

## Content Warning:

Evidence may refer to suicide and suicide behaviours, catastrophic physical injury, and death.



## Royal Commission Update - Adelaide - 20 July 2023 - Day 4

### RSL References

#### Positive:

NA

#### Negative:

NA

#### General:

Commissioner Douglas asking if there's ESOs for Ex-Title Units.

- Could an RSL model be used to highlight additional support for those who have specialised training?

#### Timeline:

10:01am - Session opened.  
10:02am - Witness affirmed.  
10:02am - Content warning provided.  
10:03am - Questioning began.  
11:26am - [REDACTED] - The Hearing has been muted for privacy reasons.  
11:28am - Hearing returned.

#### 11:29am -

**Commissioner Kaldas: 'anybody in the Hearing, or online, please reach out if you require assistance. The supports can be found through our counsellors on site, or in the banner on your screen.'**

11:33am - Adjournment - Thanks by Commissioner Kaldas to Witness for Service and Evidence, excused from Summons.  
11:51am - In Session.  
11:51am - Witness affirmed.  
1:11pm - Commissioner Kaldas: Thanks to Witness for Service and Evidence, excused from Summons.  
1:12pm - Adjournment.  
2:20pm - In Session.  
2:21pm - Questioning began.  
3:54pm - Commissioner Kaldas: Thanks to Witness for Service and Evidence, excused from Summons.  
3:54pm - Adjournment.  
4:13pm - In Session.  
5:12pm - No questions by Counsel. Thanks to Witness for Evidence, excused from Summons.  
5:13pm - Adjourned until 12:00pm ACST / 12:30pm AEST, 21 July 2023.

### General summary

- Lack of time to recover post-IED exposure;
- Lack of support to transition from Service to Civilian life;
- RAN did not attempt to transfer members to other Departments after strenuous service;
- RAN did not aid in psychiatric or psychological service - discharge when mental health issues raised;
- Simple remedies not undertaken - breach of trust amongst all ADF branches;
- Burnout not sole reason for suicidality: but mixed with other issues, can be dangerous.

Witness List:

Time	Witness	Description
9:00am-10:30am	<b>Michael Maley CSC DSM</b>  CONTENT WARNING: Evidence may refer to suicide and suicide behaviours, catastrophic physical injury and death.	General Witness
10:30am-10:45am	Short Adjournment	
10:45am-1:15pm	<b>Ashley Semmens</b>  CONTENT WARNING: Evidence may refer to suicide and suicide behaviours, catastrophic physical injury and death.	General Witness
1:15pm-2:15pm	Lunch Adjournment	
2:20pm-3:15pm	<b>Jeremy Thomas</b>  CONTENT WARNING: Evidence may refer to suicide and suicide behaviours, catastrophic physical injury and death.	General Witness
3:15pm-3:30pm	Short Adjournment	
3:30pm-5:30pm	<b>Professor Gordon Parker AO</b> Professor of Psychiatry, University of New South Wales	Professional Witness

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- Leave not sought by Commonwealth to cross examine the Witnesses;
- Content Warning provided

**10:00am-11:30am - Witness: Michael Maley CSC DSM - Questioning by Ms. Erin Longbottom KC.**

Document/Witness	Paragraph/Type	Body/Comments
Michael Maley CSC DSM	Verbal Evidence	No corrections made. Joined the Navy due to originating from small country town; no employment opportunities – wanting to expand his opportunities. Became a clearance diver, Seaman Officer prior to becoming work a clearance diver. Joined RAN at 17. Started with fourteen clearance divers; finished with four.
		High failure rate - no screening: two week period to identify candidates for clearance diving. High failure rate on screening, but high pass rate once initiated: 75% failure rate in screening; 90% pass completion rate for diver clearance teams.
		High risk of oxygen toxicity; explosive rate; injury - exposure to underwater blasts. Involved in two - one accidental and one pre-meditated, in excess of 200+ on the service. Exposed to 30,000 rounds. Area of concern expressed for himself and other divers: concerns based on medical groups, 5Eyes Partners; one traumatic blast such as IUD and those in everyday service exposed to small blasts with evidence suggesting accumulation and over pressurisation may lead to TBIs. May lead to suicides.
		Respite opportunities do not equate to what is often planned; fails to allow recovery. It had a significant impact on his family. Youngest daughter was 21; missed seventeen birthdays. Worked eleven years at seas - 72 hours without sleep; high tempo work. Results in low retention rate and high risk for suicide.
		Diagnosed with 17 different conditions: the risks are inherent but are not managed or minimised. University of Wollongong undertook study about safe return to work to minimise further injury. Medical separation rate of 85%
		Meaningful work can be found in capability development; policy development; other spheres - with minimal risks if risks become too untenable for continuance as clearance diver. Respite is not respite; 16+ hour days due to issues with staffing levels.
		Issues with deployment: clearance navy divers often slip under the radar as they are moved so frequently and are not offered the psychological interviews often provided to other ADF personnel. Coming out of Iraq; hypervigilant - was struggling with post-Iraq posting. Could not answer truthfully; over-the-phone assessment. Fear of disclosure, mental degradation and fear of losing security clearance. Two years often the duration of Command - not allowed to elect to return from educational studies; similar to deployment
		Instability impacted mental health significantly. Understands how people can develop dependencies.
		Lost some of my team to IED - then received email same day about compulsory transfer to Reserves.

**Evidence Tendered by Ms. Erin Longbottom KC:**

Document	Paragraph	Body
Response by: Chief of Navy Australia, Mike Noonan AO, Vice Admiral, Royal Australian Navy.	DEG.0000.0001.0001	23 May 2022:  "I have received a copy of your submission to the Royal Commission into Defence and Veteran Suicide, and am grateful for the insights provided [...] there are strict guidelines within the Department that need to be followed when conducting activities of this nature that involve serving ADF members."

**10:45am-1:15pm - Witness: Ashley Semmens**

**Content Warning:****Evidence may refer to suicide and suicide behaviours, catastrophic physical injury, and death**

Witness	Type	Body/Comments
Ashley Semmens	Verbal Evidence	I started the role by making observations about myself and friends; asking if they were okay, needed help and as that grew and matured, people sought me out as I was seen as a safe person. There were many topics surrounding relationship stress, mental ailments and other sensitive topics - I would never report that back to Defence.
		After losing my friend, I was never offered any mental health support. RAN knew about the loss. Very little psychological support or assessment.
		It is not uncommon to have near-misses or near-deaths in these courses; however, there were no embedded psychologists on-site or offered to witnesses or the person experiencing the catastrophic incident. As far as I am aware, similar mechanisms are in place, but their efficiency or whether they are used appropriately can be questioned...
		To this day, I have a significant fear, still, of the water - the ocean - every time I get in the water, there was the thought that I would genuinely die.
		My skills were not appropriately used in Afghanistan - I was detached from my cohort.
		The Navy motto 'People First' is far from the truth - it's nice, but it's not the truth.
		Seeking help saw me lose my career.
		Factors that took me to that place, my lowest point, was having having physical and moral injuries accumulated over fifteen years that saw me deal with substance dependency and aiming to find coping mechanisms to adequately deal with - especially - my mental injuries.
		I had to get to the point where I had to say something. The option of suicide was there, and definitely a consideration, but I have too much to live for and a family for whom I need to provide.
		I told Command I need to be with family - disclosed my issues - I was sent back to Brisbane to be with my family and that was the last time I wore the RAN uniform.
		I don't have a job - I don't have a feeling of purpose - I want the Navy to live up to the promise of 'People First' - it doesn't seem hard but RAN sees it differently...
		RAN has a culture of putting their head in the sand regarding mental health. It has been explicitly raised with [redacted] - I've been met with responses that are shocking. We are losing people due to mental health discharges and diagnoses, and ultimately suicide.
		Danger is the nature of the beast - we know that there will be dangerous and life-threatening situations. We did not know that we would not be supported during service and transition into civilian-life.
As a result of being discharged, PTSD became worse - RAN said I could not serve anywhere, I believe I could have served in other Units. Discharge saw me develop depression and anxiety, and was met with substance abuse.		
DVA needs to strongly consider psychologists who are ex-serving personnel to be able to relate with ADF members who seek support.		
There's a loss in translation - medical side effects not explained and the ways in which it will possibly impact the career of ADF personnel. It is challenging but open dialogue needs to be there; of the system. Opening really broad avenues for how careers may be impacted overall.		
Reduction in fitness requirements would endanger the safety of new members. Also, this reduction was not inline with best practice accepted internationally.		

**Evidence Tendered by Erin Longbottom KC:**

Document	Paragraph	Body
Mr. Ashley Semmens, Tender Bundle	Version 2	
Statement of Ashley Semmens	ASE.0000.0001.0001	
Statement of Ashley Semmens [REDACTED]	ASE.0000.0001.0001_R	
Email from Ashley Semmens to the Office of the Chief of Navy regarding 'Mental Health and the Clearance Diving work force.'	DEF.1238.0000.0054	<i>It has become clear to me over the years that what we are doing is at best a Band-Aid solution that doesn't address the actual issues nor provide any real education around suicide, MH and how people are treated when self-referring. I didn't and it took a very close call for me to not care about my career and put myself and my family first.</i>
Email to Ashley Semmens regarding 'Mental Health and the Clearance Diving work force.'	DEF.1238.0001.0066	<i>Thank you for reaching out. I want you to know that I have your email below, and attached. Thank you for sharing your experiences, and thank you, for your honesty.  The Chief hands over tomorrow, so grateful for a day to get you the response that you deserve.  Don't hesitate to contact the number below [redacted].</i>
Email from WO-N to Ashley Semmens regarding 'Mental Health and the Clearance Diving work force.'	DEF.1238.0001.0068	
Email from Ashley Semmens regarding 'CD Mental Health.'	DEF.1238.0001.005	<i>As a civilian, I now, have a lot more power[...] Simply put, I am sick and tired of losing mates, I have lost five of my mates, one killed doing their job and four by suicide.</i>

**Content Warning:****Evidence may refer to suicide and suicide behaviours, catastrophic physical injury, and death****2:15pm-3:15pm - Witness: Jeremy Thomas**

Witness	Type	Body/Comments
Jeremy Thomas	Verbal Evidence	Use of social media, Facebook, post-transition and separation aided in maintaining strong relationships. Establishment of Facebook group aided us to explore those experiences - found that a lot of people had similar struggles and had difficulties to reconcile them.
		Trained other Clearance Divers - excellent courses - but the test of that course is experiencing and witnessing trauma or critical incidents.
		October 2001: post September-2001, operations found widespread trauma, especially in Border Protection Units. Had a profound impact, was relocated across Northern Australian water border to prevent illegal arrivals. The nature of the work provided a moral conflict.
		The aspects of the training, but innate instincts aided me to understand what needed to be done when dealing with Paul de Gelder and his life-threatening injuries.
		There was no other psychological follow-ups. Only screenings during the transition from theatre. I don't recall what I told Officers, but I just felt exhausted. I returned to Australia in 2010 and it was a bizarre experience - flying into Sir Kingsford Smith - coming through the gates, it's hard to describe.
		There was no recognition on my service, by Navy or by Units whom I was deployed. There are Army friends I still connect with at a worker level and was appreciated at a peer-to-peer level.
		My career ended after an IED - a young fella copped the brunt of it - I subsequently found that tourniquets were not included within the safety kits, and the Navy lost my trust. My mental health was quite badly impacted, I was disappointed, and I was angry. A group of people exposed to enormous amounts of trauma, and they didn't learn from the lessons presented to them despite being quite simple fixes.
		I was medically downgraded, posted to another group, outside the Dive Team and the reality of a medical downgrade is a loss of pay, and a loss of operational capabilities. Clearance Dive Teams are paid well due to the risk and danger involved. My consideration in not coming forward was loss of clearance, pay and my cohort.
		As an organisation, the RAN needs to do better in how it deals with, identifies, and addresses trauma amongst their Units.
		As a Safety Officer for the RAN, I was able to provide advice on how to improve safety protocols and regulations - I had contact and engagement with the broader Diving Community in the first instance - and I was able to refine policies relating to both teams in the Diving division.
		Yes, the RAN introduced a physical fitness test which removed previous physical requirements which then instituted things like a minute plank as the standard. It was disturbing - this new physical standard - and those conversations, and with my experiences, prompted me to respond to the Signal. Those changes were disturbing because it lowered the standard across the RAN and would have endangered the safety of members.
		I was hoping, as a civilian, they would be able to understand the concerns and require more transparency rather than using my position to try and elicit a response which would have likely been opaque and vague.
		The link between my experiences of mental health and mental illness - Paul de Gelder - is a good example. What should have been the highlight of my career, and the test of an organisational responsibility with a moral compass, I was instead mentally deteriorated due to zero tangible improvements to health and safety despite traumatic experiences.
The lack of the introduction of a tourniquet now represents a lack of trust into an organisation.		
Punishment does not equal education.		

**2:20pm-3:15:pm - Jeremy Thomas - Evidence Tendered**

Document	Paragraph	Body
Mr. Ashley Semmens, Tender Bundle	Version 1	
Statement of Jeremy Thomas	JTH.0000.0001.0001	
Statement of Jeremy Thomas	JTH.0000.0001.0001_R	
Report of Inquiry by Inquiry Officer - Alleged Shark Attack on ABCD Paul S de Golder - M8260255	DEF.1187.0004.0323	
Brief for HNPAP - High Risk Diving Work and General Diving Regulations R.1981265	DEF.1240.0001.0343	
Email chain between Jeremy Thomas and Defence Regarding ADF DS High Performance work shop - Feedback	DEF.1240.0001.0259	
Email from Ashley Semmens to Jeremy Thomas regarding War and Peacelf'	DEF.1240.0001.0248	
Email from Jeremy Thomas regarding 'Osprey/Diver Investigation'	DEF.1240.0001.0256	
Email from Jeremy Thomas regarding 'SURFORCE SAFE Ships Diving Capability'	DEF.1240.0001.1082	
Email from Jeremy Thomas regarding "20141003 - Brief for HNPAP - High Risk Diving Work and General Diving Regulations R19812651 (Z1760428) attaching Brief for HNPAP - High Risk Diving Work and General Diving Regulations R1981265	DEF.1240.0001.0341	

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**3:30pm-5:30pm - Witness: Gordon Parker AO**

Document/Witness	Paragraph/Type	Body/Comments
Professor Gordon Parker AO	Verbal Evidence	Burnout also consists of loss of empathy; loss of enjoyment out of things they usually do; and a third component - which is cognitive impairment. It has a long history. Cannot register information efficiently nor effectively. Burnout also relates to physical health such as immunological ailments. Burnout is established by analysing those with traits of perfectionism;; reliable; diligent; loyal. Irritability and anger are also symptoms.
		Burnout is a stress reaction - it is seen as an acute or chronic stress reaction - but a nuanced one. Burnout should not be listed as a psychiatric condition, but is an occupational phenomenon.
		Burnout needs to be looked at - to overcome it - as external pressures that need to be reduced or minimised. They are drivers for burnout. Depression is not always synonymous with burnout.
		Burnout per se is highly unlikely to increase the rate of suicide. However, to keep in mind, many people with burnout have highly dutiful personality styles, if they have burnout and the employer and those around them and are not appreciating the nuances of the impacts work is having - they often feel backed into a corner. This can be seen amongst many Commonwealth public servants. Feeling backed into a corner can lead to mental ailments, and then that is what contributes to suicidality.
		Environmental and personality factors, with burnout, can lead a spiral toward suicidality.
		Burnout can also result in physical symptoms and mental psychiatric conditions.
		Measuring burnout is a difficult task - we have measures for BPD, GAD, GPD.
		ADF needs to be a successful organisation by recognising the cost of burnout: global cost \$330B - needs to foster an environment to encourage troops to identify burnout and manage it to maintain efficiency and effective deployments and training.
		There needs to be organisational support and strategies to ensure that the most productive and diligent employees are engaging with breaks to manage burnout.
		Postings and relocations may impact some people and contribute to burnout. Again, there needs to be support to foster an environment that allows transparency.

**Evidence Tendered: Garbiella Rubagotti**

Document	Paragraph	Body
World Health Organisation, definition of 'occupational burn out'		Feelings of energy depletion or exhaustion; increased mental distance from one's job; feelings of negativism or cynicism related to one's job and; reduced professional efficacy.

**Questions by Counsel and Commissioners:**

<b>Witness: Michael Maley CSC DSM</b>		
Parties	Question	Comments
Erin Longbottom KC	Do you have any solutions as a clearance diver to ameliorate impacts of the high tempo nature upon other members?	I've not been in the Navy Chain of Command for the last ten years; I would offer that the recognition of the high tempo nature, physical demands, different from other categories within the Navy and should have different solutions specific to Navy. Just as Army has specific solutions to bespoke Units.
	Can you please explain to the Commissioners what DiveSafe is?	DiveSafe is a Regulatory Authority to improve diving safety and is responsible for investigating diving injuries and accidents. Reported incidents are defined as actual or near-miss accidents to see how to improve diving safety. They are able to implement changes, however, they cannot implement changes from other bodies until approved by Chain of Command. Anything minor, policy or procedural can be changed. Governed by both State and Commonwealth OHS Acts. Shark attack on diver in 2009: Paul Gelder, suffered traumatic injury. His life was saved unequivocally attributed to team and Supervisor that used makeshift tourniquet and conducted medical driver training and had exposure to emergency and day theatre, such as suturing and life saving skills. Recommendation: improved medical kits available [from CommCare] - not implemented and overridden by Medical Officer of RAN. Raised concerns about failure to implement. Failure to consider safety of staff is believed to be the biggest reason for separation and failure of retention.
	What needs to change for psychological assessments to improve support systems to personnel?	The psychological assessments need to be less tick and flick; and more of a direction about what separating members <i>will</i> experience. Inability to move Michael to other Units due to specialisation: will be moved to Reserves; felt gutted that he gave so much to the Commonwealth and the Clearance Team and felt not enough effort was made to accommodate for transfer.
	Can you explain your transition process?	My experience in transition had two aspects: 1. Army: was outstanding

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		2. RAN: after being diagnosed with cancer, and then going through transition – two outreaches – Executive and Commanding Officer of HMAS Harvan wanted to investigate for leave fraud despite providing medical notes and information re: cancer
	Can you explain the suicides and mental health issues your Units have experienced?	Three suicides: worked with him very well and closely; at a funeral, Trust said would take proactive approach to improve outcomes and support people in distress. To identify stressors.
	Have you had any legal counsel to assist in proceedings or other reforms?	Queens Counsels briefed us on surveys, and the ability to gather evidence and collate responses. Briefs were stopped by Diving Clearance Association due to Ethics Committee raising concerns.  Data was still analysed to determine common factors, and taken over by Edith Cowan University to understand qualitative analysis overview.
	Were any links determined between separation, mental health decline, suicide and suicidality, and the process of transition?	There is a link – proven attempted suicides and actual suicides, and suicide ideation; evidence of three suicides and historical suicides over a decade to mental health issues. Purely statistical from separations, PTSD, trauma, depression and anxiety, substance dependency, and this was found from anonymous surveys.
	What about the links between mental health, physical injury and separation?	High rate of separation and need for medical status, they had to separate despite no attempts to find them positions within policy development. No support network,
	Would your experience and undertaking of an MBA aid you in transitioning to other Units?	Yes – proper governance, frameworks and analysis. I would have been adequately equipped to transition to another Unit, rather than be mandatorily referred to the Reserves.
	Being awarded an MBA, what would you expect from appropriate governance?	Immediate dialogue
<b>Commissioner Brown AO</b>	Were there further opportunities for discussion regarding the shark attack in Sydney in 2009?	No, there was an immediate deployment, and inability to discuss concerns or resources regarding the recommendations made by CommCare.
<b>Commissioner Brown AO</b>	Did you receive a 'thank you' for your service?	No.  [Commissioner Brown: That is extraordinary service – I wish I could say I'm surprised.]
<b>Commissioner Brown AO</b>	Practically, when on deployment? What could be made better?	I think, as a Naval Officer there are some outstanding administrative supports. However, it needs to extend post transition. There needs to be better supports to improve expectations of personnel upon transition.
<b>Commissioner Brown AO</b>	After 38 years, was there really no other role you could undertake in the Navy?	That's what I was told – I am working with Army as a Reservist. I was told there was nothing RAN could offer.  [Commissioner Brown: I find that incomprehensible.]
<b>Commissioner Douglas KC</b>	Were there any psychologists during service available?	No, only during the screening process.
<b>Witness: Ashley Semmens</b>		
<b>Parties</b>	<b>Question</b>	<b>Response</b>
<b>Erin Longbottom KC</b>	What impact did retraining or punishment have on you?	Having lived an active life it was still quite confronting – there was no evolution to improve upon training or other techniques to improve the abilities or capabilities of personnel.
	Where there any instances of bullying or harassment that you've witnessed?	Some of the younger fellas, I was close with one in particular, who was my roommate. We kept contact through leave, and whilst on base – he wanted to remedy the situation but ended up leaving. He was bullied due to his age. He went AWOL and eventually suicided – I was shattered; it was a life, a friend, who was lost.  He felt fearful about his return to work.
	What psychological support did you receive after being exposed to trauma?	None.
	How did you feel?	Fearful  Erin Longbottom KC: That is striking considering your Statement expresses how much happiness being in the water brought you.
	After an event – your event in Sydney, 2012 – what support did you receive after?	The supports provided were not genuine – they were in place to provide some sort of confidence that something was being done. After being exposed to an IED, I was shortly after returned to base [in x] with little psychiatric or psychological support network. I was never provided with information about seeking further help; or what to expect – day or so within that Base, then told to continue with mine clearing operations.
	Were you honest to Command about your mental health?	No, I was fearful that everything I had trained for, would be destroyed by being honest. This was my 'grand final' – I was going to be affected by a stunted career and felt responsible to manage it myself. I was on deployment for a further three months after.

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	What was your experience post-Afghanistan transition?	Working with the Army after separation from Navy - that period in my life was not acknowledged, used to benefit anybody. My skills were not connected with my ordinary cohort.
	You've lost friends from the Diving community to suicide?	I've lost four - four friends - that's when I began to gain a keen interest to improve better mechanisms to support people post-transition. Whilst they exist in service, nobody - <b>nobody [emphasis added]</b> - wants to see them because there's such a genuine fear of losing security clearances or health classifications.
	Through the lens of divers - are there practical options to clear these conflicts?	Yes - don't use mental health services and supports as punishment and avenues for discharge. There needs to be openness to improve our wellbeing and ability to get our job done. We cannot have services available if people are not going to use them for fear of retribution.
	Did you ever receive a call from the Office of the Chief regarding your correspondence despite them telling you they would call?	No, there was never any correspondence or contact by the Office.
	<u>Defence Strategic Review</u> : that Review said that 'people are Defence's most valuable capability'	Ships don't sail without people; capabilities aren't met without people - these people are happy and willing to do their jobs. They aren't scared of fronting up to things that the average person would shy away from. In my view, Defence providing better support around their mental health could enhance ADFs capability - they will be more capable and confident, and volunteer for roles if they know they will be supported through.
<b>Commissioner Brown</b>	You said that he was young, innocent and a target - was that a reason why he wasn't able to meet his obligation, or was there something else?	No, he was being careless and not turning up effectively. He had no supports available to him. The behaviour that went on within the Dive School was well known throughout all the ranks. I was denied to attend the funeral, in or out of uniform, but I attended anyway. I felt strongly at that time to support him, and his mother - she asked me to be there and I felt the motto 'People First' very strongly.
<b>Commissioner Brown</b>	What was preventing RAN from doing things differently?	There was very little education in how to conduct yourself as an instructor, and at times, often no consolidation training.
<b>Commissioner Brown</b>	Who could best deliver meaningful education?	People with lived experiences, and those who have appropriate qualifications - that should be the gold plated standard. Supporting staff who collaborate together to ensure there's well-rounded advice and support provided.
<b>Commissioner Douglas</b>	Have you reached out to ESOs?	No, and there's a caveat on these answers - I'm new to that area. I'm a conduit between those serving and Trusts, I'm a friendly face - a trusted person and float around and assist those who need it.
<b>Commissioner Douglas</b>	Could an RSL model be used to highlight additional support for those who have specialised training?	Yes, but there needs to be considerable thought put into a model to be able to best help those with specialised training.
<b>Commissioner Kaldas</b>	Through all of that, your senior officers, what were their views, for supporting your wife, your new family, were there accommodations made?	There was no inkling of the conversations that should have happened; particularly, my son's birth, was challenging not being there for my wife - my team had left for a trial and there wasn't support for me, but I was unable to support my wife through birth and motherhood; undergoing life-saving chemo for bowel cancer. Request to stay in Sydney whilst wife underwent chemo was denied. Sent to Canberra to collect Visa, then sent on RAN Patrol for nine months, focus on India.
<b>WITNESS: Jeremy Thomas</b>		
<b>Parties</b>	<b>Question</b>	<b>Comments</b>
<b>Erin Longbottom KC</b>	What things were done poorly and needed improvements when training Divers?	Some methods of punishments were overused - often, activities - such as the run-jump; circuit training like HIIT which brings you to a certain level of fatigue. Sometimes used to break people down physically - not always used appropriately.
	If you had such a strong bond, why could you not share your struggles?	Our separation helped to build bonds, and aided us to build better connections with new cohorts upon posting. We didn't feel we could share this openly and it took many years to be able to express our thoughts, feelings and experiences.
	Were you receiving any psychological support at that time?	No.
	Were there any screening processes to identify mental health issues at that time?	No.
	How did you save the person - Paul de Gelder - who suffered the shark attack?	When Paul de Gelder was attacked by the shark, it hit his right leg and launched him from the water. I heard him scream, and my initial thought was that he had a cramp. When he surfaced, I saw a struggle with the shark and significant amounts of blood. I radioed the Petty Officer, pulled Paul de Gelder from the water, pulled him into the dive boat - there's a loss of depth perception. Paul de Gelder got onto the pontoon; he lost consciousness. I instructed [redacted] to go through the equipment we had, to prevent haemorrhage, had a makeshift tourniquet - using jackets and uniforms and a life jacket was used to create a splint.  He was then taken behind HMAS Darwin; moved him to a stable platform to continue work. He was then taken to St. Vincent's.
	CommCare issued an enquiry which offered up recommendations. Were you involved?	Yes, I provided answers in an interview.
	Did you provide recommendations	Yes, I suggested the reinvigoration of an Officer selection that Officers that more broad medical kits were introduced to address a wide range of medical incidents.

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	post Paul de Gelder?	
	Were you ever seen by psychologists?	After the IED strike - yes.
	Were you frank with the psychologists?	No, my main focus was to get back to my fellow soldiers. Firstly, I didn't want to let them down. Secondly, it wasn't as bad as previous IED strikes.
	What were the substantive issues that resulted in you losing trust in the RAN?	The RAN did not implement things that were simple to implement. The expectation from Chief, Paul de Gelder's family, and myself, is that situations should be addressed with the best resources available on-hand at the time. My expectation of the leadership is to provide agility and improvements on lessons they had been faced with. When that hadn't happened, the RAN lost my trust.
	What drove you to get psychological help?	I knew I wasn't well - I was in very dark places - and I knew I had to reach out and seek help; I was abusing alcohol. I sought help in 2011. I was then medically downgraded.
	Why were you happy to be diagnosed?	I was happy to finally be understood - happy to know that there was a reason for the way I was acting; the things I was experiencing; it was a relief to know what I was confronting; what I was dealing with and; how to overcome these things...
	What prompted you to write an email to RAN?	Yes, the RAN introduced a physical fitness test which removed previous physical requirements which then instituted things like a minute plank as the standard. It was disturbing - this new physical standard - and those conversations, and with my experiences, prompted me to respond to the Signal. Those changes were disturbing because it lowered the standard across the RAN and would have endangered the safety of members.
	Any advice or recommendations	If I travel the trajectory of my lived experiences, in my instance, and chose to follow the path of a clearance diver - one thing that did work and identifying the right people. Recruitment should still be done by people in that field. Clearance divers to be cleared by clearance divers etc.  Trauma cannot be avoided - it is the experience - there should be structures to prevent further illness and mental deterioration. Reservists for Special Force Units need to be introduced which provided an outlet, and a respite for the main team.  Connections still need to be retained post-transition to ensure knowledge is retained within the Organisation.
<b>Commissioner Douglas</b>	As a Naval personnel, why were you posted to Afghanistan?	Possibly because Naval personnel could support EOD-IED fight and had specialist knowledge to assist Army.
<b>Commissioner Kaldas</b>	So there wasn't much psychological support between the attack on Paul de Gelder, and deployment to Afghanistan?	No, that's correct - about two weeks between the attack, and then deployment.
<b>Commissioner Kaldas</b>	The author of the email has been [REDACTED], however, were they aware of who you are?	Yes, they did. We knew each other personally and had postings together.
<b>WITNESS: Professor Gordon Parker AO</b>		
<b>Parties</b>	<b>Question</b>	<b>Comments</b>
<b>Garbiella Rubagotti</b>	How do symptoms manifest in relation to burnout?	It is dependent on the person and the literature has not yet identified that. Some people have a slow decline with symptoms appearing over a period of time, with others experiencing it all at once. There are finite stages between burning out and being <i>burned out</i> [emphasis added].
	Are symptoms reversible?	If a person is stretched within the limits of its elasticity - they will take time to recover, however - if a person is stretched beyond their limits - they may not recover.
	Quote from Air Commodore: Our best people are burnt out - our most important - in Senior Leadership, because they often request more work, or undertake additional responsibilities.  Do you have a response to this?	I certainly agree - it's addresses the issues of predisposing issues to burnout. Basically, work stress creates burnout. We have found that people with traits of diligence, honesty, ethicality, strength, suffer burnout at an increased rate.
<b>Commissioner Brown</b>	Are there any figures you could provide that are more reliable into the epidemiology for burnout?	The literature is generally consistent - burnout is experienced - the rise is contributed to ongoing connections and digitalisation of our work world. The increase is study across professions such as doctors, nurses, caring professions - they're often overrepresented - the clergy especially.  Lawyers also have high rates of burnout - because of a certainty to ensure conscientiousness with their work. Many workplaces have attempted to identify burnout and provide opportunities for automatically granted leave prior to burnout occurring. Toxic bosses and workplaces often propel burnout.  Flexibility can reduce burnout - can the ADF allow flexibility?