



Royal Commission Update - Brisbane Day 6 - 6 December 2021

RSL References

Positive:

- 10:34am - Assistance provided to Corporal Goodwin by the RSL
- 10:36am - Upward trajectory after contact and advocacy support from the RSL - the only solid support provided
- 10:38am - Only good signs from Corporal Goodwin were after contact with the RSL
- 3:13pm - Partnership between RSL QLD and Salvation Army for the Veterans Support Program addressing veteran homelessness and future strategy
- 3:30pm - Mates4Mates established by RSL QLD and a summary of their activities
- 3:53pm - Solider On partnering with RSL Vic on Veterans Wellbeing Centre Albury-Wodonga and RSL NSW on Veterans Wellbeing Centre Nowra
- 5:15pm - Catalogue of Services mentioned as being RSL NSW-led, RSL National endorsed and backed by Soldier On, along with Legacy and the other ESOs on the panel

Negative:

NA

General Summary

- Lived experience testimony focused on lack of support available
- Discussion of suicide, suicide research and the importance of prevention
- Panel discussion covered many of the areas raised in RSLA and State submissions - ESO landscape, importance of transition, risks for younger veterans, need for family support, need to implement solutions
- Also noted that questions re. ESORT were asked to Mates4Mates and Soldier On

2:00pm - Support Organisations Panel - Advocacy support

Captain Stuart Glover (Salvation Army Australia) - Mr Richard (Rick) Cranna OAM (Chairman, Legacy Australia) - Ms Bernadette Praske and Ms Georgia Ash (Mates4Mates) - Mr Ivan Slavich (CEO, Soldier On)

ESOs:

- Need accreditation of ESOs - need to be adequately trained and equipped to work in veterans' space and reduce duplication and gaps
- Importance of long-term and consistent funding for ESOs
- ESOs need to be involved in transition care

- Peak Body:
 - National body to coordinate ESO activities and provide accreditation for ESOs
 - Need for a Catalogue of Services
 - National body to facilitate knowledge sharing
 - Format of body - either Industry/Peak/Regulatory - to be decided by the needs of the sector

Transition:

- Transition is a trauma in itself and there remains gaps in this space - veterans remain psychosocially ill-prepared for transition - need for psychological transition program for all transitioning Defence members
- Defence culture - hypermasculinity etc. - does not translate to the civilian world - JTA seminars are useful but need to encompass this element
- Particularly acute need where member is involuntarily discharged
- Need greater access to services, employment assistance and financial literacy to enable transition - ensure that employment transfers from ADF to civilian world
- Transition to commence from enlistment through post-discharge
- Develop resources to support families in transition
- Importance of doing transition in trauma informed way - transitioning personnel may not always be ready for barrage of information - requires ongoing support

Health and wellbeing:

- Specialised medical services for veterans are needed - particularly in rural and regional areas
- Not enough DVA complex case management - may require acute psychosocial care wards for veterans
- Continuing care following discharge from mental health care is required
- Moral trauma responsibility placed on Members, not on Defence or leadership
- Veterans need to be identified as veterans when accessing services
- Medicare billing arrangements for clinical appointments and an important element of service provision
- Lack of gendered and holistic services

Younger Veterans:

- Increased numbers seeking help - may be consequence of Brereton and Afghanistan withdrawal moral injury, COVID, Royal Commission awareness
- Need for digital engagement with younger veterans, particular social media, to break down barriers and provide services

Families:

- Separation between militaries and families - needs to be better support from Defence

- Relationship breakdown is a significant risk factor – better support for families is needed, particularly for veterans with mental health issues
- Should be no time limit for support for families post-transition, with better alignment needed from Government departments to coordinate this care
- Beneficial legislation also needs to be applied to veterans and their families
- Mismanagement of transition can be devastating for families and family violence, as is relocation
- When domestic violence is involved, legislation should not require victim-survivor to stay with offender to access entitlements
- Better support is needed for those affected by suicide

Legislation and DVA:

- DVA processes are a second source of moral trauma – process-focussed not people-centred
- The complexity of legislation is a barrier to accessing services and should be streamlined – single source of legislation would address this
- DVA and Defence should not be combined – separation and involvement of civilians is required
- DVA should implement hiring policies to get veterans to join
- Delegate training is insufficient – veterans do not trust DVA

Other:

- Importance of identifying and providing services for homeless and incarcerated veterans
- National Commissioner for Defence and Veteran Suicide should be reinstated to implement past and future recommendations
- Solutions must be enacted, and some must be implemented immediately

10:00am – Mr Phil Goodwin & Ms Lauren Goodwin- Lived Experience – Family of Ryan Goodwin

- Ongoing tragic and traumatic incidents throughout service period
- Transition was difficult – there was frustration with DVA
- There was a large effect on the family unit, including during substance abuse periods
- No proactive support from DVA, Defence or any other government body – waiting at DVA counter in Queen Street
- Sought DVA counselling – placed on a waiting list
- DVA approved claim for PTSD and physical injuries following death by suicide
- Need more transition support – not just ticks and flicks
- Need commemoration support on return from combat for modern veterans

11:10am – Ms Jacinta Hawgood & Dr Kaori Kolves – Australian Institute for Suicide Research and Prevention

- Funding for suicide research and suicide register is difficult to come by
- Queensland register is unique – outside Coroner’s system and help by research institute – allows for research decisions and helps identify underreporting
- Inconsistencies in definition of suicide and attempted suicide
- Two key elements of suicidal ideation:
 - Perception of burden
 - Disconnection from belonging

What is suicide prevention?

- Surveillance is the cornerstone of prevention - far easier during Service
- Involves
 - Limiting access to means of suicide
 - Interactions with media for responsible reporting
 - Life skills in adolescent
 - Early identification, assessment and management
- Involves primary, secondary and tertiary responses
- Involves universal responses - workplace, school, access to means prevention
- Selective - where people are vulnerable - training, peer support, crisis lines
- Indicated - emergency care, medicine-based responses, emergency departments

Postcare:

- Following a death by suicide, there is a need for ongoing care for those affected
- Can be cycle of trauma and suicide if not managed
- Need to offer ongoing care for those affected, as there can be postcare growth

What needs to be done:

- Effective implementation of evidence-based interventions
- Need to change working practices, better work from partner organisations
- Importance placed on postcare, but also care following a suicide attempt
- Non-clinical workforce needs better training in suicide prevention
- Need to be better education, research and support for specialised care