Royal Commission into Defence Personnel and Veteran Suicide

Warragul RSL Submission

Part 5 Transition

1. The Warragul RSL has many members who haven't been transitioned effectively.

2. This RC, multiple inquiries but significantly the Productivity Report and the Interim Commissioners Report, references F and L, highlighted the importance but the lack of consistency and continuity of Transition of the service person to Veteran.

3. The evidence so far is that an inadequate transition disproportionally contributes to suicidality and suicide. Inadequate transition also compromises the service person's quality of life and that of their family before they are properly re-integrated into society. Unfortunately, for local Veterans, that re-integration and associated obligations has been abrogated by the ADF and DVA to become the responsibility of the Warragul RSL.

4. Apart from health problems the following are exhibited in some of our Veterans:

    - Lack of social skills;
    - Lack of civilian qualifications;
    - Loss of network;
    - Excessive aggression and hyper vigilance;
    - Lack of confidence and trust; and
    - Loss of identity.

5. Submissions to the RC have emphasised the likelihood of injury whilst serving. The evidence is overwhelming and based on DVA[1] figures that 18% of ADF personnel leave the ADF each year due to injury. Just analysing that figure exemplifies the fact that being in the ADF is physically very tough exacerbated by the fact that the longer you serve the rate of injury increases. After service the Veteran's body has been worn out to such an extent that they are prone to age-based injuries at a greater rate than their civilian counterpart.

6. Complicating these facts was the intense operational continuum between 1995 and 2020 that will inexorably add complications to the physical and psychological profile of the Veteran. Those who served in this period, particularly for more than ten (10) years, have been subjected to extended physical and mental stress. History shows that as the Veteran ages service-related injuries will manifest often without notice and particularly PTSD.

[1] Figures Darren Chester Warragul RSL 2020. Cosson in evidence at this RC supported by DVA staff.

7. The evidence is[2], susceptibility to suicide and suicidality increases if the service person departs the ADF with the following indicators:

- Injuries unresolved;
- DVA claims unresolved;
- Discharged against the persons will;
- Discharged on unfortunate terms;
- Discharged with PTSD;
- Discharged injured without diagnosis.

8. The evidence is that when these conditions exist suicidality and suicide is a significant risk[3]. These risk factors need to be receiving interventional treatment, be closely monitored and therefore case managed.

9. Transition shouldn't emphasise the injured only. The necessary culture of the military means that a large number of Veterans aren't suited to resume civilian life seamlessly. Having been regarded as elite, possessing self-belief, inculcated with an aggressive disposition, exposed to trauma and violence, inclined to be opiniated and blunt and somewhat dismissive of civilians these are not the components for successful civilian integration.

10. Despite professional, intensive and high-quality training often service personnel and many Veterans don't have the requisite qualifications and vocational skills to re-integrate successfully into society. This is less so with officers, most of whom have degrees, but an Infantry soldier may be the most professional in his field, but his skills are not those sought in civilian life. No doubt that infantryman is professional, resilient – great potential and adaptable but as so often happens with combat soldiers they look poor on a CV[4] and often they are exhibiting the aberrant traits shown above.

11. Emergency Services were once fertile recruiting ground for these service persons however these organisations have recognised that PTSD and injuries have followed the service cohort. Given that police forces in particular have problems with PTSD[5] recruiters are becoming wary of ex-service recruitment.

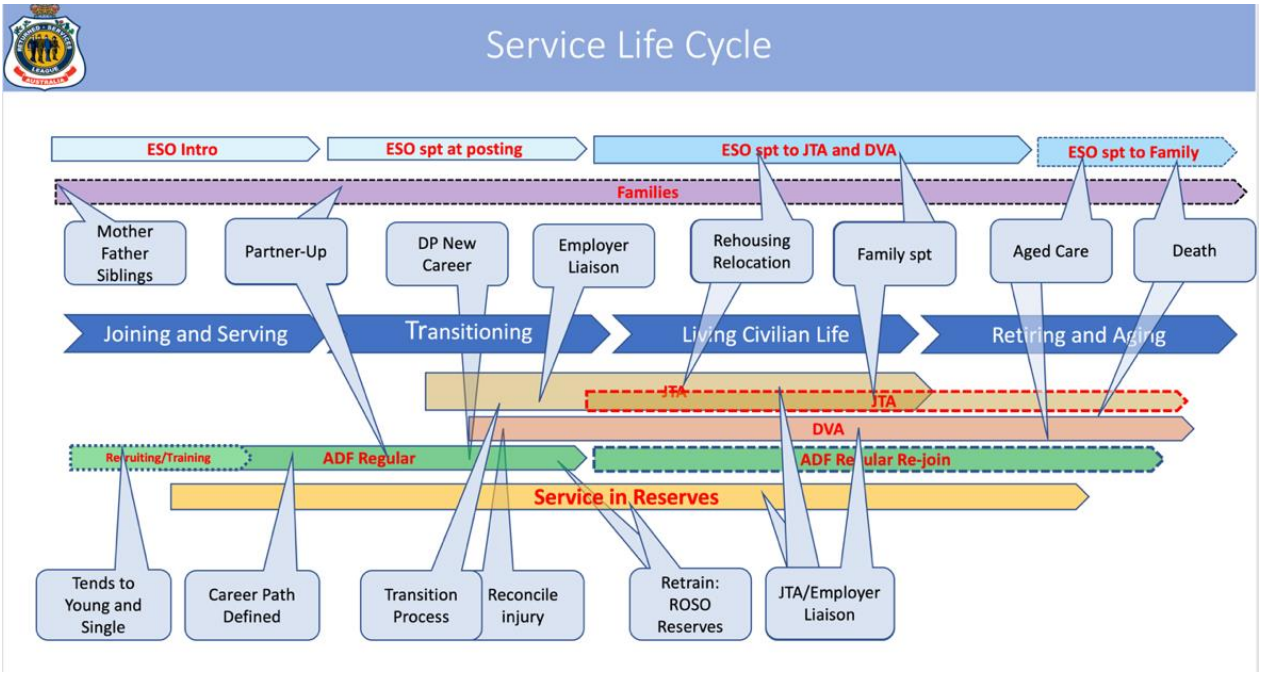
[2] This RC has heard evidence on the results of poor Transition and as listed in the Productivity Commission Report – and it hasn't been fixed.
[3] Jessie Bird, Ian Turner, Geoff Gregg, Michael Heffernan, Taylor, and Perry are but a few who needed to be case managed and closely monitored as they showed all the indicators but died due to managerial neglect. As mentioned in this dialogue the point(s) of failure at DVA and the ADF need to be publicly identified.
[4] Great store is put on the development of an appropriate CV by the applicant must have the requisite and recognised qualification and personal skills.
[5] VICPOL has approximately 1500 members on sick leave with PTSD.

12. The two organisations responsible for Transition are:

- The ADF via Joint Transition Authority (JTA); and
- DVA.

13. As a result of this RC, a plethora of reports and inquiries the ADF have concentrated on providing a more intense transition process however the ADF's role ceases on discharge. DVA, despite its mission doesn't proactively involve itself in Transition unless they are forced to react to an urgent issue.

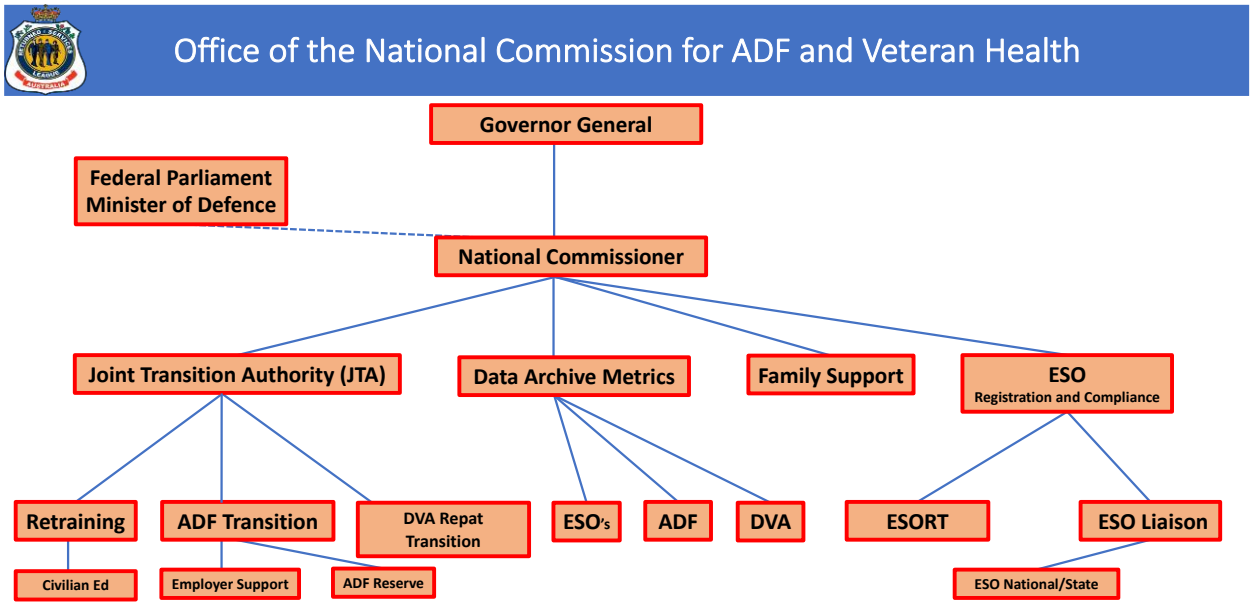
14. The diagram below broadly outlines life milestones for the service person. To ensure the health of veterans and their family are enhanced, the organisations shown should be engaging and liaising proactively.



15. The failure of Transition resides in the fact that there is no direct Authority, no individual long-term plan for transition or accountability between the ADF (JTA) and DVA[6]. The lack of a coordinated plan forces Warragul RSL to assume the prime responsibility for Transition.

[6] As shown in a previous chapter MOU's between these organisations are not Directives, are not authoritative and can be ignored.

16. Warragul RSL recommends that a permanent National Commissioner for Veterans (NCV) is appointed and its responsibilities, line of authority and reports is shown in the following schematic:



17. Evidence presented at RC has shown that it is difficult to put all of the elements of Defence personnel and Veteran health together due to jurisdictional and departmental issues. The recommended construct provides that continuity and covers the shortfalls of the current processes.

18. Explanation of Construct

a. Jurisdiction and Tasks of Office

- As in the original model chaired by Dr. Bernadette Boss the Commissioner reports directly to the Governor General. The position would be legislated on recommendation from the RC.
- The NCV would receive support from the Minister of Defence[7], but its independence, investigative and reporting sanctity is guaranteed by legislation. The ADF and DVA would be compelled to produce data and in some cases personnel to support the function.

[7] Fortunately, DVA and Defence Personnel Ministries both are subordinate to the Minister of Defence and the expectation is that these departments can be moved relatively seamlessly and at limited cost.

- The office would provide annual reports to parliament and be empowered to direct:

  i. The operation and integration of both the ADF and DVA components of the JTA;
  ii. Report annually on the health of defence personnel;
  iii. Report annually on the progress of Veteran health;
  iv. Report annually on the performance of DVA;
  v. Plan, implement and monitor Veterans employment programs;
  vi. Collate and publish historical health related data pertaining to defence personnel and Veterans;
  vii. Report annually on and if necessary, provide support to military families in the event of their dislocation by operation, training, or breakup;
  viii. Be the governing body for ESO registration, regulation, and compliance;
  ix. Intervene where necessary to facilitate Veteran health outcomes; and
  x. Provide planning strategy for Veteran health.

b. **Funding and staffing.** Most of the parts are currently part of departmental operations but funding would be required for the Commissioner's office:

i. JTA
ii. Office would continue to be staffed as is, uniformed members would be posted, but enlarged to contain;

- Retraining;
- Detuning/Decompression;
- Civilian Education;
- Employer support;
- ADF/DVA transition for those injured;
- Foster the longer-term relationship of the Veteran in the Reserves; and
- Provide liaison support to ESO's.

19. **Aspirations.** Warragul RSL believes the RC should make recommendations based on the following "aspirations";

- No service person is discharged without being fully processed for service injury. That means all injuries and illnesses are fully processed at DVA before discharge and the service person knows his/her position at discharge;
- No service person is discharged without being thoroughly decompressed (detuned) and able to adjust to civilian life;
- It is a command responsibility that if a service person has an injury that injury must be fully reconciled[8]/healed/treated before discharge;

[8] Reconciled means that all appropriate paperwork and approvals have been submitted and approved.

- A case management system is instituted at DVA, i.e., each applicant has a dedicated case manager;
- "Face to face" DVA services re-established to provide advice and establish a strategic, pro-active, professional relationship for Veteran welfare;
- Affirmative action, i.e., priority for employment of ex-service personnel and/or their spouses in the Federal, State, and Local Government; and
- Leverage the military industrial complex to provide utility to the nation by:
    - Offering a "GI Bill" for 10 years service. Veterans to gain Qualification i.e., apprenticeships, to degrees to masters as part of Transition. Return Of Service Obligation (ROSO) via service in the reserves;
    - JTA relationship with employers via the reserves; and
    - Monitor via the JTA the progress of the Veteran and the family.

20. There is universal acceptance that the current approach doesn't work. The above aspirations aren't and cannot be met by DVA in its current operational guise. Tinkering at the edges won't work in the life of the Veteran and we need to prepare a model that can be effective for fifty (50)+ years.

21. Is this concept novel and daring? Will there be opposition?

22. Yes, but both DVA and the ADF are not held to account for Transition and MOU's and inter agency and inter departmental "relations" have proved valueless as shown in the plethora of reports published by stakeholders since 1990.

23. By any metrics in this key area related to Veteran health the those currently responsible are failing. They require; Command Authority, managerial accountability, direction, and compliance with a set of metrics that will mitigate Veteran suicidality and suicide by intense case management of Veterans, with continuity and for the long term.

24. ESO's have a role as facilitators not policy and management drivers. DVA in particular should be liaising and assisting ESO support at the local sub-branch level.

End