



PUBLIC CONSULTATION FOR INPUT INTO THE TERMS OF REFERENCE FOR ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE – AIR FORCE ASSOCIATION SUBMISSION

INTRODUCTION

1. The Air Force Association welcomes the opportunity to provide input into the Terms of Reference for the Royal Commission into Defence and Veteran Suicide. Its comments follow.

SUGGESTED INCLUSION IN THE TERMS OF REFERENCE

2. The Association opines the Terms of Reference needs to be more focused than that described for consideration in order to get to the root of the problem. Consequently, the following approach is suggested:
 - a. To review and critique what information and research (for example, the 2017 Senate Inquiry into Veteran Suicides) has been conducted into the suicide and suicidality of ADF personnel and veterans and its relationship to their mental health and the adequacy of treatment service to provide high standard care.
 - b. To systematically review the individual findings of inquiries and report about the deaths of individual veterans and ADF personnel from 2001 until 2018 and determine the system failures in the care of those who have died.
 - c. To conduct any further enquiries that are necessary to determine the preventable factors that have contributed to the suicide of ADF personnel and veterans.
 - d. To identify what steps could be taken to minimise the risk of these failings being repeated in the future and make recommendations about how to correct these failings.
 - e. To enquire whether information about mental health and suicidality of ADF personnel and veterans has been optimally utilised. In the light of these findings to make recommendations about what research and quality assurance data could assist in identifying how the risk of suicide could be minimised and what changes in the system of health care are required.
 - f. To identify the barriers to the implementations of future, current and previous recommendations about implementing suicide prevention programs and improvements to mental health services made in enquiries. To make recommendations about how to address these barriers to implementation.
 - g. To make recommendations for how to optimally oversight the provision of mental health care by the ADF and DVA moving forward so as to ensure findings and recommendations that emerge about the causes of suicide and poor mental health can be appropriately implemented and operationalised.

- h. On reviewing the peer reviewed evidence-based literature about suicide prevention, the Commission examines how and the extent to which DVA utilises this literature in its policy development, service delivery to veterans and ex-services personnel, and the adequacy of the clinical governance arrangements to identify gaps in service delivery. On the basis of this examination, the Commission makes recommendations about how to address any barriers to the regular review of this evidence and the implementation the existing body of knowledge in the provision of services and programs in suicide prevention for serving and former serving ADF personnel. This review should consider the ability to provide evidence-based programs in the context of the identified inadequacy of mental health services as addressed in the recent Productivity Commission report into Mental Health and Victorian Royal Commission into Mental Health.
- i. To make recommendations on the adequacy of mental health facilities in Australia.
- j. To review DVA's suicide prevention programs and to make recommendations regarding its control over the provision of mental health services for clients.

SPECIFIC ISSUES RAISED BY ASSOCIATION MEMBERS

3. Examining the issues, our members raise the following concerns:

- a. There is an overall lack of mental health facilities in Australia, not just for veterans. Further, regardless of whether veterans hold a Gold or White card, they seem not to be afforded any priority; nor are services veteran focused. This change in management came about following the handing over of Repatriation Hospitals to the States.
- b. DVA may pay for services and suicide prevention programmes but has little control over their performance. It has little control over health service provision generally. DVA pays for *Open Arms*, but not for psychiatrists. Acute admission to a State Public Hospital for a suicide attempt may not lead to a planned effective treatment path.
- c. There is a huge literature in the form of both recommendations from inquiries and in peer reviewed research papers about causes of suicide and those at risk: young unemployed homeless poor males, for example. Many recommendations have not been implemented for unexplained reasons. Recent initiatives such as the Joint Transition Authority are welcome in dealing with the veteran cohort at highest risk. It would be a pity if suicide statistics were not collated before and after such initiatives or intervention.
- d. Early publishing, even at its outset, the already known facts about suicide rates, causes and effective prevention strategies is recommended.
- e. The decision to have a Royal Commission has come about largely as a result of strident lobbying by a group of understandably aggrieved mothers, for whom we all have great sympathy. However some of the grievances are about member management within the Defence Force. They may or may not be relevant to suicide causation.
- f. The Inquiry should explore the benefit of prioritising transition services from the ADF; enhanced management of expectation of transitioning members. There

needs to be clearer communication around services and supports available, and how to access and what information sharing is/is not occurring with Defence.

- g. The Inquiry should consider external factors like childhood trauma, incarceration, homelessness, financial and family stressors and alcohol and substance abuse.
- h. Positive aspects of military service should be examined and recognised, including protective factors that need to be further encouraged and enhanced.
- i. Identify the adequacy of advocacy services and the need for appropriate resourcing .
- j. Identify the needs of older and contemporary veterans.
- k. Determine the impact the complex veteran support legislation has on the mental health of claimants.
- l. The decision to have a Royal Commission has come about largely as a result of strident lobbying by a group of understandably aggrieved mothers, for whom we all have great sympathy. However some of the grievances are about member management within the Defence Force. They may or may not be relevant to suicide causation.



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May 20th, 2021