



Royal Commission Update - Hobart Day 41 - 2 August 2022

RSL References

Positive:

- Average age of RSL membership in Tasmania is 72 - Tasmania has older veteran community
- RSL Tasmania 2019 members survey re. supporting veterans - 1 in 2 with mental health challenges, 1 in 5 with suicidal ideation, 1 in 12 with unsuccessful suicide
- \$5 million Capital commitment to Veterans Hubs in Tasmania - with \$2 million additional commitment to veterans on Tasmania's northwest coast, includes bricks and mortar capital expenditure and money for operating expenses through Dr. Andrew Clark
- Launceston RSL progressing with upgrades and providing better, enhanced services - funded by Federal Government of less than \$250,000
- Tasmanian Veterans Reference Group - established 2018 - gives advice to Government on supporting veterans - RSL State and National President have attended
- RSL Tasmania funded \$117,000 as peak body - this was decided by the Government a number of years ago - picked because of more than 50 sub-Branches, in every nook and cranny of Tasmania, present in every community - very pleased with this partnership
- RSL has entrenched physical presence in Tasmania
- Does the RSL connect with younger veterans, compared with older? Survey suggests not, but they do have younger members
- In recent times, are doing their best efforts for connecting with younger veterans and certainly more than in the past
- Evaluation of peak body in Tasmania is ongoing in some ways, but would be very surprised in RSL Tasmania did not remain as the peak body
- Would the reach out to younger veterans be part of this evaluation? Agreement has KPIs, this would be part of that assessment process
- Provided some funding to support RSL Tasmania's governance processes, reviewed by independent consultants, with recommendations made, accepted and implemented by RSL Tasmania
- RSL Tasmania also receives \$50,000 p/y for project funding, ongoing - each year funding for a specific project - i.e. this year it is for an employment strategy - with projects selected by Government approval, with RSL Tasmania proposing
- Government meets regularly with RSL Tasmania - Minister meets with them regularly every few months, and may meet on specific matters
- Chief Psychiatrist of Tasmania has written to RSL Tasmania about how State Government could do better regarding understanding and providing support to veterans for mental health

Negative:

NA

General remarks

- Some recommendations on urgent action in the Interim Report

Counsel Assisting Opening Address

- Some focus on homeless - 5% of veterans in Australia are homeless
- Key theme of Hearing Block will be ESOs in Tasmania
- Veteran community is diversely located, with many in rural areas with fewer support services
- Tasmania has disproportionately higher number of veterans who are pensioners
- Hub and spoke model recommended for veteran support services and ESOs in Tasmania - advantages and disadvantages and applicability to other Australian contexts
- RSL Tasmania to appear before the RC - cooperation between RSL Tasmania and other ESOs to map and provide for veterans services needs
- Experience of LGBTQI veterans
- DVA to present re. veterans wellbeing centres - development, progress, long-term sustainability, funding, models, purpose, support organisation choices, effectiveness
- Dr Jonathon Lane to present re. his GEARS program
- Will hear from Senator Jaquie Lambie
- Will hear from Mr Alan Woodward
- Witness from the Australian Institute of Family Studies
- Dr Andrew Clarke - Veteran hub in Northwest Tasmania
- A number of lived experience witnesses to appear - Gavin Tunstall, Donna Paul, William McCann,

10:30am - 12:30pm - Professor Helen Milroy - Child and Adolescent Psychiatrist

- Gap in services for children younger than 12 - children will become worse if not treated early on
- Most risk factors for poor mental health occur early in life - compounding effects as life goes on
- Demand for adolescent services has far exceeded ability of services to match demand - can only deal with acute and urgent cases
- Misunderstanding of severity in younger children - lack of understanding of children's behaviour - can effect emotional regulation, relationships, responses to stress
- Need proper understanding of experience of feelings and development - behaviour itself can create barrier to positive responses
- Constant changes - schools, locations, friends - are risk factors for child development - need stability in early years - social development is a critical element - need to maintain stable relationships over a long time
- Importance of primary carer to be mentally supported for development of children
 - Can be disruptive or traumatic, impactful on child - can also experience significant grief
 - Loss of parent in childhood is significant risk factor for later poor outcomes
- Early adversities increases risk of suicidality later in life - poor developmental outcomes in all spheres - i.e. employment, schooling, relationships, physical health
- Universal healthcare is not great at finding adversity in childhood - can be hidden until it becomes extreme - primary healthcare emphasis on physical health and development - lack robust system
- Need services to enhance family capacity - positive approach to connection and connection with services
- Cumulative impact of adversity over time - older in love, capacity to respond to stressors is lessened - if there is adversity in early childhood, interventions are harder down the track

- Effective suicide prevention for individuals who have experienced childhood trauma
 - Multi-factored to place person back into supportive circumstances
 - Need understanding of what occurred to address the issue
 - Community based programs are very important - particularly for ATSI community members
 - Referral to clinical services can be important
 - Need follow-up over longer term to help build long-term resilience
- Compassionate care is important - want positive responses at services to encourage help-seeking - often don't feel heard or that their concerns were addressed
- Being involved in social groups i.e. sport, can lead to recovery from adversity for a child - also need hope - can help to process adversity in a healthy way
- Dance of Life - recovery model from ATSI perspective - includes ecological perspective
 - Cultural understandings of mental health and recovery - cross-cultural perspective is great for this understanding outside traditional Western model - fundamental for good outcomes
 - People need trust in a service to trust treatment
 - Need for cultural safety - systems approach - lifelong learning approach
 - Still struggling to treat intergenerational trauma in ATDI communities
- Enabling help-seeking - social and emotional wellbeing - positive-based model - strengthening connections
 - Need to work collaboratively with the person
 - Need to reduce barriers as much as possible
- ATSI suicide prevention
 - Often seek treatment late - try to raise help-seeking early
 - Local ownership and self-determination are important
 - Cultural perspective is important
- ADF often protected ATSI members better than Australian society generally
- People have an amazing capacity for recovery and resilience - strengths-based approach is key
- Need to build in flexibility and adaptability into approach to mental health and wellbeing - this needs to be broad - trauma-informed approaches are important
- Need to better look after staff in mental health services

Defence and Defence Families

- Need to incorporate diverse workforces - peer workforce will help bridge gap and create sense of safety and shared experience - need connected services also
- Family violence will be of significant impact on children of Defence families
- Psychiatry and psychology aren't the only forms of treatment - other programs enhancing internal sense of mastery i.e. sport, arts - to strengthen resilience
 - i.e. PTSD treatment with pills, but this can impact social connections
- There are different levels of recovery from traumatic events - good recovery is possible - but another event can trigger another incident

1:30pm - 3:00pm - The Hon Guy Barnett MP - Minister for Veterans' Affairs (Tasmania)

- Tasmanian Government wants to complement the services provided by the Federal Government, work towards whole-of-State approach to health and welfare, including veterans
- Minister is a member of the Veterans' Taskforce that reports to Federal Cabinet - cannot recall last meeting
 - Engagement with Federal Government is more a one of initiative, rather than formal meetings

- o ongoing (MINCOs) - disappointed they were discontinued
 - o Need united approach between State and Federal Governments
- Average age of RSL membership in Tasmania is 72 - Tasmania has older veteran community
- \$36 million program to address homelessness among Tasmanian population - not veteran-specific
 - o **Salvation Army program addressing homelessness – again, not aware if it's specific to veterans**
- Primary challenge for veterans is transition into community
- Believes Tasmanian veterans are disproportionately affected by mental health challenges
- RSL Tasmania 2019 members survey re. supporting veterans - 1 in 2 with mental health challenges, 1 in 5 with suicidal ideation, 1 in 12 with unsuccessful suicide
- \$5 million Capital commitment to Veterans Hubs in Tasmania - no lead organisation has yet been named for this, with further work required - with \$2 million additional commitment to veterans on Tasmania's northwest coast, includes bricks and mortar capital expenditure and money for operating expenses through Dr. Andrew Clark
- Lines of demarcation in provision of health services - provision of acute care is responsibility of Tasmanian government, with funding split between State and Federal Governments
 - o Mental health services provided through hospitals, and then also through experts
 - o Minister lobbies for funding for veterans' mental health, along with better services
- Launceston RSL progressing with upgrades and providing better, enhanced services - funded by Federal Government of less than \$250,000
- Tasmanian Veterans Reference Group - established 2018 - gives advice to Government on supporting veterans - RSL State and National President have attended
 - o Primarily provide advice on supports or programs the Government is looking to introduce
 - o Group was involved in evaluating government grants programs i.e. Teddy Sheehan VC Grants, Point Assist for Active Recreation Grants - President of the Springvale RSL has been working with the Government on this assessment panel
 - o Get veterans' groups advice from RSL, VVA etc. re. performance indicators
 - o Minister attends 3 out of 4 of the meetings for the year
 - o Don't specifically provide advice on veterans' suicide - provide advice on Veterans' Wellbeing Centres
 - o Wonderful supporters doing this in a voluntary capacity
 - o Annual Workplan - created by the Reference Group - agree on priorities for 12 months
- Discussed a number of grants offered by the Tasmanian Government
- RSL Tasmania funded \$117,000 as peak body - this was decided by the Government a number of years ago - picked because of more than 50 sub-Branches, in every nook and cranny of Tasmania, present in every community - very pleased with this partnership
 - o RSL has entrenched physical presence in Tasmania
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- UTAS report, in partnership with Tasmanian Government and DVA for independent assessment of \$5 million for Veterans' Wellbeing Centres - how can we best support mental health and wellbeing of veterans in Tasmania
 - Release of report was delayed - waiting on how the funds will be used in Tasmania
 - Hub and spoke model is what the Minister wants
 - Need Tasmanian veteran-specific mental health services and support - should not have to go to Victoria

Commissioner's questions

- Not sure of number of DVA clients or number of Defence and veterans' suicides in Tasmania
- Chief Psychiatrist of Tasmania has written to RSL Tasmania about how State Government could do better regarding understanding and providing support to veterans for mental health
- No data on incarceration of veterans in Tasmania
- Does not know if data is collected re. veterans applying for State Government services
- Not aware of specific services for Defence or veterans' families
- Lack of acute care facilities in Tasmania
- Need a day to honour Afghanistan veterans
- Veteran Identifier should be considered