



Royal Commission Update - Townsville Day 36 - 23 June 2022

RSL References

Positive:

NA

Negative:

NA

10:00am - 12:00pm - Associate Professor Ben Edwards, Senior Fellow, ANU Centre for Social Research and Methods - Dr Galina Daraganova, Executive General Manager, South Eastern Melbourne Primary Health Network

Vietnam Veterans Families Study

- Funded by DVA - survey and mortality study - primary questions: Are there intergenerational effects of service in Vietnam on veterans' families? Compared Vietnam Veterans and Vietnam-era veterans
- Examined health outcomes in terms of physical health, mental health and psychosocial outcomes
- Key findings included:
 - High PTSD among adult children - related to PTSD among the fathers themselves - higher rates of harsh parenting in the childhoods
 - More likely to have problems at school - higher rates of learning difficulties, absenteeism and victimisation - less talking among parents may have cause these effects
 - Suicidal thoughts were higher among adult children, suicidal plans and actions were also higher
 - Physical health - only significant differences between general population and adult children were related to psychosocial factors - skin conditions, migraines and sleep disturbance
 - Higher prevalence of financial stress across life course
 - Even 50 years after Vietnam, we can still see pronounced effects on the children - PTSD is not likely to be addressed in the short-term
 - Lower levels of education for children
- Deployment:
 - Those veterans more likely to be exposed to traumatic events were more likely to have worse outcomes, and so did their children
 - Longer the deployment was, the worse the outcomes for the children - greater exposure to traumatic event, therefore greater likelihood of PTSD
 - Most of the children involved in the study were not born yet when their parents were deployed - more about what happens after they come home
- Risk and protective factors:
 - Didn't find many protective factors

- Story is really about PTSD and fathers, how this has generational effects
- Mortality study:
 - Sons have higher rates of death by suicide than daughters
 - Higher rates of suicidal plans, ideation, attempts, and death by suicide
 - Connected to anxiety, depression, PTSD and other mental health issues
- Findings that potential for unresolved and unmanaged PTSD, in broad terms, to impact on the lives of children is a new finding
 - New studies could help us better understand this in newer cohorts (i.e. Middle East veterans) and among a broader cohort i.e. female soldiers
- Prevention and support for parents
 - Important to note that prevention is much better than intervention - may consider parenting supports for parents with PTSD -
 - There are good parenting programs, with good evidence base, that could be useful for DVA to use as a means of prevention
 - Early childhood interventions in challenging situations is a protective factor
 - Needs to be acknowledged that experiences of veterans and their families are different - services delivered by military-aligned organisations are more successful

Spouses and Partners of Vietnam Veterans Study

- Compared Vietnam Veterans and Vietnam-era veterans - wanted to understand whether service in Vietnam affected spouses physical, mental, and psychosocial health, effect on couple and family relationships, and the long-term effects of the service
- Key findings:
 - Reported worse outcomes in mental, physical health, relationships, and socioeconomic outcomes
 - More likely to have been treated for depression and anxiety, not PTSD - lower levels of satisfaction - more likely to have tried drugs in lifetimes - fewer problems drinkers
 - Physical outcomes were lower among spouses and partners - skin problems and sleep disturbance - not much change in other outcomes
 - Lower satisfaction with relation between couples and children - observably higher rates of abuse, although still low
 - Spouses and partners less likely to complete uni degree, more likely to be retired or semi-retired
 - More likely to be on Government benefits - more likely to report financial hardship across lifetime
 - Socialising was linked with greater drinking problems
- Impact of Service:
 - Mechanisms of deployment - PTSD of veterans was the main mechanism that affected spouses
- Use of services:
 - When using military-aligned services, these effects were much lower than if they used general services - more targeted, with better understanding of what is required for veteran families
 - Barriers to accessing services was about not knowing what is available, also not addressing the issues as a family issue
- Overall:
 - Veteran's PTSD has a large impact on a lot of outcomes
 - Deployment has a large impact on a lot of outcomes

General comments

- PTSD's impact on families and spouses can have serious and lifelong impacts - need to do better as a society to recognise this and provide supports tailored to military and veteran families
- Need to think of investment approach to service delivery - prevention approach - to target better wellbeing for veterans and families, but also from an economic perspective, reduced unemployment, social issues, health expenditure and increased taxation - prevention approach makes economic sense
- Physical incapacity plays a large role on the mental health of service people, and families may not always

have visibility of this

- Service people are not always willing to share their experiences with families – it is important for families that they know – they may need to be more education here, for both families and service people
- May want to limit number of relocations
- Challenge for Defence about how to engage families – also has effects on personnel retention – should be from the start of a military career

Intergenerational consequences of war report:

- Extension of work done in the above reports – findings were very similar to what was found in the reports above
- Emphasise relevance of previous findings to more modern contexts

Transition and Wellbeing Research Program:

- Most comprehensive study undertaken in Australia – wanted to make sure policy was responsive to needs of current and former members:
 - Mental Health and Wellbeing Study
 - Impact of Combat on Personnel
- Family wellbeing Study - Wellbeing of families of current, transitioning and former members, Did military experiences have an impact, Understand services and interventions
- Currently serving families:
 - Moved a lot more than general population, experienced more financial hardships
 - Reasonably happy, well-functioning, positive about relationships with partners and children
 - Rates of abuse were lower than general population
 - Main differences were observed for adult children – more likely to have risky behaviours, and poorer physical and mental health – and younger children – more likely to have hyperactivity, emotional problems
- Transitioning families:
 - Slightly worse outcomes compared to currently serving families – poorer financial outcomes, less residential stability, rate of abuse higher
 - More reported incidences of spouse and partner suicidality
 - Greater level of problem drinking and drug use in lifetime
- Overall, the picture was positive – consistent perception that spouses and families' careers were negatively affected by serving members' career and also poorer housing outcomes
- Transition Services:
 - Families were not part of transition to extent they wanted to be – only way to communicate with Defence is if the ADF member provides consent and passes the information on – disconnected – didn't know what was happening – information often came to them late
 - Ex-serving families had similar experiences – were not engaged in transition from early on
 - Involvement of families was most important for the families during transition
- Help seeking:
 - No significant unmet need for mental health services – knew how to obtain help
 - Services may not have been utilised to the extent they needed to be
 - Barriers to service use was that they preferred to handle problems independently, stigma was also a barrier
- Sub-groups of concern – dependent children, adult children (psychological distress), ex-spouses of ADF members (mental health issues)
- Characteristics of service were related to poorer outcomes –
 - i.e. lower rank led to poorer outcomes
 - Length of deployment led to poorer outcomes (8-12 months)
 - Poorer health of ADF members correlated with lower relationship satisfaction
 - Greater drinking in member associated with greater drinking in partner/family, having dependent

children in families

1:00pm - 4:15pm - General Angus Campbell AO DSC, Chief of the Defence Force

Health and wellbeing of ADF members

- Command accepts responsibility for the health and wellbeing of all ADF members
- People are critical to the functioning of the ADF, including their health and wellbeing
- Never considered having a committee to discuss suicidality and deaths by suicide - not considered because of the multi-causal nature of the issue - recognition that wider wellbeing approach requires efforts to be combined in a wraparound response to a single issue - will not be solved without looking at wider issues - Defence Committee achieves this oversight
- No specific briefing when taking role as CDF or Chief of Army in relation to suicide, suicidality, mental health issues or risk factors - did not mean he was not aware - this came through routine reporting and advice being provided during previous appointments
- Established Interim National Commissioner early on in tenure - looked at systemic issues

Suicide and suicidality

- Not suggesting once members have left the Defence Force, that they are no longer Defence's problem - still Defence's responsibility to ensure ex-members' health and wellbeing after transition
- Healthy Soldier Effect - In selecting people to join the Defence Force, they are selected for their qualities - seek people best suited for service wherever possible i.e. physically and mentally fit
- Why does this occur? Very strong protective factors within the Defence Force - recruiting system [STREAM FROZE -RC ISSUE]

Suicide database analysis

- Need to consolidate databases on numbers of suicides in the ADF - working with DVA and AIHW to achieve that - alignment between the two databases may take a couple of years - Defence Suicide Database holds the most detail and will seek to build on that and build rigour into it
 - Didn't start building until 2014-15 - no parallel database of suicidality and attempts - has been developing over time as capacity to collect data improves
- Analysis conducted by Surgeon-General, but also some of her principal staff, and other specialist consultants
- Difficulty in integrating ex-serving members into this analysis - now have data connection between ADF and DVA - data point agreed to be part of National Census - a similar data marker would be particularly helpful when a veteran or Defence-member utilises medical services and with Coroner's during a coronial inquiry into deaths
- Will go to Minister for improvements, reporting and expansion of database - looking to implement standardised categories of death
- Attempted suicides table was prepared for the purposes of the statement - looking to report on attempted suicide, but the data is far less mature, partly because of variety of sources - in Joint Health Command and within the Services this data may be available
- 2021 Navy numbers may have seen increase due to increased propensity to see a suicide-related events, the effects of COVID-19, and the propensity to report - RAAF reporting may be the same
- Satisfied data has been combed to pick up all suicide-related events - but not comfortable across the force that every instance of suicidality is caught, reported and recorded
- Invited number of organisations to partner with Defence to participate in research activity in April 2022 - matter of trying to bring community of experts together to examine pre-transition and post-transition health and non-health factors - builds on previous research - should be seen as part of continuing effort
 - Asked for each service and other parts of the system that might have knowledge of these circumstances, so they could immediately gather if there was a nexus relating to four deaths by

suicide in a five-day period in April 2022

Mental Health Strategy with DVA

- Will not happen before 2023 - working with different partners to build this
- But there is other work happening between the organisations as they build this system
- Defence has previously had three Mental Health Strategies since 2002 - 2002 Strategy contains recommendations - 2011 and 2018 saw a change in style, but not a change in intent
- Defence and DVA will be looked upon as a system in future, rather than separate entities

Transition

- Defence has responsibility - other components have responsibility - team effort - i.e. DVA, individual and family who are participating, ADF, ESOs, wider community where creating connection, employment
- Directed Defence to set up Joint Transition Authority - this is established - working to develop a delivery of support to individuals in transition targeted to personal and family need and draws on all supports available in Defence, linked with DVA - period of transition linking Defence with experience beyond Defence
 - Still in work-up phase - not full operating capability - has had to work to harmonise, integrate, synchronise to a wide range of processes related to a transitioning individual
 - Did work alongside getting authorisation from Government
 - Seems slow - working very hard to deliver a better system, from a complicated, disaggregated system - not as fast as we would like, but needs to be a combo of quick fixes and rigour
 - Doesn't need more resources - needs all parts of system to be properly resourced
- People in DVA work with JTA - not sure if they're on it
- Work closely with veterans - not sure if they're on it
- Could ADF stay in touch with ex-serving members in ways it does not now? - suggests this is done by ESOs - some databases with unit organisations - some databases with DVA - still doesn't cover those who do not contact these groups
 - Could service number and DVA number be combined as the same number? Likes the idea, doesn't know if there are hurdles - will work with DVA to see if it is immediately doable or needs to be done when databases are integrated
 - Could these numbers be combined with a Medicare number? In terms of digital systems, this could be done - stakeholders would have to agree - I like the idea

Protective and Risk factors

- Range of protective factors and risk factors in ADF - interplay between these factors can be complex
- Relationship between misconduct in service and death by suicide - accepts there is a relationship between the two, albeit it is not automatically direct

Reporting

- No barriers distinct to any of the services - but notes there may be concern in the organisation - effort is being undertaken to address this
- 8.8% of Regular ADF self-reported suicidality in 2015 - 13.2% felt life was not worth living - needs response - it is an extremely complex problem - there is a great deal of effort going on - more is needed - we have to keep working at it - where issues of culture are at play, this can take a number of years
- Those who have transitioned and feel life is not worth living is 28% - Felt so low, thought about suiciding - 21.2% in previous 12 months - reflects inadequacy of response to transition to date - more needs to be done - great deal of work being done to address transition
- No system of advice to comprehensively inform Defence of the death by suicide of a former member - mechanisms are inconsistent and ad hoc - requiring a data marker of Coroners would be helpful here as would consistency of knowledge by DVA of who is a veteran - doesn't know restraints the Coroners are under and the extent to which their authorities may prevent this

- Aware of Interim Suicide Registers in Queensland and Victoria - no steps taken to ask Police to identify veterans on police report forms of death - could change it weeks
- Establishing the ADF unit for the gathering of data related to Defence suicide and suicidality

Service-wide steps taken to mitigate at-risk cohorts

- Regards cohorts that need particular attention to wellbeing or where there is greater risk of exposure to traumatic events
- Historically, deaths and injuries in the Air Force were higher, as airworthiness was not a focus - 60s, 70s and 80s - once this was put in place, this improved
- Instructions were given to chiefs to attend to these cohorts, both service-wide and attention in particular circumstances

IGADF reports

- IGADF assurance task to analyse 59 reports since 2016 relating deaths by suicide of ADF members - this is new work - only longitudinal analysis he is aware of - person carrying out the analysis to understand the information provided by technical people
 - Investigating death of person in service is statutory role of the IGADF
 - Piece of work as priority -
 - Wants to identify points of commonality across all of the cases
- Assurance Work Program completes assurance tasks to check individual cases to identify trends and themes also

Subject Matter Experts working group

- Looking to better understand causal factors, risk and protective factors and general information about suicide in the ADF - assisting in targeting efforts and developing training materials etc.
- Examining the work Defence is doing and looking at efforts to improve and enhance that work

Priority things for Defence to address suicide and suicidality

- Defence is not doing enough to reduce suicide and suicidality. As with other endeavours, there is always more to do. Regarding transitioning members, there is much to do with other members
- Unified Defence values and behaviour - culture of wellbeing, resilience, values-based leadership and respectful teamwork
 - This cultural change is a continuing journey, but headed in right direction
- Need to improve training and development programs based on evidence
- Gathering data to improve this evidence, including gathering through Defence and DVA
- Address the challenges of privacy - balance between medical privacy in system and command, balance between respect and agency of individual and needs and information requirement of family
- Smooth data integration between Defence, DVA and others
- Strengthen support when and where it needed through community effect - Defence, DVA, other government departments and ESOs
 - Need to set framework for transition at entry to the ADF
 - Need to get transition right