



Royal Commission Update - Hobart Day 43 - 4 August 2022

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RSL References

- DVA representatives Kate Pope and Justin Mein spoke about the allocation of funding to ESOs, specifically referencing funding appointed to RSL Hobart and Launceston
 - The Counsel questioned if the Department considered the challenges RSL faced with its older population base when appointing this funding. Justin Mein said that the Department did consider this. Kate Pope added that they considered RSL's partnership with other ESOs that focused on younger veteran audiences. She stated it was the Department's expectation that ESOs engage with wide demographics.
- Counsel for Gavin Tunstall, Russell Pearce, asked Gavin about the services available to him post-discharge and whether he has received any support in terms of seeking out and securing support
 - Gavin referenced that the first support he found was interesting after listening to the RSL hearing on 3 August because being taken out of military and entering civilian life he had to find the support himself. Once he started to connect with the community and veterans, his recovery journey started - including connecting with Terry Bowman from the Brain Wellness Spa
 - o No further reference or comment to the RSL was mentioned

9:00am - 11:00am - Kate Pope PSM Deputy President of the Repatriation Commission, Department of Veterans' Affairs - Justin Mein Executive Director, Strategic Planning Unit, Department of Veterans' Affairs

The Commission interviewed a panel of DVA representatives Kate Pope, Deputy President of the Repatriation Commission, and Justin Mein Executive Director, Strategic Planning Unit

Veteran Grants

- Kate Pope and Justin Mein discussed how federal government funding was allocated to ESOs to support the development of veteran hub-style facilities
- The panel discussed the average grant allocated was \$5 million. It was noted that a grant made to RSL Launceston was lesser, as the designated use period was shortened accordingly
- Justin Mein confirmed that the Commonwealth Court does not gain interest from property rights of facilities funded by the grants

Utilisation reports

- The panel suggested there was a need for a utilisation report that would allow centres across the country to agree on common use language (e.g. the definition of clients) to compare on a like-for-like basis. This would be used to measure the uptake of services

- The Department wants to understand the success of program uptake, but this is not currently part of the implementation.
- The panel confirmed that the grant allocation criteria did not include a code of ethics, however it included required standards for training of case managers
- The Department said its funding agreement is an infrastructure agreement in its nature. The conditions of these grants state aspirations for training but there are no criteria to stipulate how this must be achieved.

Ministerial Submission – Veteran Hub locations

- The Commissioner discussed the Oasis Townsville and the funding model used to construct this facility. It was discussed that Oasis received \$5 million from the Federal Government through a joint agreement with the State Government. Kate Pope acknowledged that local ESOs were not consulted in this process
- The panel was asked to describe how the funding for each of its hubs was appointed, which was discussed as follows:
 - The Wodonga hub - Kate Pope stated that the local community was consulted, and the Hume centre was selected, with RSL Victoria providing sustainability funding
 - The Nowra Hub - Kate Pope stated the hub was delivered as a limited grant following a consultation process. RSL LifeCare conducted this consultation process.
 - The Counsel questioned if the Department considered the challenges RSL faced with its older population base.
 - Justin Mein said that the Department did consider this.
 - Kate Pope added that they considered RSL's partnership with other ESOs that focused on younger veteran audiences. She stated it was the Department's expectation that ESOs engage with wide demographics.
 - The panel acknowledged there were no formal conditions in its grant application process to ensure this objective was achieved.
 - The Darwin Hub was delivered as a limited tender process. The Deputy Commission engaged a liaison group of ESOs, then sought expressions of interest. Kate Pope stated that the Department was aiming to avoid creating competition within the sector.
- The Department seeks to identify the ESOs with broad community support before moving to open grant processes
- The Department seeks to provide feedback to ESOs who are unsuccessful in their attempts to be selected as the provider of veteran hubs via teleconference and in writing

SEQ / TAS funding

- The Department confirmed that SEQ was selected as a region for a veteran wellbeing hub by the Federal Government and that the Department was not consulted in this process
- The Department agreed with the commissioner that the location of veteran hubs has been determined by the Government of the day
- The Department stated it had received a preview of Census data, which it used to identify regions with high populations of veterans. It used this data to guide recommendations on where veteran hubs should be located

Wellbeing Support Service Feasibility Report

- Kate Pope discussed the decision to delay the release of the feasibility report by six months. She noted the report was delayed due to a change in Minister in July 2021
- The Department confirmed that delay of the report resulted in the delay of the funding to the Burnie veteran board, of which \$2.5 million in funding has not been paid yet

Grant allocation

- RSL Launceston was appointed funding by the government without consultation with the department as to the appropriateness of this funding. The money has been paid (all but \$10,000).
- RSL Launceston was required to present a business case to secure this funding
- The Department confirmed that ESOs are allocated \$50,000 to assist in making a business case for grant / funding applications
- When assessing applications, a panel of DVA, Open Arms and the State Government is appointed

Key barriers to success of the veteran wellbeing program

- Kate Pope stated she believed the Department was concerned about sustainability funding the continue the program. Part of this consideration is the submission process used. She stated that coverage was another key concern, and that the Department aimed to create a collaborative network
- The panel was asked if they thought ESO self-funding was a threat to the sustainability of the program. Kate Pope stated that organisations, such as the RSL, had significant infrastructure so she was not concerned about this
- The Department agreed that the reporting of the success of services depends on self-reporting by the provider of these services

Commissioner's questions

- Commissioner Brown asked for confirmation of the number of participants in the program. It was confirmed there are 18 participants in total (16 operational). The Department confirmed there is no target for the number of program participants but that this would be of interest
- The Department stated the centres are deliberately not designed to be delivered according to a single one-size-fits-all model. DVA does not aim to impose a model for service delivery on the centres
- Commissioner Douglas asked if and how DVA aimed to foster collaboration between ESOs. Commissioner Douglas stated he believed it would be beneficial to create this collaboration between ESOs.
- Commissioner Kaldas asked the panel to discuss if there was work taking place at DVA to investigate changes to how ESORT operates in terms of membership tenure and eligibility. The Department took the question on notice

1:00pm - 2:30pm - Gaven Tunstall, Lived Experience witness, Russell Pearce, Counsel for Gavin Tunstall, Peter Singleton, Counsel Assisting, Dr Peggy Brown AO, Commissioner, The Hon, James Douglas QC, Commissioner, Nick Kaldas APM (Chair), Commissioner

Counsel Assisting, Peter Singleton interviewed former Australian Army Corporal, Gavin Tunstall to give his lived experience evidence at the Royal Commission into Defence and Veteran Suicide.

Career overview and time in service

- Gavin Tunstall is a former Australian Army Corporal who served in the army for 15 years from 2005 - 2020
 - Served as a combat engineer with the Royal Australian Engineers in the army
 - Highest official promotion was Corporal in 2015
- Counsel Assisting asked Gavin how he found the recruitment and training process when he first enlisted in 2004
 - Found the recruitment process easy
 - Had dissatisfaction with his civilian life and wanted to find his purpose

- After been sworn in as a soldier on the 15th of April in 2005 and training commenced, he found it rewarding, developed a sense of family and was proud to be part of the military as the second member of his family to serve
- He did not personally experience or see any acts of bullying
- Tasks and responsibilities included mine warfare, knots and lashings, operating mechanical machines, collecting from the timber milling etc.

Exposure to kinetic war fighting and Fighting Aged Males in Afghanistan

- Counsel Assisting asked Gavin about his first time serving in Afghanistan and exposure to traumatic events
 - First deployment in 2008 in Afghanistan for 4-months
 - Exposed to significant kinetic war fighting
 - Duties: Finding points during intelligence part of the mission - places to disembark and walk in front of the vehicles
 - During a sweep, he was exposed to two deceased children who were engaged in combat
 - Following this event, he was psychologically screened at base and faced issues when his recollection of events was different to the rest and consequently his engineering team was investigated
 - The difference was a matter of the way the manner was described - they wanted to describe it as one child being found deceased, not two
 - Commanding Officer told Gavin he was incorrect and that he needed to change his statement to Fighting Aged Males not children
- Counsel Assisting questioned the level of psychological support received following this event
 - Claimed there is no official training to prepare someone psychologically
 - Believes the psychological effects happen post-war and not something that a person can be trained for in advance
 - Undertook the Post-Operational Psychological generic screen for every military member leaving the country - flagged as someone with a psychological problem following his deployment. Was psychologically briefed several times a week
 - Experienced feelings of shame and started to lie about the retelling of his experience
 - Due to this, he was not spoken to again for a psychological check in after his first patrol
 - No psychological support at that time - priority was to get back to work
 - Lied in a psychological assessment as there were concerns of instability and he feared being taken off base
 - Returned to Afghanistan in 2013 with the extraction unit
 - Felt panicked and nervous the entire time

Injuries and medical history

- Counsel Assisting asked Gavin to explain his physical injuries
 - Shoulder reconstruction in 2011
 - Ankle reconstruction in 2012
 - Fractured tibia and torn ACL in 2018
- Counsel Assisting asked Gavin about his struggle with mental health in 2018 and discussed the events following once he was under the treatment of a psychiatrist
 - Following his ACL injury in 2019, he was downgraded in J31
 - Restricted in what he was permitted to do affected his mental health - this led to developing a drinking addiction
 - He started having issues with superiors and went to the welfare board
 - The welfare board was a positive experience and prompted him to go to the hospital
 - In 2019, Gavin was under the treatment of a psychiatrist at St John of God, Richmond

- Received close care and carefully monitored medication made him feel stable and happy again
- He was able to be discharged early due to high levels of progress

ADF return to work plan and mental health treatment

- Counsel Assisting asked Gavin about the new contracted psychiatrist at the ADF and whether it led to a change in the way he was being treated
 - The new psychiatrist advised Gavin to cease his medication and start a new script
 - Claims this was an act of negligence from this psychiatrist
 - The change of medication caused Gavin to start feeling differently. He started having bad dreams, night terrors, isolating himself from family and friends, he had no tolerance of any noise
 - He became argumentative with his wife due to serious financial stress
 - There was a domestic incident in 2020 and he ended up being arrested
 - The police officer who is an ex-army major in reserve said he was tired of arresting veterans
- Counsel Assisting asked Gavin about his treatment at the ADF following this incident
 - There is a negative stigma against men with mental health issues in the army force
 - Confirmed there are start of year briefings on prevention of suicide, however, there is no training or course work on mental health issues which adds to the negative stigma
 - Felt like the Chain of Command found Gavin's case too complex, and they did not know how to manage it
 - Gavin was told people like him were rotting the system and he was negatively referred to as a "Linger"

Details in the criminology

- Counsel Assisting recapped the details in the criminology against Gavin when he was arrested in 2020 - psychological support and criminal charges
 - Arrested and taken to Liverpool police station
 - A Chain of Command took him to Liverpool hospital
 - Sent to the Holsworthy barracks for psychological treatment
 - Medical board reconvened - sent back to St John of God Richmond long term to get him stable again (3 months)
 - Currently under the care of the psychologist who got Gavin under the stable regime back in 2018
 - In July 2020, released without conviction due to mental health issues
 - Prognosis was good - contingent on medication being continued with regular outpatient monitoring
 - Psychiatrist concluded that his mental health issues are directly attributed to PTSD arising from his ADF service
- Counsel Assisting asked Gavin about serving Army Reserve Officer, Robert Mooy who accepted his case as pro bono
 - The Chain of Command took certain actions to remove Robert Mooy from the case
 - They did not want him to represent Gavin as he was working for him, and the chain of command was working against Gavin
 - Mr Mooy was unable to finish the case. Gavin had no representation or support after the chain of command took Mr Mooy off the case - he was left feeling betrayed by the ADF

Transition out of the army force and DVA claims

- It took six months to be discharged out of the army
- Discharge was on medical grounds

- Counsel Assisting asked Gavin about the resolution of his DVA claims
 - Gavin submitted multiple DVA claims
 - He was unable to get out of his accommodation and stayed in defense housing as a civilian
 - Experienced issues due to the impact of Covid and had not accessed most of the transition services due to the impacts of the pandemic.
 - Consequently, Gavin's discharge was effectively delayed due to Covid issues for approximately three months
 - The DVA claims were not resolved until 2021
 - Gavin received over 700,000 in compensation including 10 per cent in fees
 - Negative affects: Gavin lost his family, and he is now a single man. As a result, he experienced suicidal thoughts
- No post-discharge contact from ADF despite it being common practice that there is a celebration when someone is discharged
 - Gavin was unofficially handed a 15-year medal with no farewell and no reading his military achievements

Recommendations that the commission could consider pursuing

- When a member of the ADF is undergoing an inpatient program for mental health issues, he or she should not be required to answer any administrative or service inquiry. Nor should they be serviced any administrative or service-related paperwork that relates to a notice to show cause of termination.
- That appropriate training is provided to all members of ADF command informing them of the obvious, specifically when a member is in a psychiatric unit there is no legal point in serving them with administrative notices or the like due to the fact, they are most likely not of sound mind. Further, such action may clearly trigger a suicide
- That medication regimes are not changed without proper protocols, such as only during an inpatient program, where appropriate professional controls and mechanisms are available to deal with the impact of changing medications
- That Ex-Service Organisations or businesses that provide DVA Claims Advocacy Services be regulated and governed more appropriately. This includes making sure that all advocates have qualifications and professional registration
- That reasonable and appropriate assistance is provided to an ADF member's civilian criminal lawyer by the CoC when criminal charges arise from mental health issues, rather than the opposite (in Gavin's case where mental health issues were clearly from time in service)

Feedback on support services for veterans and experienced treatment seeking this support

- Counsel for Gavin Tunstall asked about the impact of Domestic Violence allegations on his ability to seek and receive services from the existing support services that do exist
 - Support services removed from Gavin
 - *Soldier On* program at the Royal Prince Alfred Yacht Club no longer welcomed Gavin following his DV allegations
 - Terry Bowman (CEO and founder of the Brain Wellness Spa) put Gavin through her course to help get acknowledged by the DVA and has now been approved to offer her services to help veterans
 - Gavin has spent 15k of his own money on veteran services - including one-on-one mentorship, deep hypnosis, retreats to cope with anger, fear, and pain
 - Currently undergoing a scuba diving course with an ex-navy vet to help people with PTSD with scuba diving
 - Passionate about giving back and talking to veterans to share his experience

- Gavin's final statement is a plea to see more help for the families of veterans as his own family has been damaged psychologically with no immediate support

Additional points

- Counsel Assisting asked Gavin to read out one point in his statement
 - "I struggle everyday with the pain of my physical injuries and the mental instability - my life will never be the same again."
- Commissioner, Dr Peggy Brown AO asked Gavin the J31 come to work and sit in a chair sentence was specific to him or if anyone else with a mental health rehab plan is likely to be treated the same
 - Three members of his group got aggressive towards to end of their time and spent the rest of their time at home or in a medical facility
 - Others were instructed to not contact them
 - Style of reintegration needs work
- Gavin said the stigma is that you need to be hard enough to continue and if you do not continue, you are too soft and you need to leave

2:45pm - 4:45pm - Dr Jonathan Lane Senior Lecturer in Psychiatry, University of Tasmania

The Commission interviewed Senior Lecturer in Psychiatry, Dr Jonathan Lane to give his insight into how his GEAR model of group-led psychiatric support could be scaled

Mental health care in the Defence Force

- Dr Lane discussed how his experience in the Defence Force had informed and inspired his journey to become a medical doctor
- Dr Lane said that from his 24 years in the force at the time, he was prepared to take on the role as the Defence force's first psychiatrist since the Vietnam War
- Dr Lane discussed his PHD study was inspired by his own experience with depression upon his return from service. Dr Lane received a Churchill Scholarship and looked at several American in-patient systems. It was here that he observed the STAIR program.
- Dr Lane trialled the STAIR program with Mates4Mates in Tasmania. He observed common difficulties: maintaining emotions, managing relationships
- Dr Lane observed that the gap in the delivery of medical care was the lack of voice of lived experienced to inform care programs

Emotional regulation and dysregulation

- Dr Lane said one of the most striking things he associates with veterans is how dysregulated they are. This includes emotions of shame, guilt, and anger, which impact their emotional state on a day-to-day basis
- The training process for the defence force is about learning to tolerate stress and learning to manage this stress by putting emotions aside. The better this can be done, the better ADFR personnel can do their jobs. This validates people's sense of self worth
- Dr Lane suggested an issue is that people do not seek help until they can no longer set these emotions aside. This results in people struggling to manage relationships and regulate emotions, which impacts daily function
- Dr Lane discussed how this pattern of thinking contributes to identity loss, and suicidal ideation and behaviour
- Dr Lane stated that a difficulty faced by veterans was the need to prove they were "broken" to receive the support needed

Transdiagnostic approach

- Mental health diagnosis relies on categorisation of issue (PTSD vs anxiety vs depression). Dr Lane discussed that the issue with this model does not consider the interrelation of these conditions, whereby PTSD may lead to anxiety, which may lead to depression

GEARS Program

- Dr Lane discussed the schedule and structure of the GEARS program. The program focuses on the effects of chronic stress and trauma on self, others and relationships. Dr Lane discussed that the STAIR program focused on individualised psychiatric learning and intervention.
- GEAR is Dr Lane's version of the STAIR program but with a focus on group-led engagement underpinned by a theoretical model and delivered in a peer-to-peer model that does not need clinicians
- The GEAR program differs from the STAIR program through its practical approach to engaging individuals, partners, and groups
- Dr Lane discussed 'The Feelings Wheel' model, which can be used by non-clinicians and clinicians alike to provide a functional way for people to describe their emotions. Dr Lane said the model is used in the GEARS program, as it can be used by anyone

Cultural competence

- Dr Lane discussed the importance of consider veteran culture when caring for Defence personnel. He discussed the need for clinicians treating veterans to be aware of basic defence terms and the values associated with them
- Dr Lane discussed that people with lived experiences could provide care informed by cultural competency. This would lessen the need for clinicians, hence increasing access to carer

GEAR results

- Dr Lane highlighted the success of the GEAR program, stating that the group format of GEAR normalised shared, lived experiences. This promoted open discussion and acknowledgement of mental health challenges.

Commissioner's questions

- Dr Lane stated that the current system did not prioritise the treatment of underlying problems but rather focused on medicating to address symptoms
- Commissioner Brown asked Dr Lane to explain how the GEAR program could be scaled. Dr Lane stated that the model was built on community capacity building principles that enable scalability. The program will depend on clinician supervision, which will enable participants to be transferred to medical care if necessary
- Dr Lane stated his biggest challenge is the siloing in regional and rural areas, whereby veterans do not know where to go and clinicians do not understand the unique cultural impact of Defence
- Commissioner Brown asked Dr Lane what the ADF could do to address emotional dysregulation in the defence force. Dr Lane suggested the program would be necessary as veterans were in the transitioning stage from service to civilian life
- Dr Lane stated that attracting psychiatrists to defence was a difficulty
- Commissioner Douglas asked Dr Lane to confirm how the GEAR program identified participants. Dr Lane stated the program currently relied on word of mouth and referrals