



Royal Commission Update - Townsville Day 37 - 27 June 2022

RSL References

Positive:

NA

Negative:

NA

10:00am - 3:00pm - Lieutenant Colonel Karen Such, RAADC Commanding Officer, Joint Health Unit North - Queensland Chaplain Gary Pope, Coordinating Chaplain, 3rd Combat Brigade - Major Tony Kennedy OAM, Transfer and Transition Detachment Commander - North Queensland Warrant Officer Class 1 Brian Buskell OAM CSM, Regimental Sergeant Major, 3rd Combat Brigade

Culture and Ethical development

- Standards of ethics change over time - Defence has centres to examine this
- Defence Values have had a significant impact - influences the work of the Chaplaincy
- More accountability is now placed on individuals from the top down
- Command still shows what is expected from culture, but this is more a whole of organisation change now
- Apartment style living has changed the culture of the ADF - moved away from dormitory style - wanted to give more freedom to members after hours
- Lavarack Barracks has instituted mentoring and peer programs during training
 - When a young soldier moves, is there contact between chains of command - there is a book that goes between platoon commanders, but that is all
- Culture of inclusiveness and respect by better contact between soldiers and command has improved - soldiers are listened to more than they were - helps to improve the workplace when they are listened to
 - More dissent is heard - concerns can be raised with chain of command
 - Try not to engage with soldiers during the heat of the moment of a training exercise etc. - don't speak back to command during exercises, but speak freely during debriefing
 - Some soldiers would disagree - feel disengaged or unheard - not a large proportion
 - This may not be because of the unit, but also individual relationships
 - Minority may not choose to live the Defence Values - can have a devastating impact
- Cultural diversity in terms of background etc. - this has improved - 'only colour we see is khaki'
- Change in generational attitude - will not put up with demeaning conduct - more aware of their rights - aware of who they should talk to if they don't agree - Army moving with society in this sense
 - Informal conversations
- Lavarack has higher than average morale and inclusiveness
- Chaplains are chaplains to all - approachable by all - there are alternatives to chaplaincy - chain of

command is primary welfare and support network - there is also peer support - broad-based system of support

- Some evidence that faith is a protective factor for suicidality - spiritual fitness is part of a chaplain's role
- Moral injury - increasing work done in the area, but developing - chaplains are well placed to help - what hasn't always been done well is dealing with moral injury when we suffer it

Member Wellbeing

- Pathway to Change program - assurance that decisions made regarding Defence culture filter down to the lower levels
- Keep Your Mates Safe - how do we look after our mates? Tries to improve mental health literacy - normalising these conversations
 - Section commanders encouraged to continue these discussions beyond formal courses
- Organisationally there are many things that are in place to reduce stigma - takes time to change culture
- Some risks may remain with senior soldiers and officers, still living in past generations
- Surveys
 - Pulse surveys and other surveys conducted online and anonymously
 - Commanders receive survey results, can share them down if they choose

On the ground enforcement

- People in the chain of command and individual leaders need to encourage and support reporting
- Where concerns are raised, action is taken against people who do the wrong thing
- Is there any issue with divide between Officers and Rank and File? Don't see this division in their experience
- Work is still to be done

Impediments to improving culture

- Does a can-do culture pose risks to those who are struggling - Need to do some work - My capacity to support the team depends on my capacity to be at my best
- Can a soldier's identity become their only identity - can this go too far?
 - This culture is incredibly important to service - there has to be a soldier's identity
 - Can mean a soldier loses sense of who they are outside of uniform - this can happen after leaving Defence - can lose meaning and purpose
 - Need to develop our soldiers fully as people - encourage them informally to this - potentially some opportunity to identify who people are inside and outside of Defence - this is part of transitioning from the day of joining
 - Need for integration with community - this is improving
- Needs to be individual responsibility for soldiers that need help or support - put your hand up
 - Chain of command need to help people take care of themselves - units help chain of command know through Individual Welfare Boards - formalised in Welfare and Rehabilitation Plans
 - There are programs, such as Return to Work, that can help soldiers get back to work
- Australian culture in Western culture is more individualistic and selfish than previous generations - less self-sacrificial
 - Can also mean willingness to come forwards and put forward ways to improve things
 - Soldiers are more curious - they want to know why, and there's nothing wrong with that - happy to ask questions
- Recruiting campaigns - may not be setting recruits up for success:
 - This is because we are recruiting based on the individual - but Defence is about service to others - ability to get through tough parts of service can come from this sense of service
 - Putting the needs of the nation and others before your own - tapping into this is important for the culture of Defence

- Not sure if modern recruiting campaigns reflect this
- Transition issues
 - Want to make our people as independent as possible when transitioning
 - Often look for part-time service opportunities where possible, with possibility for returning to full time service
 - Medical transition is based on medical advice, with Career area making the call on how and if they continue to serve - this decision-making process takes a long time - the determination is final - member given opportunity to address it in formal process
 - Separation health exam - process to have them handed over to a civilian GP - if they don't have one, work with transition coaches to find one
 - Within four weeks of transition, one consultation with a GP to build a relationship
 - This is both for voluntary and involuntary transition
 - Certificates of Appreciation of Service presented to members upon transition - presented by commanding officer - more than 20 years presented by Deputy Chief of Army - process is laid out formally - this is compulsory for the commanding officers to present - members can decline
 - Shuffled out the door before being ready - can be fractious and conflict period, especially for medically separated members - this is getting better i.e. if claims haven't been determined, can delay transition

Incidents of misconduct

- Sometimes there is unacceptable behaviour outside the barracks - not systemic
- Some units have good culture, while other units may have elements of poor behaviour - broader aspirational intent can be hijacked by individuals - can operate under the level of the chain of command making it hard to identify
- Where regulation of behaviour isn't present, can be more difficult to ensure culture and behaviour is acceptable
- Pranks - if an individual feels behaviour against them was unacceptable, then it should be reported, and chain of command decides what to do
- Are surveys designed to find low-level issues? Focus groups are used to find these
- Initiation ceremonies have been banned - this was prevalent previously, but this has stopped now to their knowledge - much progress from the 80s for example
- Unacceptable behaviour at the lower threshold is sorted out at the lower level - peer or person-to-person
- Some incidents that may be considered minor, but can have a great effect - difficult to detect - can go the chaplains

Fostering reporting and investigations:

- Management training reinforces this right - it is continually explained to Command from CDF down
- Mismanaged investigations into unacceptable behaviour can leave soldiers feeling let down - investigations can be lengthy - chain of command needs to provide fairness and things aren't always clear cut - required by policy - can leave the victim feeling unheard
- Untrained supervisors involved in these inquiries or fact finding - done by an officer in the unit - depends on the ability of the individual - not an area of expertise - may not be current - not sure if this is effective
- Delays in incidents being resolved - review to try to simplify minor incidences - value in external investigations from the unit to ensure objectivity - could be handed to Joint Military Police - JMPU could be augmented, or provide an additional service to reduce the time needed for investigations
- People making reports are supported as well as Defence can support them - person who is accused in a report, also gets enough support - buck stops with commanding officer, including for retaliatory attacks
- Wrongly charged soldiers - difficult for them to get legal support - soldier can't go to a legal officer to prepare their defence - required to use on-call legal officer - would prefer direct access to legal officers
 - Try to maintain confidentiality wherever possible
- IGADF audits to ensure discipline processes are fine - audit done through focus groups by rankings

Welfare boards

- Regular and scheduled activity – majority of units conduct them every quarter – valuable as a panel of specialists who can put a plan in place
- Can be advanced notice for the transition process
- Resources are sufficient to conduct these at this time – scheduled and planned
- Commanding officers make decisions about whether a welfare board is required – anyone that is medically downgraded is taken to the welfare board – not every soldier is presented to the boards just as a check up
- Can be an intimidating, confronting experience due to the membership of officers etc. – boards are set up to be consultive discussion
- Can also be shrunk down in terms of attendance – family members can go in support – in response to crises, this may be the case
- Members can choose who is present by filling out consent form – make a positive choice – can specify what is discussed – nominate the topics – if there is a particular crisis to be discussed, but they don't want to, specifics aren't discussed
- Only mechanism a commanding officer has in a crisis is the welfare board? – day to day responsibility for welfare is a commanding officer's duty – other forms of communication
- Alternative procedures – for complex cases, there is a Complex Case review
- Small number of boards where it may not be positive – tone shifts – can happen due to personality differences – vast majority are good

Chaplaincy services

- Full time chaplain posted to units in the Brigade – responsive to the chain of command – can call on other resources to assist where necessary
- Wide range of work – pastoral care – mental health support is part of the remit, but not formal services
- Provide advice to commanders in variety of ways – regular meeting rhythm – participate in Individual Welfare Boards, briefs etc. – will develop relationship with commanding officer
 - Some risk this may discourage soldiers accessing chaplains – but may encourage others
 - When they speak to the Chaplain, they have confidence – there is confidentiality between the chaplain and the soldier – very few exceptions (necessity)
 - Where this is necessary, will seek consent of the soldier to disclose in most cases
 - Where there is suicidal ideation, will organise support – where a soldier is at-risk, will need to notify commanding officer
- Who supports chaplains? Full support of the system like other soldiers – formal pastoral or professional supervision, outside the military – broader pastoral communities
- Chaplains are available to the unit – do PT, are present for training – makes it easier for soldier to contact chaplains – don't have to go through chain of command – can make appointments, and can be waiting times for this access
 - Also have on-call chaplaincy system
- Smaller units in the region may not have access to a chaplain – not enough resources in reserve chaplaincy capability – chaplains only go 'one-deep'
- Majority come from Christian backgrounds – in pastoral care, there is no differentiation – specific spiritual matters can be facilitated to other belief systems – increasingly becoming multi-faith chaplaincy

Health

- 'Sick parade' – attending a medical centre
- Waiting times – operate a triage process – ability to meet urgent needs immediately – routine annual check-up can be 4-6 weeks – psychologist appointment routine appointment 4 weeks or so – psychiatrist is 8 weeks – GP about 6 weeks
 - These waiting times can have a negative impact on soldiers

- On-base clinicians is preferable - better captures Defence context - provides opportunities for referrals - off-base contracts give some flexibility to meet patients' needs
- Psychiatrist will be appointed in 2025 - five-year training time - difficult to recruit - have part-time on-base civilian psychiatrist - can refer off-base
- Still stigma re. mental health - any long-term health issue will have impact on a career - both health and mental health - drawing on support is not in an of itself a concern for a career
 - Increasing talk about mental health increases the likelihood a soldier will seek support - sooner support is sought, likely they will return to fully fit sooner
 - Greater concern among soldiers that the perception of mental health issues having an impact on their career
- Awareness soldiers may seek support outside of Defence - seeking support inside Defence in their experience has best outcomes
 - Keen for all soldiers to get support wherever they need it, even if this is off-base
- Family members and accessing ADF mental health resources and courses - largely through Defence Family and Member Services
- Suicide Risk Assessment and how to help families support their soldier - lots of contact with families, including key contacts within the unit
 - May be opportunities to increase mental health awareness among family members - need to reduce barriers to family access
 - Duty system allows families to contact the unit at any time
 - Getting family involved - strongly encouraged by medical personnel
- Try to ensure post-suicide support for the family, both through the health unit and the chaplaincy - there is a bereavement support team
 - Chain of command engages with family, unit helps with commemoration coordination
 - Colleagues are supported by peers and at platoon level - visited by command
- Unit welfare officer - some are dual-hatted (more common) - can be difficult to balance - some have sole responsibility