



## **Royal Commission Update - Townsville Day 33 - 20 June 2022**

### **RSL References**

#### Positive:

- Links to RSL important for wellbeing of Service members at Lavarack Barracks
- Human Performance Centres - wellness activities offered to 3 Brigade - organisations such as the RSL offer this funding
- ESOs, such as RSL and Oasis, provide support to our people

#### Negative:

NA

### **General remarks**

- Commissioners heard 14 private hearings, visited Lavarack Barracks and the Oasis Centre during time in Townsville

### **Counsel Assisting Opening Address**

- Importance of attending Townsville, given concentration of Defence Members and veterans
- Exploring deployment, transition, and post-service issues in following two weeks
- No stand alone lived experience in Townsville, although they continue to be important
- Will explore how Defence engages with family, Defence justice processes
- Andrew Gee to appear 21 June 2022 and Darren Chester to appear 22 June 2022 talking about claims processing, implementing Productivity Commission recommendations, DVA staffing
- John Caligari, Chairman of Oasis Townsville to give evidence on 22 June 2022
- General Angus Campbell to be called on 23 June and 24 June
  - Lifetime health, WHS requirements, injury prevention, information sharing, discharge
- Deployment will be examined in depth
  - Psychological and medical screenings of members before, during and after deployment, with a panel giving evidence
  - Critical incidents and support, with evidence from Liz Crowe and from a Defence panel
  - Deployment processes before, during and after
  - Information and support provided during and after repatriation
- Will have a focus on families throughout the hearing block, including impact of service in Vietnam on Australia's veterans
- Dr Violet McGaw to give evidence on families affected by military-related PTSD, and Dr Ellie Lawrence-Wood to give evidence on prevalence on mental health disorders in ADF, particularly for women and

those deployed in the Middle East

- Panel evidence from Defence members on culture, wellbeing, and postvention services at Lavarack Barracks
- Chairman of the Defence Abuse Report Taskforce (DART), the Honourable Len Roberts-Smith RFD QC, to give evidence on the work of the taskforce and engagement with Defence
- Discharge and transition will be examined in depth, with two panels, one that focuses on Lavarack barracks, and one that focuses on wider policy and procedures of discharge
- Kylie James, Mothar Mountain Retreat, will give evidence
- First Nations veterans and service personnel will give evidence on cultural awareness, recruitment and retention, and challenges faced in service life for ATSI members in Defence

### **11:15am - 4:15pm - Brigadier Kahlil Fegan DSC, Commander 3<sup>rd</sup> Combat Brigade**

- Lavarack has Joint Health Command facilities, family connection groups, links to the RSL that are important for Defence member wellbeing
- 3<sup>rd</sup> Combat Brigade is required to be ready to go at all times for a two-year period, then will move to the 7<sup>th</sup> Brigade, combat readiness is currently a feature
- Force generation cycle is being reconsidered following domestic operations requirements
- 18 months of high-intensity training for combat readiness is robust - seeks to replicate operational conditions - exceptionally physically demanding
  - Can lose approx. 15% of organisation medically downgraded for one factor or another
- Requirements are becoming more taxing on individuals, requirement to be across broader array of cognitive and physical risk - need for emotional preparation also
- Deployment requires Defence to prepare individuals and families for impacts
- Post-deployment requires opportunity to decompress and reintegrate with families, access support services
- Inclined not to deploy single parents away from children wherever possible, but would still like to find a role where they can still contribute meaningfully - also hesitant to deploy expecting parents to operational theatres - these decisions made by immediate leaders who know individuals personally
- Welfare support - appreciation of what likely areas will impact a person's welfare, support for an individual's family, especially among those who are deployed
- Difficult to deal with if people aren't reporting - Acknowledge this may be an incentive to not report issues if they will not be deployed - Defence's job to make sure they have a system that encourages putting a hand up before the problems become bad
- Issues in current system - length of time it takes to get seen, especially if the issue is not critical - ability to be responsive is important
- Tempo has a significant impact on Joint Health Command's ability to help prep for a deployment or to have enough resources - could use more resources when deployment tempo is high
- Length of deployment and mental wellbeing - depends on nature of deployment
- Can be issues with family communication when in the field
- Reintegration period - family availed of Defence Member and Family Support services before the members come home - prepares the family for potential issues/changes - returning soldiers receive similar services - decompression time where the organisation stays together for a little while
- ESOs, such as RSL and Oasis, provide support to our people - but in some cases may need to look outside ADF for employment for our people
- Need to do more work being families into support systems for those struggling with their mental health

## Cultural Change

- Improvements in last few years

## Disciplinary actions and military justice

- Some stupidity in hazing rituals – addressed the issue, including charges – held people accountable
- Hazing is being addressed – there is an ongoing process – promulgating lessons across wider ADF
- No disciplinary action will be taken against an individual if there is advice that that action could lead to self-harm for the individual – disciplinary actions need to be appropriate and not cause more harm than intended
- Would like to see more use of individual welfare boards – but this could be improved
- Interconnection between military justice and administrative penalties – could be improved

## Injury Prevention

- There is an assurance process for force readiness of troops
- Mental health component to the Work Hardening program – a program helping those who were medically downgraded get physically reconditioned for work
- Some negative connotations for those who need medical breaks – need to normalise this behaviour and ensure individuals undergoing rehabilitation remain connected with team
- Coral platoon operated as rehab battalion – this system has been discontinued
- Return to work courses are also used
- Human Performance Centres – wellness activities offered to 3 Brigade – organisations such as the RSL offer this funding – strong program that could be replicated elsewhere

## Physical training

- Some unqualified people may conduct physical training – however, preference that physical training is nestled within a program
- Recording injuries in Sentinel program can help address problem areas or particularly risky exercises
- Difficult to detect propensity to injury in individuals – no pre-training assessment for susceptibility before physical activities – annual medicals are used – worth investigating such a program
- Current system has some difficult finding data for injury rates – could be improved
- Pregnant soldiers are not deployed, while those who have just given a baby are unlikely to be deployed due to medical downgrading

## Reporting of injuries

- Young soldiers keen to be deployed may mask injury – does not believe there is organisational stigma – ‘impact of malingerer’ label – the Commissioner’s evidence does not back this point
- Trying to normalise this not happening

## Unacceptable behaviour

- Reporting timeframes to the Chain of Command
- Numbers of incidents are higher than would be hoped
- In terms of reactions, some are mandatory, some are implemented by the commander – fact finding will be undertaken, concurrently there will be a series of other investigations incl. possibly Police, CommCare, Sentinel – could be improvements in integrating the oversight and control of that review

## Sexual harassment and assault

- Need better command awareness of behaviour and environment to allow them to be proactive to mitigate this risk

- Alcohol may often be involved

#### Alcohol and drug use

- Want to encourage responsible use of alcohol through directives - vast majority of time the behaviour is wonderful
- Where this doesn't occur, directives help to manage incidents
- Various other control measures to encourage responsible use
- Comfortable with culture regarding alcohol, especially on base - preference is for members to gather as a team on base - some problems with members drinking in town
- Courses and assistance are available for alcohol-related issues
- Drug testing done by follicle and blood tests - test minimum 25% of organisation each year - can be random, can be targeted
- Alcohol or drug misuse seen as indicator of other things going wrong

#### Death by suicide

- Systems in place to analyse information of those who have died by suicide - but needs many organisations and investigations can be long
- Aware of the suicide registers
- Once identified, suicidal ideation support is offered to the individual, while the unit commander is also provided - Individual Welfare Boards can be utilised
- Family members will be informed in person - will not inform that it is suicide before the cause of death is confirmed
- There is ADF guidance for dealing with the deaths of soldiers
- Additional support for unit members will also be provided

#### Transition

- Early plan for transition hindered by the fact most serving members haven't been through transition - will need assistance to get plans into place early
- Need commanders, leaders and managers to be invested in individuals