Defence and Veteran Suicide

Suicide Prevention Australia

POLICY POSITION

June 2022

POSITION

1. The Australian Defence Force should develop a moral injury management strategy, including an implementation and action plan, that addresses the growing burden of moral injury for service members, veterans, and their families.

2. The Australian Government should increase investment in supporting social connections for veterans through service navigation support, social prescribing and increased access to community bodies providing support.

3. Senior echelons of all Defence branches should commit to policy changes to protect those who disclose or seek treatment for mental ill-health in order to foster cultural change to reduce the stigma around mental illness, suicide and help-seeking, this should include explicit mechanisms to ensure that career and progression are not impacted by mental ill health.

4. Veteran support coordinated by the Department of Veterans' Affairs should be redesigned based on 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.

5. The Australian Government should implement 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 a care coordination approach, and access to NGO or DVA services for personnel prior to discharge.

CONTEXT AND COMMENTARY

Consultations with veterans, and the service organisations that support them, 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.[1] 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. This means that whole of life course approach should be taken, and measures to reduce suicides amongst veterans and service Defence personnel need to start right from recruitment.

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

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It is important to emphasise that our consultations indicated that the majority of Defence personnel and veterans do not experience significant negative issues during transition. Many Defence personnel make highly successful transitions out of Defence into new careers or retirement. However, too many in Defence and veteran communities do suffer negative experiences that impact on their mental wellbeing.

MORAL INJURY

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.[2] This may relate to a person feeling they have transgressed their own moral code, and/or been victim to morally violating behaviour by another.[3] Moral injury can also be associated with institutional action or inaction, which leads to a significant sense of betrayal.[4] 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.[5] 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.

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.

SOCIAL ISOLATION

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.[6] Arguably the experiences of social isolation encountered by many of those on leaving Defence are often particularly acute. In 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.

In enhancing the social connections of veterans, both the community sector and government play a role. It is often difficult for people leaving Defence to know what community supports are available in their area, and government-funded navigation support can be critical. Further, government investment in social prescribing initiatives is required to expand referral to social supports by community health providers.[7] 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.

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.

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DEFENCE 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 alignment with research on organisational culture, encapsulated in the words attributed to management expert Peter Drucker: "culture eats strategy for breakfast".[8] 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.

Defence service is associated with significant protective factors, such as the close ties with others in Defence and a strong sense of purpose. However, those we consulted with described significant stigma around help-seeking. Such stigma is not uncommon across Australian culture in general, but is exacerbated in Defence. A number of stakeholders told us that mental illness is perceived as career limiting in Defence, and this means that mental illness is frequently hidden.

Defence has made significant efforts to invest in the mental health and well-being of Defence personnel, such as the range of initiatives under the Defence Mental Health and Wellbeing Strategy 2018-23: Fit to Fight, Fit to Work, Fit for Life.[9] These included actions to reduce stigma associated with mental illness. However, a focus on risk-management may still be driving concerns around career impacts of disclosing mental illness. For example, as acknowledged by Defence, mental health conditions identified in medical screening prior to deployment may prevent deployment until medical clearance is obtained.[10] This can have significant career implications, leading to a reluctance to seek help. There needs to be explicit mechanisms to ensure that that career and progression are not impacted by mental ill health, such as giving priority for future deployments where a mental health condition interferes with deployment.

Overall what is needed is a Defence culture that has high mental health literacy and is able to acknowledge impacts of trauma. This would enable Defence personnel to deal with mental illness more appropriately and support Defence as an organisation to take more of a wellbeing approach, rather than a risk management approach.

SUPPORT SERVICES AND TRANSITION

For Defence personnel transitioning to being veterans the move between the structured environment of active service to civilian life is a uniquely vulnerable period. 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. 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 non-Defence 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. A case management/care coordination approach could begin before they leave the defence force and continue afterwards for a period depending on the needs of the individual.

In addition, 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 expressed that 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.

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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. 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 include:[11]

- 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

The most common feedback in consultations on what is needed to improve access to non-government services was the need for better service coordination. There are at least several thousand ex-service organisations and veteran support organisations,[12] with many other government and non-government services who offer services to veterans. This array of different services is 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.

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). Stakeholders also strongly supported a case management/care coordination approach to support for veterans to navigate the service system.

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There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this policy position.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.