



RSL NSW

Royal Commission Update - Brisbane Day 3 - 1 December 2021

RSL References

- Ms Bailey referred to the Nerang sub-Branch paying for her Teri Bailey's funeral, with DVA having left the false impression they had paid - around 12:06 pm AEST
- Mr Ryan outlined that he was a life member of the RSL - 2:53pm AEST
- Mr Woulleman mentioned service as Advocate in the RSL - 2:55 AEST
- Mr Ryan noted the work RSL does in advocacy at the Defence Force Remuneration Tribunal - 3:48pm AEST

ESO role and landscape as discussed by Panel

RSL future proactive response should address the following:

Funding

- Not seeing effectiveness of funding large ESOs - no accountability for funding provided by DVA

Voice:

- Mr Ryan said there was a need for a coordinated ESO voice and DVA/Defence engagement
- Ms Wilson emphasised that this could not sideline voices, particularly marginalised i.e., women and families
- Paradox of choice - often too much available, can be disorienting
- ESOs and services need to be streamlined

Activities:

- Better and more work needed at the transition phase
- Need for ESOs to be active and present in front of Members/Veterans/Families
- Need focus on accessible services available to Members/Veterans/Families, and accessible information about these services i.e., Defence Families Australia advocacy map
- Need to be proactive, not reactive
- Large ESOs need to provide information about what support is available i.e., *Catalogue of Services*
- The potential use of Veterans Wellbeing Centres to coordinate support services for Veterans and families in need as a 'one-stop shop' was discussed, but it was emphasised that provision of services for families would be required.

Systemic:

- In practice, disconnect between high levels of government and implementation, including through ESOs, at the grassroots
- System of Government and ESO/NGO support must be simplified and come together so no one is left behind
- Must be veteran and people-centric

General Summary

- Expect Lived Experience testimony to receive the most coverage
- Focus remains on DVA (resources and role) and Defence (culture) shortcomings
- Reasonably complimentary to ESOs, while acknowledging challenging coordination landscape and some criticism for funding or larger ESOs

2:30pm - Support Organisation Panel - Women and Families

Ms Renee Wilson (CEO Australian War Widows NSW), Ms Sandi Laaksonen-Sherrin (Defence Family Advocate of Australia, Defence Families Australia), Mr Kel Ryan (National President, Defence Force Welfare Association), Mr Luke Adamson (Founder and Director, Heroes on the Homefront), Mr Wesley Woulleman (Board Member, Heroes on the Homefront)

Most significant issues for Members/Veterans/Families

- Culture of ADF is macho and often sees families as a burden or impediment to chain of command
- May be a need to implement American-style systems i.e., on-base medical for families and engagement/support available to families
- Too many changes in Department of Veterans Affairs leadership i.e., Ministers, and therefore in strategy
- *Need to implement previous recommendations*
- Remove DVA/Defence roadblocks, reduce claims times
- Better thought-out transition, including 'soft landing' single place access to all services
- Responsibility for mental health needs to be taken on across individual, families and entire system
- Need for improved communication and connection to equip families with information and support

Other issues discussed:

- Engagement with families required from joining through to post-service
- Issues for women with ADF/DVA:
 - Male-focused, exclusionary
 - Barriers to services, support and information
 - Financial and emotional effects
- Issues for families with ADF/DVA:
 - Not adequately understood
 - Large impact of Member/Veteran mental health on families
 - Lack of meaningful engagement in mental health treatment
 - Availability and effectiveness of services doesn't meet need

- Defence Force Remuneration Tribunal
- Issue of homelessness and importance of support
- Ineffectual systemic strategy and policy, often retrofitting, and not implementing previous recommendations
- Effect of aftermath of suicide on families
- Impact of transition and lack of services, support and information

9:30am - Ms Alexandra Bailey - Lived Experience - Sister of Teri Bailey

Service:

- Focus on Defence culture - bullying, stigma of treatment, blockages in chain of command, blocking reporting

Post-Service and suicide:

- Focus on Defence culture - bullying, threat,
- Discharged - Teri Bailey believed dishonourably, although it was administrative
- Not assisted with transition - no white card, no funding, required private psych
- Impression she could not escape
- Died by suicide on 25th birthday

Post-suicide:

- Difficult to get information, with few records on psychiatric care
- Offered family commemorative pin for service
- Family paid for funeral, with RSL eventually helping out
- No coronial inquest - no grief counsellors offered
- IGADF inquiry following family protests at recruitment seminars

Statement:

- Recruitment seen as a grooming process - needs review and better information
- Culture of ADF abuse - no help-seeking, no dobbing
- Women still being unfairly treated
- Why are there no consequences - for peers or chain of command - need external agency for review and enforcement
- Better transition support, career pathways
- Decision on treatment during discharge - agreed treatment plans during transition and after

12:00pm - Professor Alexander (Sandy) McFarlane AO - Director, The University of Adelaide's Centre for Traumatic Stress Studies - Effect of trauma stress

Note: Summarised for length

PTSD and response:

- Not just psychological, also physical
- Duration of deployments of modern ADF having effect
- Need to:

- Use current knowledge
- Be aware of emerging knowledge and care systems
- Manage risk
- Compensate and rehabilitate like an injury

Recommendations:

- DVA:
 - Only 55% of veterans engaging with DVA system
 - Has become an insurer - needs to rebuild technocratic expertise
 - Should reinstate specialist medical care system - cannot rely on civilian system
 - Address insufficient fee schedules
 - No 'system' of care, instead individual specialist - needs to be holistic system with clear referral pathways
 - Abandoned consultation - should be reinstated
 - No proper research or research ethics
 - Requires follow up of previous research, particularly among identified vulnerable veterans
- Defence - requires full time psychiatrists/psychologists in leadership
- Need research and support bodies separate from Defence/DVA so that veterans can trust the systems i.e. ineffectuality of AIHW