence who are subsequently medically discharged.

It was also suggested that more could be done to prepare new recruits for experiences they may encounter in deployment. As discussed above, it is not simply exposure to combat that is a primary driver of suicide risk. However, traumatic experiences and potential PTSD are factors. A stakeholder described how Police recruitment and orientation procedures involve gradual exposure to potentially traumatic experiences such as deaths by injuries. Similar trauma-informed processes could be implemented in Defence along with open conversations about PTSD and other mental illnesses, the signs to watch out for, and information on seeking help.

Recommendation 8: The Commission consider recommending a significant overhaul of Defence recruitment practices, including consideration of early transition planning, enhanced screening for resilience, and preparation for exposure to potentially traumatic experiences.

Branch, Postings and Rank

The data indicates that rate of suicide is significantly related to rank, where there is a higher suicide rate amongst ranks other than commissioned officer.[21] This was also clear in our consultations, with service providers acknowledging that the large majority of veterans seeking support were other than commissioned officer rank.

There are a number of potential reasons for this. As discussed above, moral injury is a significant factor in veteran suicides - this can be caused by morally violating actions of a senior officer, where more junior ranks would obviously be more at risk of experiencing this. Also, a higher proportion of those in the officer program separate voluntarily.[22] The narratives from our consultations indicate that voluntary separation is less likely to result in social isolation, and the loss of a sense of purpose, which are also significant factors in veteran suicides as discussed above.

The relationship between rank and suicide rates means that it is especially important that, as discussed in the introduction to this submission, the Commission hear from those in junior or non-commissioned officer ranks and their families. Not only will their experience be different from those in more senior ranks, but they are more likely to have experience of suicidal thoughts and behaviours. A concern raised in consultations was the possibility that the experiences of ranks other than commissioned officer might not be heard, with those of commissioned officer rank speaking on their behalf instead.

Branch and postings may be related to suicide in a more nuanced way. Advice from those we consulted with was that there are significant differences within the branches as well as between them. For example, whilst a special forces regiment and an armoured regiment are both part of the Australia Army, internal procedures, supports and culture may be very different. Further, even differences between units may be significant.

These differences may be an opportunity to explore potential solutions, as some branches or units may have particular procedures, supports or aspects of culture that are protective factors against suicide.

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[21] 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*, https://www.aihw.gov.au/reports/veterans/serving-and-ex-serving-adf-suicide-monitoring-2021/contents/analysis/suicides-by-rank

[22] Australian Institute of Health and Welfare (2021) *Final report to the Independent Review of Past Defence and Veteran Suicides,* https://www.aihw.gov.au/reports/veterans/independent-review-past-defence-veterans-suicides/contents/patterns-and-trends-of-adf-service-and-suicide/demographic-and-service-profile-of-adf-members

Recommendation 9: That in hearing evidence the Commission ensure that information about branch, unit, posting and rank are included in its analysis. And, to the extent possible without violating confidentiality, that this information is included in the Commission's publicly accessible reports.

Transition

Suicide is often the manifestation of complex social and situational factors in a person's life.[23] In the case of Defence personnel and veterans the transition between the structured environment of active service to civilian life is a uniquely vulnerable period.

The need for change in this area is clearly demonstrated by data on Defence and veteran suicide from the Australian Institute of Health and Welfare (AIHW). After adjusting for differences between the veteran population and the general population AIHW found that rates of suicide were 18% higher for ex-serving men.[24] Suicide is also the leading cause of death for ex-serving men and men in the reserves, as well as being the second highest cause of death for serving men.[25] Previous inquiries and reviews on veteran suicide, including those by the National Mental Health Commission[26] and the Productivity Commission,[27] have all identified the challenges of the transition period for long-term wellbeing.

These challenges include, for example, finding post-military employment, securing housing, the loss of camaraderie and friendships with other service-people, and difficulties in restoring or renewing prior relationships.[28] While recognising that the Australian Defence Force provides frameworks and supports to ensure positive mental health during service, we want to highlight the fragmentation and at times lack of necessary and appropriately skilled supports upon service exit. A key issue highlighted to us in our consultations is that services and supports are readily accessible in service by undertaking simple chain of command processes. Upon leaving service, many don't possess knowledge of how to access support in the broader community, and experience difficulty navigating the mental health system. A stakeholder also raised concerns about supports during transition within Defence from one role to another as a potentially vulnerable time, where relationship to peers and expectations of personnel can change significantly.

A future veteran support system would focus on the wellbeing of veterans and on positive transitions to civilian life in order to reduce the number of veteran deaths by suicide. As outlined by the

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[23] World Health Organisation. (2014) *Preventing suicide: a global imperative*, https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/.

[24] Australian Institute of Health and Welfare (2019) *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update,* https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary. Note that the statistics given here are for males only. The smaller number of female veterans means that statics on female veteran suicide are less reported due to confidentially concerns, and where reported may be problematic due to the small sample size. Indications are that suicide is at least as significant a risk for female veterans as for male veterans. For example, this AIHW report found that after adjusting for differences between the veteran population and the general population rates of suicide were 115% times higher for ex-serving women.

[25] Australian Institute of Health and Welfare (2018) *Causes of death among serving and ex-serving Australian Defence Force personnel: 2002–2015*, https://www.aihw.gov.au/reports/veterans/causes-of-death-in-adf-personnel-2002-2015/contents/table-of-contents

[26] Mental Health Commission (2017) *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf.

[27] Productivity Commission (2019) *A Better Way to Support Veterans: Productivity Commission Inquiry Report*, Report no. 93, https://www.pc.gov.au/inquiries/completed/veterans/report

[28] Speer, M. Phillips, M. Winkel, T. Wright, W. Winkel, N. Reddy, Swapna.R. (2019). Serving Those Who Serve: Upstream Intervention and the Uphill Battle of Veteran Suicide Prevention in the US*, Health Affairs*, 11 July, https://www.healthaffairs.org/do/10.1377/hblog20190709.197658/full/

Productivity Commission inquiry into Compensation and Rehabilitation for Veterans, to achieve this, supports should be redesigned based on the best practice features of contemporary workers' compensation and social insurance schemes, while recognising the special characteristics of military service. This would "change the incentives in the system so more attention is paid to the prevention of injury and illness, to rehabilitation and to transition support".[29]

A full discussion about how workers compensation best practice could be applied to a veteran support system is beyond the scope of this submission, but we take the opportunity to highlight a few key points:[30]

- the system must focus on the social and economic wellbeing of the individual, including wherever possible their movement into further employment
- the system should have differing levels of support delivered appropriately by limiting support to what is needed, but ensuring that all are fully supported
- consideration should be given to the incentives of the system to ensure they encourage positive outcomes for those being supported
- there should be continuous improvement in the support system to ensure that new evidence and better practices are taken into account as they emerge.

Recommendation 10: The Commission should examine the recommendations of the Productivity Commission review of compensation and rehabilitation for veterans regarding best practice in workers compensation, as a potential model for ensuring that the veteran support systems focus on the wellbeing of veterans and on positive transitions to civilian life.

Health, Wellbeing and Support Services

Much of the discussions in consultations on the availability, accessibility, timeliness and quality of health, wellbeing and support services was interlinked with the role of non-government organisations in addressing issues in these areas, and so is discussed later in this submission.

Those we consulted agreed that prevention and early intervention are critical, and that we need to reach people earlier in their distress and prevent the onset of suicidal behaviour. It was suggested that the Distress Intervention Trials announced by the Australian Government,[31] modelled on the Scottish Distress Brief Intervention, may provide such opportunities to intervene earlier in distress. The program trains front-line workers of non-mental health services such as other health, social or justice services, to provide brief distress interventions including referral. While aimed at the general community, there may be opportunity for identification of veterans experiencing psychological distress through this program, through contact with other government service touchpoints such as homelessness, health or family services.

Recommendation 11: The Commission should consider how the Commonwealth Distress Intervention Trials may be leveraged to improve early intervention and prevention of suicide amongst veterans.

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[29] Productivity Commission (2019) *A Better Way to Support Veterans: Productivity Commission Inquiry Report*, Report no. 93, https://www.pc.gov.au/inquiries/completed/veterans/report, p2

[30] See e.g. Safe Work Australia. (2018) *Taking Action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector*, https://www.safeworkaustralia.gov.au/system/files/documents/1902/taking-action-framework-2018.pdf and Insurance Council of Australia (2015) *A Best Practice Workers Compensation Scheme*, https://www.insurancecouncil.com.au/assets/report/May%202015%20-%20a%20Best%20Practice%20Workers%20Compensation%20Scheme.pdf

[31] Australian Government (2021) *National Mental Health and Suicide Prevention Plan*, https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan

A further area regarding early intervention was raised by one of the Commissioners in a roundtable on 16 November 2021 attended by Suicide Prevention Australia, regarding the use of artificial intelligence (AI) or algorithms to provide an assessment of risk of suicide in veterans based on demographic, clinical, and other data.

There has been a great deal of interest, particularly in US literature, on the possibilities for the use of algorithms to predict suicide risk in veterans. It is easy to see the reasons for this interest. As well as potentially making efficient use of scarce resources, such a method represents a proactive reaching out that does not depend on those at risk of suicide actively seeking help.

At this stage the majority of the research on use of AI and algorithms in this area is still demonstrating that this technology could be useful in theory. There have been some promising results showing an ability to successfully detect those at high risk of suicide with reasonable sensitivity.[32] However, many practical issues have not been addressed. For example, it has been observed that those at highest risk are not necessarily those who will benefit most from intervention.[33] And issues of how these systems might best interact with clinicians are still being considered.[34]

In none of our consultations was the use of algorithmic risk detection independently raised. However, in consultations subsequent to the Commission's roundtable we raised this possibility. Advice from the stakeholders we spoke to supported the literature that this technology was not currently of practical use. Though some stakeholders expressed hope that it may in future be viable. Stakeholders also raised the ethical issues of delivering support based in an algorithmic determination, rather than based on the expressed needs of veterans.

Information sharing

A point raised by some who we consulted with was that Defence had significant amounts of information on all its members, but post transition there are systemic missed opportunities for this data to be used, with consent of the individual, in their best interests. For example, in conducting assessments, the Department of Veteran Affairs (DVA) will frequently not make use of the case notes of health services provided while the veteran was a serving Defence member. This is the case even if the veteran would prefer to have their previous case notes used not to undergo duplicate assessments; a process that delays the provision of support and can be frustrating, and even sometimes re-traumatising.

Recommendation 12: The Commission make recommendations that Defence and DVA improve arrangements to have DVA access information from health and mental health services provided by Defence, once permission has been given by the transitioning Defence member.

C. Impact of Culture

There was a strong consensus amongst those we consulted with that Defence culture around approaches to mental illness was a contributing factor to increased suicide risk, and that fundamental change would be needed to make progress on this issue. Stakeholders were clear that without a change in culture, no strategies put in place to address this issue would be effective. This is in

[32] See e.g. Ryu, S., Lee, H., Lee, D. K., & Park, K. (2018). Use of a machine learning algorithm to predict individuals with suicide ideation in the general population. *Psychiatry investigation*, *15*(11), 1030; Kessler, R.C., Hwang, I., Hoffmire, C.A., McCarthy, J.F., Petukhova, M.V., Rosellini, A.J., Sampson, N.A., Schneider, A.L., Bradley, P.A., Katz, I.R. and Thompson, C. (2017). Developing a practical suicide risk prediction model for targeting high-risk patients in the Veterans Health Administration. *International Journal of Methods in Psychiatric Research*, *26*(3), e1575.
[33] Carey, B. (2020). Can an Algorithm prevent suicides?, *New York Times*, 23 November, https://www.nytimes.com/2020/11/23/health/artificial-intelligence-veterans-suicide.html
[34] See e.g.: Brown, L. A., Benhamou, K., May, A. M., Mu, W., & Berk, R. (2020). Machine learning algorithms in suicide prevention: clinician interpretations as barriers to implementation. *The Journal of clinical psychiatry*, *81*(3), 10951.

alignment with research on organisational culture, encapsulated in the words attributed to management expert Peter Drucker: "culture eats strategy for breakfast".[35]

Those we consulted with described significant stigma around help-seeking, which is not uncommon across Australian culture in general and can be a barrier to seeking support. This is of particular concern for males since research indicates that men who die by suicide have fewer contacts with health and mental health systems.[36] This stigma around help-seeking is exacerbated in Defence. A number of stakeholders told us that the way Defence currently responds to mental illness means experience of mental illness is career limiting in Defence. This means then that Defence members frequently do not disclose or seek help for a mental illness. Stakeholders also raised other negative aspects of culture such as bullying, sexual harassment (discussed further at Section J) and initiation/hazing, which can be present in parts of Defence and are also associated with mental ill-health and increasing suicide risk.

Defence service is associated with significant protective factors, such as the close ties with others in Defence and a strong sense of purpose. However, once separated from Defence the loss of these protective factors can combine with negative attitudes to help-seeking to potentially heighten risk of suicide. This can be further compounded by difficulties in accessing timely support, as discussed later in this submission.

What is needed is a Defence culture that has high mental health literacy and is able to acknowledge impacts of trauma, build resilience into the culture and understand that those who experience trauma and seek support can still undertake demanding roles. This is a recovery-oriented approach. This would enable Defence personnel to seek appropriate support to manage mental illness, and support Defence as an organisation to take more of a wellbeing approach, rather than a risk management approach. A disclosure of mental illness should not be career-limiting. Defence force personnel who disclose mental illness and wish to continue in the Defence force should be supported to do so, rather than seen as a risk. A number of those we consulted with felt that cultural change will have to come from the top, from the most senior officers in all branches of Defence.

There is considerable research and evaluation regarding different approaches to reducing mental ill-health related stigma in the broader population, including education, mental health literacy campaigns, contact with people with mental illness, peer services and policy change.[37] This includes expert organisations implementing approaches to address high suicide rates in male-dominated construction industry in Australia which could also inform efforts in the Australian Defence Force. Further, the Australian Defence Force can learn from international efforts to reduce mental health stigma in the military – such as policy changes to ensure that disclosure of mental health treatment does not have negative impacts, and education to improve help-seeking behaviour.[38]

Recommendation 13: The Commission make recommendations that the senior echelons of all Defence branches commit to a program of cultural change to reduce the stigma around mental illness and help-seeking, including policy changes to protect those who disclose or seek treatment for mental ill-health.

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[35] Coffman, C. and Sorensen, K. (2013) *Culture eats strategy for lunch*, Liang Addison Press, Denver.
[36] Suicide Prevention Australia (2022) *Male Suicide: Prevention Principles*, https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf
[37] Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine (2016) *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*, Washington (DC): National Academies Press (US).
[38] National Alliance on Mental Illness (2022) Veterans & Active Duty, https://www.nami.org/Your-Journey/Veterans-Active-Duty

D. Role of Non-Government Organisations providing support

Services provided by non-government organisations

A range of non-government organisations (NGOs) provide critical support services for the Defence and veteran community, including both veteran-specific and general population services. NGOs provide a wide range of services which support veterans including social connection, individual advocacy support, therapeutic interventions and employment support. The Interim National Commissioner for Defence and Veteran Suicide Prevention recently observed "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."[39]

Those we consulted with emphasised the importance of veterans being able to choose which kind of service they engage with. For some people, engaging with a veteran-specific organisation which understands military experience is crucial in establishing trust and an effective therapeutic environment, while others may prefer accessing unaffiliated or mainstream services. A veteran described the experience of reaching out for help, only to be turned away with medication. The importance of choice and access to holistic services, which integrate rather than segment care was emphasised.

Broader reforms to improve availability of mainstream mental health and suicide prevention services would also benefit the Defence and veteran community pre and post service, and should be complementary to veteran-specific interventions. For example, one stakeholder we consulted pointed to the need for investment in child and youth mental health services, where nearly 50% of mental disorders emerge by 18 years of age.[40] Improved population mental health literacy and access to mental health services across the lifespan is needed.

Stakeholders noted in our consultations that not all veterans will experience the trauma and the mental health impacts of service experience immediately. It was noted that for some people, the impact of a traumatic experience comes at different times in life following the experience, for example at the birth of a child, or upon retirement. Support workers (whether health, mental health or aged care) may not immediately link these experiences to the person's time in military service, if there is a large gap between the person seeking help and their experiences.

Stakeholders particularly raised concern regarding the wellbeing of veterans in the aged care system, where prominence is typically placed on attending to physical health needs. Greater resourcing and training is required to support the mental health needs of veterans accessing aged care, which can be a particularly difficult time. Increased awareness of trauma-informed care and the mental health and wellbeing needs of veterans is needed across multiple service systems then, to ensure veterans can access appropriate and effective support services across the lifespan.

Non-government services are also important in facilitating broader community re-integration for veterans, whether through community activities and social connections, volunteering or employment. Members emphasised the importance of creating safe spaces for veterans to be heard and connect with community.

Need for better coordination of services

The most common feedback in our consultations about what is needed to improve access to non-government services was the need for better service coordination. While some people we talked with

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[39] Interim National Commissioner for Defence and Veteran Suicide Prevention (2021) *Preliminary Interim Report*, https://www.nationalcommissionerdvsp.gov.au/system/files/2021-09/preliminary-interim-report.pdf, p37

[40] Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J.B., Jones, P., Kim, J.H. and Kim, J.Y. (2021). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Molecular psychiatry*, 1-15.

pointed to a lack of resourcing for veteran support agencies, most pointed to lack of coordination and integration as limiting effective use of current resources.

There are at least several thousand ex-service organisations and veteran support organisations,[41] with many other government and non-government services who offer services to veterans. This array of different services are disjointed, and it is difficult for people leaving Defence to know what support is available and which services are most appropriate for them to access. Navigating this disparate ecosystem is even more challenging as many people's capacity is impacted by mental ill health and stress at the time of seeking such services.

Consultations emphasised the need for a collaborative response across government, ex-service organisations, broader non-government services, communities and businesses. It was suggested that one coordinating body should be responsible for connecting services and making referrals (potentially the Joint Transition Authority). Another suggestion was for individual care coordinators with lived experience of transition from defence to provide case management/care coordination support for veterans to navigate the service system. A recent evaluation shows the value of this approach, especially for veterans who have been medically or administratively discharged.[42] It appears such a service has begun to be implemented, though in a very limited capacity, with ADF Transition Coaches.[43] Other stakeholders suggested that a case management approach by a professional involved in the care of a veteran, such as a social worker, nurse, or doctor, could enhance the coordination of care.

A consistent theme in consultations was the gap produced by transition between the services provided to those still in the armed forces, which are almost entirely provided in-house, and the services provided after discharge, which are largely provided by NGOs and the DVA. Where it is known that a soldier will soon be separating, and in many cases this can be a period of a number of months, it makes sense for them to begin engaging with any support services they are likely to require. These could be medical services, such as a local health clinic, if a medical discharge is likely. Or these could be transitional services such as employment assistance. The case management/care coordination approach could begin before they leave the defence force and continue afterwards depending on the needs of the individual.

Independent evaluation of the DVA Wellbeing and Support (WASP) case management pilot program found that intensive case management was very successful in improving the wellbeing of veterans with very complex mental and physical health needs. The program takes a holistic and wellness focus, provides intensive case management, a single point of contact for care coordination, involves veterans' family members, provides a personalised approach with veteran choice and control, and included effective support from DVA. The WASP program was also found to demonstrate clear improvements in healthcare utilisation and costs, with veteran participants moving from unplanned use of acute care to rehabilitation and home care services.[44] Such case management and care coordination should be continued for veterans with complex needs, with consideration how DVA services for other veterans may be improved through elements of this holistic care-coordination model.

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[41] Interim National Commissioner for Defence and Veteran Suicide Prevention (2021) *Preliminary Interim Report*, https://www.nationalcommissionerdvsp.gov.au/system/files/2021-09/preliminary-interim-report.pdf, p248

[42] See: https://www.nationalcommissionerdvsp.gov.au/system/files/2021-04/wasp-presentation-for-vet-commissioner-forum.pdf

[43] Department of Defence, n.d. *ADF Transition Coaches*, https://defence.gov.au/members-families/Transition/YourTransition/coaches.asp

[44] Lawn, S. (2021) *Department of Veterans' Affairs (DVA) – Independent Evaluation of the Wellbeing and Support Program (WASP) Case Management Pilot*, Flinders University, https://www.nationalcommissionerdvsp.gov.au/system/files/2021-04/wasp-final-report-final-edited.pdf

Recommendation 14: The Commission should consider recommending systemic changes to improve coordination and navigation of post-service support ecosystem for veterans, such as a coordinating body to oversee services provided during transition, increased investment in case management/care coordination approach, and access to NGO or DVA services for personnel prior to discharge.

Areas for improvement

There are also other areas where provision of non-government support services could be improved to better support defence and veteran community members experiencing suicidality. It was suggested that services could provide more active outreach support (rather than relying on referral), which may be particularly important for men who are less likely to engage in help-seeking.[45] It was also suggested veteran-support organisations could be better resourced with additional clinical resourcing, formal mental health training for peer support networks, and support to deliver evidence-informed support.

As in other areas, there are challenges in funding arrangements which impact on service capacity and innovation in supporting veterans. For example, insecurity of funding and management of multiple contracts and reporting requirements limits service providers' capacity. Concerns have also been raised that private psychologists and psychiatrists are paid less through DVA to see veterans compared to what the ADF pays for services to serving personnel, or the Australian Government pays for psychological services for Commonwealth employees or total MBS and gap-fee payments from the general public.[46] The higher complexity of DVA processes as compared with Medicare processes was also raised as a barrier to providing services to veterans. Discrepancies in these funding models and the high administrative load means service providers can be less likely to take on or limit the number of veteran clients, further narrowing already insufficient service availability. Similar funding dynamics may be present for other support services that can impact indirectly on mental wellbeing and suicide risk. For example, one stakeholder talked about similar administrative burden and low funding rates leading to shortages in physiotherapists who provide services for veterans, which can also in turn impact physical activity and mental health.

More broadly, there are significant shortfalls in community mental health and psychosocial support services, and workforce shortages across mental health and suicide prevention,[47] also impacting on access to services for Defence and veteran communities. As feedback in our consultations highlighted, access to affordable therapy based treatments in one of the biggest issues currently facing people with mental illness and/or suicidality. These are significant challenges for governments to address, in partnership with the mental health and suicide prevention sector.

Recommendation 15: The Commission make recommendations that the Australian Government limit administrative requirements and increase the funding rate for private psychological and psychiatric services provided to veterans, to equate to rates for serving personnel and the general community.

Recommendation 16: The Commission investigate how governments work with the sector to address broader shortfalls in mental health and suicide prevention workforce and services, including improving funding arrangements for veteran mental health and other support services.

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[45] Oliffe, J. L., Broom, A., Rossnagel, E., Kelly, M. T., Affleck, W., & Rice, S. M. (2020). Help-seeking prior to male suicide: Bereaved men perspectives. *Social Science & Medicine*, *261*, 113173.

[46] Barlass, T. (2020) Psychiatrists paid less for treating military veterans, *Sydney Morning Herald*, 8 November, https://www.smh.com.au/national/psychiatrists-paid-less-for-treating-military-veterans-20201103-p56b8s.html; Martin, L. (2019) *Psychologists fear for defence troops as Bupa poised to take over contract*, The Guardian, 21 June, https://www.theguardian.com/australia-news/2019/jun/21/psychologists-fear-for-defence-staff-as-bupa-poised-to-take-over-contract

[47] Productivity Commission (2020) *Mental Health: Productivity Commission Inquiry Report*, Report no. 95, https://www.pc.gov.au/inquiries/completed/mental-health/report

E. Protective and rehabilitative factors

Feedback in our consultations highlighted the importance of having something meaningful to do and connection with others as key protective and rehabilitative factors for veterans' mental health and wellbeing. This is well-encapsulated in a description of three pillars of veteran wellbeing as sense of identity, sense of purpose and sense of belonging.[48]

Meaningful occupation

In consultations stakeholders noted the importance of having something meaningful to do – a sense of purpose – as a key protective and rehabilitative factor in preventing and responding to suicidality and amongst veterans. Many reflected on the contrast between the clear sense of purpose during military service, to the lack of direction following transition to civilian life – particularly if meaningful employment is not found.

As such, it is important that veterans are able to easily transfer skills learned in military service to civilian careers. Facilitating this would involve a systemic shift in how defence personnel are trained and prepared for life after service, with awareness that the majority of Defence personnel do not spend their full career in the military but go on to employment in other fields. Stakeholders also called for specific programs to support veteran re-training where required, and supporting connections with the non-military workforce, for example through training with first responders or in up-skilling through public education institutions.

One person also raised the concept of the Australian Government viewing defence personnel as "sovereign assets" – in the sense that the Commonwealth has invested in developing the skills of Defence personnel, which remain of value to the Australian community outside of military service. Other stakeholders were supportive of this concept, though the word "asset" was viewed as potentially misleading. This does not imply that Defence personnel are owned by the government, but rather should be recognised as having significant ongoing potential contributions through both Defence and civilian careers and therefore should be supported to ensure their continuing ability to contribute to Australian society.

Another member highlighted that where employment is not appropriate, volunteer opportunities similarly can provide an important sense of purpose, meaning and contribution for veterans.

Recommendation 17: The Commission investigate how Defence personnel could be better prepared for meaningful civilian employment following military service, including changes within Defence training and transition employment support.

Social connection

Similarly to meaningful activity, feedback in consultations emphasised the importance of strong social connections as both a protective and rehabilitative factor. Sustainable, strong relationships and support networks are vital for mental health and wellbeing. Stakeholders pointed to family support, connection with other veterans with similar experiences, and connections with the broader community (such as through sporting groups) as all extremely valuable.

Military life can also be associated with particular stressors on relationships – including extended time apart, continual relocation, confidentiality requirements and experience of trauma.[49] As such, strengthening relational supports can be an important early intervention support.

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[48] Soldier On (2021) *Round Table Notes for the Royal Commission into Defence & Veteran Suicide*. Provided in confidence

[49] Hendrix, C. C., & Anelli, L. M. (1993). Impact of Vietnam War service on veterans' perceptions of family life. *Family Relations 42*(1), 87-92; Bailey, T. S. (2019). *The Relationship Between Military Deployment and Spouses' Anxiety, Depression, and Stress* (Doctoral dissertation, Walden University).

While many aspects of social connection come from community facilitation, government also has a role. As discussed above, with services and community groups so dispersed it is often difficult for people leaving Defence to know what supports are available in their area, and government-funded navigation support can be critical. Further, Australian Government investment in social prescribing initiatives is required to expand referral to social supports by health providers.[50] There are also innovative models of social support interventions being delivered by veteran organisations, health and social service providers which can be boosted by government investment.

In 2019, DVA committed to funding six Veteran Wellbeing Centres across Australia, with additional Centres now also being developed.[51] These Centres are intended to provide a welcoming hub for veterans and their families, and support for transition, employment, health and social connection. This is one model of government investment to support veteran social connection.

Social connection support should include opportunities both to connect with other veterans and the wider community. Some veterans may prefer primarily to connect with other ex-service personnel, and this may provide a unique place of belonging and understanding. However, focusing only supporting veteran exclusive social connection could entrench isolation from the broader community, and miss broader opportunities for social connection and re-integration.

Stakeholders also highlighted the importance of increasing mental health literacy amongst Defence and veteran communities. It was reflected that mental health and suicide awareness training in Defence has been inadequate, and while good training is now available (such as offered through Open Arms), many remain unaware of it. Other stakeholders also pointed to the importance of mental health literacy training for 'gatekeepers' in the broader veteran community – those people who might provide access into or linkages between services and have high numbers of connections across the veteran community.

Recommendation 18: The Commission recommend greater investment in supporting social connection for veterans through service navigation support, social prescribing, community organisations and review effectiveness of Veteran Wellbeing Centres to inform further expansion.

Recommendation 19: The Commission make recommendations to improve the availability of mental health literacy training for Defence and Veteran communities.

F. Supports for families and others

Families, friends and other informal supports for Defence and veteran communities also face challenges with mental ill health, suicidality and accessing supports. Many people have both lived experience of mental ill health and/or suicidality themselves *and* caring for or supporting others facing similar challenges. Compassion fatigue in carers is common and can result in a deterioration in the health of both parties. Stakeholders wanted to highlight the need for further support for family and carers of veterans, saying they are often the last to be considered.

Families

The impacts of defence service life on families is far reaching, including continual relocation of families around Australia as a defence members are directed to different posts, and prolonged separation and

[50] Royal Australian College of General Practitioners, Consumer Health Forum of Australia, and Mental Health Australia (2021) *Federal Government urged to tackle mental health and wellbeing crisis by investing in social prescribing*, Media Release, https://mhaustralia.org/sites/default/files/docs/federal_government_urged_to_tackle_mental_health_and_wellbeing_crisis_by_investing_in_social_prescribing.pdf

[51] Department of Veterans' Affairs (2021) *Veteran Wellbeing Centres,* https://www.dva.gov.au/health-and-treatment/work-and-social-life-programs/work-and-social-support/veteran-wellbeing

concern for the safety of family members serving in active conflicts. The impacts of supporting a loved one(s) where they are experiencing mental ill health, trauma and/or suicidality can also be immense, and long-lasting.[52]

Transition from Defence to civilian life can also be an unsettling and difficult time for families. It is important to note that these difficulties impact the whole family and so support should be in place for all family members. The literature on family impacts is often overly focused on couple therapy, rather than holistic support for the family.[53] Also important is that, like veterans, for some families of veterans, engaging with a veteran-specific organisation which understands military experience is crucial in establishing trust and an effective therapeutic environment, while others may prefer accessing unaffiliated or mainstream services. Families should be able to choose which kind of service they engage with.

Stigma regarding mental illness in the Defence force also impacts access to supports for family. For example, a stakeholder reported that Defence personnel with mental ill health have been hesitant to refer their children to available support services for children of adults with mental illness, as they felt revealing they have a mental illness would jeopardise their Defence career.

Further it has been suggested that the concept of moral injury can also apply to families of veterans, arising from families' sense of institutional betrayal of the serving members' mental health needs. Research has examined moral injury in civilian populations, including healthcare providers, law enforcement, parents and professionals involved with child protection services, and refugees.[54]

As discussed previously, stakeholders also spoke of the importance of hearing the lived experience of Defence and veteran families who have lost a family member to suicide. While sharing these experiences in safe environments can itself be therapeutic, there is a perception that family members will not be heard by government authorities when they speak out. This Royal Commission is a pivotal opportunity to change this.

Recommendation 20: The Commission consider how best to increase support services for families of Defence personnel, and improve choice through access to support services which are not Defence or veteran specific where preferred.

Postvention support

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide. Postvention interventions are specific activities designed to facilitate recovery from suicide bereavement.[55] The most common form of suicide postvention support is peer support groups, meeting with others bereaved by suicide.[56] There is consistent evidence that such peer

[52] Waddell, E., Lawn, S., Roberts, L., Henderson, J., Venning, A., Redpath, P. and Sharp, T. (2020). 'Their pain is our pain': the lived experience of intimate partners in veteran recovery from PTSD. *Journal of Military, Veteran and Family Health. 6*(2), 40-49.
[53] Oster, C., Lawn, S., and Waddell, E. (2019). Delivering services to the families of veterans of current conflicts: A rapid review of outcomes for veterans. *Journal of Military, Veteran and Family Health, 5*(2), 159-175.
[54] Griffin, B.J., Purcell, N., Burkman, K., Litz, B.T., Bryan, C.J., Schmitz, M., Villierme, C., Walsh, J. and Maguen, S. (2019). Moral injury: an integrative review. *Journal of Traumatic Stress, 32*(3), 350-362.
[55] Andriessen. K. and Krysinska, K. (2012). Essential Questions on Suicide Bereavement and Postvention, *International Journal of Environmental Research and Public Health, 9*, 24-32.
[56] Harrington-LaMorie, J., Jordan, J.R., Ruocco, K. and Cerel, J. (2018). Surviving families of military suicide loss: Exploring postvention peer support, *Death studies, 42*(1), 1-12.

support is beneficial for people bereaved by suicide.[57] Other postvention services include individual mental health therapy and outreach by trained survivor teams.[58]

Postvention supports can also mitigate adverse impacts including the risk of a bereaved person engaging in suicidal behaviour. People who are bereaved by suicide are themselves at elevated risk of suicide, particularly if they have a history of prior trauma, suicidal behaviour or depression.[59] In the National Mental Health Commission's extensive consultations, current and ex-service people and their families identified the death of a peer, close friend or family member as a risk factor that may trigger mental illness or suicidal behaviour, and many discussed the trauma experienced by family in losing someone to suicide.[60] Research also indicates that Defence personnel who serve alongside other members who have attempted or completed suicide are at higher risk of suicide.[61] As such, postvention supports are a critical component of suicide prevention interventions.

In Australia, there are existing suicide postvention guidelines that have been developed for organisations working with people bereaved by suicide.[62] There are also established organisations supporting people bereaved by suicide, peer-support groups and veteran specific supports. However there are unique challenges faced by people bereaved by suicide in the context of military service, and gaps in awareness and access for Defence families to support services.[63]

Recommendation 21: Considering the evidence for the effectiveness of postvention suicide support, the Commission should examine how to improve access to such services for Defence and veteran communities, including choice of general and veteran-specific services.

G. Engagement with Department of Defence, Department of Veterans' Affairs or other government entities

The veteran community and previous inquiries have consistently raised concerns regarding the poor experience of many veterans engaging with the Department of Veterans' Affairs (DVA) to make a claim or access services. Some stakeholders described an adversarial culture and many stakeholders expressed the DVA claims process is extremely frustrating and debilitating, with long wait times, and that the difficulty of this process is exacerbating psychological injury and distress. This is supported by evidence from a DVA-commissioned report which found "The processes identified in the academic research literature as being potentially problematic are also evident in the DVA compensation

[57] Bartone, P. T., Bartone, J. V., Violanti, J. M., & Gileno, Z. M. (2019). Peer support services for bereaved survivors: a systematic review. *OMEGA-Journal of Death and Dying*, *80*(1), 137-166.
[58] Harrington-LaMorie, J., Jordan, J. R., Ruocco, K., & Cerel, J. (2018). Surviving families of military suicide loss: Exploring postvention peer support. *Death studies*, *42*(3), 143-154.
[59] Andriessen, K., Krysinska, K., Hill, N., Reifels, L., Robinson, J., Reavley, N., & Pirkis, J. (2019). Effectiveness of interventions for people bereaved through suicide: a systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC psychiatry*, *19*(1), 1-15.
[60] National Mental Health Commission (2017) *Review into the Suicide and Self-Harm Prevention services available to current and former serving ADF members and their families*, https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf
[61] Ruocco, K. (2019). We can do more: Suicide prevention cannot be the only strategy, *Military Times*, 9 August, https://www.militarytimes.com/opinion/commentary/2019/08/09/we-can-do-more-suicide-prevention-cannot-be-the-only-strategy/
[62] Australian Institute for Suicide Research and Prevention, and Postvention Australia (2017) *Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide*, https://www.griffith.edu.au/__data/assets/pdf_file/0038/359696/Postvention_WEB.pdf
[63] National Mental Health Commission (2017) *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf

processes, and there is evidence of these processes contributing to psychological harm in some veterans."[64]

A 2017 Senate inquiry heard consistent themes regarding veteran's interactions with DVA, consisting of administrative and staffing issues, delays in claim determinations, medical assessments by contracted practitioners, incorrect payments, communication issues, and adversarial approaches to claims.[65] The Senate Committee reflected that the DVA administrative capability appeared to have been run down over a significant period[66], and observed that "a system which is as complex and challenging to navigate as the current arrangements will compromise any efforts to make claim processes 'veteran centric'."[67] The Senate Committee concluded "It is time for a comprehensive rethink of how the current system operates and will operate into the future."[68]

A whole-of-life, holistic wellbeing approach is recognised as best practice in reduction of illness and injury and promotion of recovery. The DVA-commissioned report found "Best practice is moving from a liability and cost focused, claims processing model to a health and function focused, client-centred model".[69]

However, the 2019 Productivity Commission inquiry *A Better Way to Support Veteran*s found that the current veteran support system has taken a narrow and often short-term focus on treating illness, and as such should be redesigned to focus on the lifetime wellbeing of veterans. As discussed above, this would mean taking into account each of the stages of recruitment, service, transition and ex-service.

The Productivity Commission recommended fundamental reform to address "fundamental problems of the lack of focus on the lifetime wellbeing of veterans, the poor oversight of client supports, and the disjointed structure of the veteran support system".[70] The Productivity Commission was "strongly of the view that a departmental structure is ill-suited to running a contemporary compensation and support scheme" and recommended establishment of a Veterans Services Commission as an independent statutory agency.[71]

While many of recommendations of these past inquiries have been implemented,[72] the level of substantive system reform called for has not yet been delivered. Rather, it appears wait times for claims processing have increased. Evidence reviewed by the Senate Inquiry in 2017 found that in 2015-16 the mean time taken to process liability claims under the Military Rehabilitation and Compensation Act 2004 (MRCA) was 117 days,[73] while evidence at Senate Estimates in March 2021 found the median

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[64] Collie, A. (2019) *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, https://www.dva.gov.au/sites/default/files/independent-study-mhiccap.pdf p26

[65] Senate Foreign Affairs, Defence and Trade References Committee (2017) *The Constant Battle: Suicide by Veterans*, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report p.78

[66] Ibid. p96

[67] Ibid. p68

[68] Ibid. p68

[69] Ibid. p66

[70] Productivity Commission*, A Better Way to Support Veterans: Productivity Commission Inquiry Report*, Report no. 93, https://www.pc.gov.au/inquiries/completed/veterans/report, p25

[71] Ibid. p27

[72] Department of Veterans' Affairs (2020) *Senate Inquiry into Suicide by Veterans and Ex-service Personnel (2017): Recommendations Progress of Implementation as at 31 January 2020*, https://www.dva.gov.au/sites/default/files/About%20DVA/Overview/what-we-must-report/reviews-and-reports/2017-senate-inquiry-veteran-suicide-200131-progress.pdf

[73] Senate Foreign Affairs, Defence and Trade References Committee (2017). *The Constant Battle: Suicide by Veterans*,

number of days for processing of MRCA initial liability claim was 190 days[74] (noting this compares a mean and median calculation). The Commission should examine reasons for increasing numbers of claims being made,[75] and systemic changes needed to respond to this – both in greater prevention, and claims processing capacity.

Further, poor experiences engaging with DVA post-service can contribute to a sense of moral injury or create secondary trauma. As one stakeholder put it, when people sign up for military service they "sign a blank check in blood". However, when people leave the military and seek support for injury attained while in service and feel they are treated disrespectfully and find it very difficult to attain support, it feels like this huge sacrifice is forgotten. The impact of this feeling of indifference to veterans and lack of support from the institution they have served, can have significant and long lasting impacts.

The Commission must examine the inadequacies in the current DVA claims system, and what is needed to improve this process. In consultations it was suggested that improving this process would go a long way to improving mental health and suicide outcomes for veterans. Stakeholders also suggested that once veterans claims have been approved, a more flexible individual package of support (similar to an NDIS package) would provide greater choice in services than the current DVA system.

Recommendation 22: Recommendations of previous inquiries for systemic reform of the veteran support system should be fully implemented, to create a lifetime wellbeing approach and improve veterans' experience of engaging with Australian Government services.

Recommendation 23: While these reforms are being implemented, wait times for DVA claims processing should be publicly listed to increase Australian Government accountability. Claim process tracking should be included in legislation relating to veteran entitlements and compensation.

Lack of coordination

During our consultations stakeholders shared about ongoing lack of communication and collaboration between Department of Defence and Department of Veterans' Affairs, where people transitioning out of Defence can fall through the cracks between the Departments. Stakeholders spoke about lack of follow-up care, and the need for individual case managers who support people to navigate available supports and transition to non-military life.

Responsibility for support of veterans in transition from military to civilian life needs to be clearly allocated, with ownership and accountability by a government agency. As one stakeholder put it, this "hand-over take-over" happens often in the military duties, but not between Australian Government agencies responsible for Defence and veteran wellbeing.

The establishment of the Joint Transition Authority is a positive step to ensuring a single entity has responsibility for supporting personnel transitioning out of military, and coordinating and facilitating

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https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report, p. 85

[74] Foreign Affairs, Defence and Trade Legislation Committee, Estimates 24 March 2021, p.185 https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/28ea078a-5b31-408e-abd3-a2125a6af061/toc_pdf/Foreign%20Affairs,%20Defence%20and%20Trade%20Legislation%20Committee_2021_03_24_8626_Official.pdf;fileType=application%2Fpdf#search=%22committees/estimate/28ea078a-5b31-408e-abd3-a2125a6af061/0000%22

[75] Department of Veterans' Affairs (2021) *Support for departmental operations and claims processing and enhancing legal capacity and program evaluation*, https://www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2021-22/support-for-departmental-operations-and-claims-processing-and-enhancing-legal-capacity.pdf

support. It remains to be seen how this body will operate and whether its creation is sufficient to address the lack of coordination and accountability for transition support.

In consultations stakeholders also spoke positively about pockets of innovative work such as trials conducted by Open Arms focusing on transition support with peer support networks, and people with lived experience in the military as liaison roles supporting transition. However these initiatives remain at small scale.

Recommendation 24: In consultation with veterans, the Commission should consider where responsibility for supporting veterans in transition from military to civilian life best sits in government agencies (including the Joint Transition Authority) and how accountability for this should be established.

H. Legislative and policy frameworks

Stakeholders pointed to policies within Defence that were potentially harmful for mental health and wellbeing which should be revised, including in relation to suicide prevention training, recruitment, and inconsistencies between service arms of what personnel could do while taking mental health medication (where such policies perpetuate a culture of hiding difficulties rather than seeking help).

Acknowledging that the Royal Commission is a time-bound endeavour, ongoing governance structures to ensure delivery of reform are necessary. Mental Health Australia and Suicide Prevention Australia have previously supported the appointment of an enduring National Commissioner for Defence and Veteran Suicide Prevention, particularly focusing on a more holistic, whole-of-government approach.

A National Commissioner for Defence and Veteran Suicide Prevention could support coordination for suicide prevention and facilitate consideration of factors beyond the defence portfolio, including health, family and community services, education, employment, police and emergency services, and justice. Legislation to establish an ongoing National Commissioner for Defence and Veteran Suicide Prevention presents an opportunity to establish a sound framework to underpin greater accountability, transparency and systemic change to reduce suicide and suicidal behaviour among Defence members and veterans.

This would be complementary to the recently established Australian National Suicide Prevention Office, which will support a whole-of-government approach to suicide prevention at the whole of population level. Such holistic and intentional frameworks are needed to provide direction and accountability, and support the best use of resources to develop effective systemic responses to suicide prevention.

Recommendation 25: The Commission should consider the most appropriate mechanisms to provide ongoing accountability for implementation of systemic reform, such as a National Commissioner for Defence and Veteran Suicide Prevention and the Australian National Suicide Prevention Office.

I. Systemic risk factors (such as social, housing, employment)

There are well-established socioenvironmental factors that influence suicide risk, such as financial insecurity, unemployment, homelessness, relationship breakdown and experience of violence. Some of these have particular salience for defence personnel and veterans.

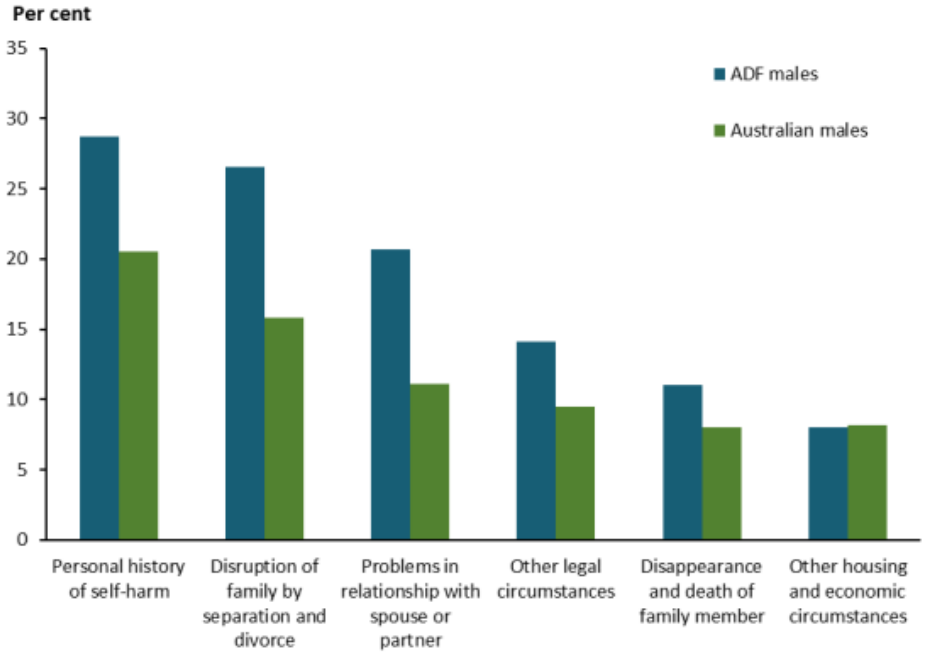
For example, there are specific issues regarding financial insecurity and unemployment. Analysis from the AIHW indicates current or previous ADF members who died by suicide were more likely to be

unemployed at time of death.[76] And as discussed previously it often takes a significant period of time for benefits and/or pensions to be processed for veterans; in many cases years. This can lead to extreme financial hardship.

But it is not just the final aspect of unemployment that is significant. As outlined above, a sense of belonging and meaningful occupation were highlighted in our consultations as important factors for Defence members and veterans, particularly in a period of transition from military to civilian life. It was clear in our consultations that veterans can often experience a loss of purpose from leaving the Defence Force. Meaningful occupation can alleviate this, but too many veterans face barriers in establishing themselves in an occupation that is meaningful to them.

Similarly, there are specific issues regarding relationship breakdown. Analysis from the AIHW indicates current or previous ADF members who died by suicide were less likely to be married or in de-facto relationships compared to the broader ADF population.[77] As discussed above, social connections and relationships are an important protective factor, and correspondingly disruption of these relationships is a significant risk factor. In our consultations there was discussion of a number of relationship stressors commonly experienced by Defence personnel that impact their relationships with their partners and their children. These include being away on deployment for long and sometimes uncertain periods, frequent moves to new locations, the impact of PTSD and other mental health issues and physical injuries, and sometimes substance use to manage pain and PTSD symptoms. Data from the AIHW indicates that Defence personnel and veterans who have died by suicide experienced relationship stressors at a higher rate than other Australians who have died by suicide (see graph below).

Figure 12: Common psychosocial risk factors[(a)] identified among ADF males[(b)] who died by suicide, 2001 to 2018,and Australian males[(c)] who died by suicide 2017



Source: AIHW (2021) *Final report to the Independent Review of Past Defence and Veteran Suicides*, https://www.aihw.gov.au/reports/veterans/independent-review-past-defence-veterans-suicides/contents/summary p26

[76] Australian Institute of Health and Welfare (2021) *Final report to the Independent Review of Past Defence and Veteran Suicides*, https://www.aihw.gov.au/reports/veterans/independent-review-past-defence-veterans-suicides/contents/summary

[77] Australian Institute of Health and Welfare (2021) *Final report to the Independent Review of Past Defence and Veteran Suicides*, https://www.aihw.gov.au/reports/veterans/independent-review-past-defence-veterans-suicides/contents/summary

Recommendation 26: The Commission make recommendations for continued investment in support services which assist veterans and their families across the continuum of social determinants of health, including but not limited to financial hardship support, child and family services.

Recommendation 27: The Commission make recommendations to build on ex service organisations' capability to address social determinants of health.

J. Other

Lived experience

The perspectives of people who have personally experienced military life and suicidal ideation or behaviour, or who have cared for those impacted by suicidality, are fundamental to the efficacy of this Commission and to improving government suicide prevention initiatives moving forward.

People with lived experience must be involved in each aspect of the support and suicide prevention system – from service and system design, to program delivery and evaluation. Voices of lived experience are vital in understanding what works and what doesn't work, and need to be incorporated and privileged in reforms to improve suicide prevention for Defence personnel and veterans.

Just as the broader mental health and suicide prevention systems are moving towards ever-greater leadership positions, co-design and participation of people with lived experience, Defence must systemically respect and incorporate lived experience leadership to improve its mental health and suicide prevention response.

Recommendation 28: The Commission make recommendations to increase opportunities for leadership within Defence and DVA, and co-design of mental health and suicide prevention initiatives, for people with lived experience of military service and suicidality, or caring for someone with this experience.

Data gaps

As outlined previously by Suicide Prevention Australia and Mental Health Australia, there are significant deficiencies in existing data systems and with the identification of veteran suicide deaths.[78] These gaps include the lack of a Suicide Register in some jurisdictions, challenges in identifying ex-service personnel and inconsistencies in recording and reporting of data on veteran suicide and suspected suicide deaths. Further, there are gaps in data regarding suicide attempts and ideation amongst Defence members and veterans.

There is still insufficient information about effective suicide prevention strategies for particular population groups, and understanding of differences in suicide rates across service areas, across genders and understanding of moral injury. Research and data enable effective intervention, and must be invested in.

Further, greater coordination of existing data is required, across jurisdictions and Australian Government agencies. The National Suicide Prevention Office should be a key part of how data and learnings are brought together.
Stakeholders also highlighted the need for research and data modelling on what 'good looks like' – rather than focusing solely on the risk factors, to examine success factors for people who transition

[78] Suicide Prevention Australia and Mental Health Australia (2020) *Joint submission: Inquiry into National Commissioner for Defence and Veteran Suicide Prevention legislation - Senate Standing Committee on Foreign Affairs, Defence and Trade*, https://mhaustralia.org/sites/default/files/docs/spa_mha_joint_submission_-_senate_inquiry_on_veteran_suicide_commissione._.pdf

well from military to civilian life. This strengths-based approach would support identification of possible interventions to bolster positive pathways and prevent suicide risk.

Recommendation 29: The Commission recommend increased resourcing for veteran suicide data collection, collation and quality improvement, including examination of prevention and intervention.

Gender-differentiated experiences

Though not discussed in the Royal Commission Terms of Reference, there are common differences between females and males in suicidal behaviour, and different experiences of risk factors for females, males and gender diverse Defence personnel and veterans.

In the general population, women experience suicidal ideation and attempt suicide at higher rates than men, though men are more likely to die by suicide.[79] Generally, women are more likely to engage in help seeking than males, however within a military context females may take on more typically masculine gender norms relating to self-reliance and avoidance of help-seeking. Many female Defence members also face gender-based exclusion, harassment and bullying, sexual assault and victimisation,[80] which can in-turn increase risk of suicidality.[81] For example, an American research review found incidence of experience of 'military sexual trauma' (MST) has high as 40% amongst females while serving, and further that the prevalence of PTSD amongst female veterans with exposure to MST without combat exposure had the same rate of PTSD as men who had been in combat.[82]

Further, such suicidal risk factors unique to female Defence personnel and veterans may not be appropriately identified and addressed through defence and support systems, which have largely been designed around the experience of males. [83]

Gender diverse people are at far higher risk of suicide compared to the general population,[84] and despite limited data it may be inferred this trend also exists for transgender, gender diverse and non-binary Defence personnel.

Recommendation 30: The Commission make recommendations to increase research on the experience of female, transgender, gender diverse and non-binary Defence personnel.

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[79] Australian Institute of Health and Welfare (2020) *Suicide and intentional self-harm,* https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm; Suicide Prevention Australia (2016) *Suicide and Suicidal Behaviour in Women – Issues and Prevention*, https://apo.org.au/sites/default/files/resource-files/2016-07/apo-nid56174.pdf

[80] Australian Human Rights Commission (2012) *Report on the Review into the Treatment of Women in the Australian Defence Force,* https://defence.humanrights.gov.au/report-review-treatment-women-australian-defence-force

[81] Boyd, C. (2011) *The impacts of sexual assault on women,* Australian Institute of Family Studies, https://aifs.gov.au/publications/impacts-sexual-assault-women

[82] Burkhart, L., & Hogan, N. (2015). Being a female veteran: A grounded theory of coping with transitions. *Social work in mental health*, *13*(2), 108-127.

[83] Ibid.

[84] LGBTIQ+ Health Australia (2021) *Snapshot of Mental Health and Suicide Prevention Statistics for LGTIQ+ People*, https://www.lgbtiqhealth.org.au/statistics, pp12-14

Conclusion

Veterans and Defence personnel offer incredible service and sacrifice to protect and promote the interests of the Australian community. In turn, the Australian community through our government must protect and promote the lifetime wellbeing of veterans. This Royal Commission is a unique opportunity to address systemic factors underlying the tragic and comparatively high rates of suicide amongst Australia's veterans. Consultations to inform this submission particularly highlighted moral injury, social isolation, Defence culture and access to support services during transition as key factors influencing suicidality – and conversely wellbeing of veterans.

As outlined in this submission, reform is required across recruitment processes, Defence culture, transition support, coordination of services, engagement with Australian Government agencies for compensation and rehabilitation support and development of data.

In particular, Suicide Prevention Australia and Mental Health Australia call on the Commission to prioritise the voices of lived experience in its inquiry, consider broader reforms in mental health and suicide prevention to promote holistic, whole-of-government responses, and support implementation of the Commission's recommendations through advising on accountability mechanisms. We look forward to continue working with the Commission and hold hope that the outcomes of this in-depth inquiry will contribute to the substantive reform required, and ultimately the saving of lives.

Appendix 1: Consultation participants

The following member organisations, individuals and stakeholders with expertise in Defence and Veteran suicide prevention participated in individual interviews to contribute to this submission. Suicide Prevention Australia and Mental Health Australia thank each of the participants for their generous sharing of their expertise, and particularly honor those with lived experience.

Beyond Blue

Centre for Mental Health Research

Diving Veterans & First Responders Program

GO2 Health

Kookaburra Kids

National Mental Health Consumers and Carers Forum representatives

OzHelp Foundation

Relationships Australia

Soldier On

Suicide Prevention Australia Lived Experience Panel

The Oasis Townsville

Wesley Mission