



Royal Commission Update - Sydney Day 22 - 15 March 2022

RSL References

Positive:

NA

Negative:

NA

General Summary

- Establishment of the JTA
- DVA research into suicide and care programme

10.00 - 1:00 pm Air Commodore Kaarin Kooij Director-General, Joint Transition Authority (JTA), Major General Wade Stothart DSC AM CSC Head of People Capability, Australian Defence Force, Major General Natasha Fox AM CSC Deputy Chief of Army, previously Head of People Capability Division, Ms Justine Greig Deputy Secretary, Defence People Group

Overview of JTA

- The JTA is a branch within the Department of Defence
- Transition is defined as transitioning from a military centred life to civilian life - an emotional and administrative journey

The transition journey

- Some join military knowing how long they'll be in there and plan for post-service, others have other goals in mind
- Submit the form to formally transition and support commences and period of 12 months of services offered
- Emotional journey
- Transition readiness define in three categories - administrative, emotional preparedness, knowledge on seeking support and assistance
- Can be an extended transition period if there are problems, eg injuries and if clinically safer to remain in defence
- During appointment and enlistment, the transition is not communicated

- Transition is first communicated during initial training – not talking about transition but beginning to lay foundations
- Future psychological problems are not discussed

Reform of JTA

- JTA was established to look across entirety of defence such as looking at services and working with ESOs
- 2017 began the modernisation of transitioning, prior was based on years of service
- Started delivering service tailored to individual
- Recommendations were made that JTA should prepare members for civilian life
- Consistent feedback is that transitioning is complex and hard to navigate – JTA reviewing
- JTA doesn't deliver services but connects, has been reviewing ongoing and looking at deeper reform
- JTA connected with the Department of Skills and Jobs to help with employment
- Those that leave with less experience not leaving by own choosing – focus on helping this cohort of people
- For medical discharge, want to provide continuity of care
- 120 days to prepare for transition date for those medically discharged – looking to being in the timeframe for other categories. Voluntary is 90 days
- More time is needed to ensure people are emotionally ready
- Medical and involuntary separation area needs to be an area of focus
- If clinically safe, should remain in the military and not be discharged on medical grounds until DVA claims processed – remain on the payroll
- Agree with continuity of care but is complex – important to reduce medical discharges and ensure employment
- Working with DVA to look at extending transition date for medical discharges – held and supported a large number during the pandemic

JTA establishment

- Productivity commission report recommended set up
- Greig wrote to the secretary and chief of defence to start work – the government-approved JTA
- Established in October 2020
- Minister announced the establishment
- Decision to establish was made by cabinet and established in response to a recommendation
- Offers access to services for 24 months instead of 12 months
- 1,600 people have reached out since the update
- JTA should be part of technical authority for transition – with some services provided through JTA but not all
- Ongoing analysis and further consideration is needed on reform of the whole system – consideration includes changes to the machinery of government
- Reforms in large organisations are complicated – need to do it in a way that keeps people JTA currently helping safe
- Deciding whether five functions and recommendations from the report should go to JTA – need to do what is best for vet and family – a lot of consulting
- System in place to notify of suicides

2:00pm – 3:30pm Department of Veterans' Affairs

- **Ms. Kate Pop PSM, Deputy President, Veteran and Family Policy Group, Department of Veterans' Affairs**

- **Ms. Veronica Hancock, First Assistant Secretary, Veteran and Family Policy Group, Department of Veterans' Affairs**
- **Ms. Leanne Cameron, First Assistant Secretary, Mental Health and Wellbeing Services, Department of Veterans' Affairs**
- 1,062 deaths by suicide before 2019
- 47 deaths by suicide in 2020
- 59 deaths by suicide in 2021
- 9 deaths by suicide in 2022 (as of Sunday 13 March)
- 50% who died by suicide contacted DVA

Adverse Events Analysis versus Deep Dive

- adverse events analysis / root cause analysis – shallower, not as rigorous or in-depth
- Department of Veterans' Suicide began research on 1 July 2022 after receiving funding and names from AWH to explore a root cause analysis on deaths by suicide
- Department of Veterans' Affairs has not requested records from the Department of Defence
- Department of Veterans' Affairs has received funding in the 2022 Federal Budget for the next four years
- AHW do not closely focus on deaths by suicide
- 8.2% deaths by suicide among members with ADF service between 1 January 2001 and 31 December 2019
- legislation and funding authority has limited analysis

Service Coordination Procedures (document)

- If a person is no longer in the Australian Defence Force, the Department of Veterans' Affairs is notified by their family
- Department of Veterans' Affairs staff member and clinical support / counsellor will reach out as soon as a death notification is received
- Department of Veterans' Affairs is notified by the Department of Defence for the Australian Defence Force deaths by suicide to help with claims, support and commemoration
- 5,500- 6,500 people transition from Defence to Veteran per year
- Department of Veterans' Affairs has no formal links to coronial systems in each state or territory
- Department of Veterans' Affairs does not get involved with deaths by suicide they are not engaged with
- Department of Veterans' Affairs did not engage families in the concept process
- Department of Veterans' Affairs did not know the size of the problem

Veteran Mental Health Strategy

- Department of Veterans' Affairs aims to work on it from mid-2022 to mid-2023
- No consideration for vulnerable groups including Aboriginal Australians and LGBTIQ
- No document for present analysis of the existing strategy
- Department of Veterans' Affairs expects to have a consultation paper to initiate a review in the coming months

Coordinated Care Programme

- Looking into data / numbers on suicide ahead of 1985 – data lacking
- AIHW funded to provide ongoing reports into suicide and look at historic data
- 1.2 million funded in latest budget – prior to budget found various ways to resource. AIHW looking at historic data now
- MoU with AIHW 2019 – 2024

- Research and suicides based on coronial – takes too long. Suicides from 2021 would not be included in report until 2023
- Best way to be sure is coronial reports
- 10 psychiatric register sin training positions in different geographic locations
- Funding that supports 10 placements each year for three years
- Intention to run for three years – DVA involved in formulating idea
- In general, work shortage Australia wide for psychiatrist for general populations
- Aside from workforce problems, DVA claims continue to increase, also DVA does not arrange psychiatrist treatment, they go to GP

Engagement with Veterans

- Initial engagement made during transition process
- Two groups – medical and administrative (substance abuse)
- Strike rate of reaching 90 percent in first month, 98 percent by second month
- Contract via telephone email – all those transitioning get a formal letter
- Support officers for medical and administrative and online portal – help them through claims process
- List of names provided on two week cycle
- Can not see nature of discharge for suicide cases
- DVA has trust issue but different organisation to five years ago
- Analysis of nine recent suicides this year – takes a few months – working quickly but have to get it right
- Focus on medical and administrative – resourcing problem – only 30 staff
- Awareness of DVA services through ESOs, newsletters, health providers North QLD primary healthcare network, digital and social, DVA TV
- Reach 98 percent of medical and administrative, 40 percent of vet population. Don't expect to hear from all as most are fine.
- Hard to follow up on no response – resourcing issues – reach out to ask if okay? Resourcing issues
- Working with colleges to train on veteran psychiatric