



RSL
NSW

Royal Commission Update - Brisbane Day 7 - 7 December 2021

RSL References

Positive:

- 1:41pm - RSL QLD only group known to panellist who does outcome effectiveness and funding effectiveness

Negative:

NA

General Summary

- Reinforced findings from Productivity Commission
- ESO space - called for reform of ESORT, but also referenced Ministerial Council/Peak Body
- Direct services to veterans covered in panel discussion
- Changing paradigm for suicide prevention also explored

10:00am - Mr Richard Spencer & Mr Robert Fitzgerald AM - Productivity Commission Review

ESOs:

- Support veteran's hubs - peer to peer outreach, comprehensive response and engagement with other community services
- Mentioned of Mates4Mates and SoldierOn in responding to the needs of younger veterans in a purposeful way
- Need to be clear about purpose of ESOs - claims advocacy, services & support, and policy and influence
- Need a streamlined policy for ESOs, because current landscape does not maximise benefit for veterans - funding should have this as its main focus
- System needs to have accountability and flexibility to meet needs of individual veterans and cohorts - this means it is likely there will always be large number of smaller ESOs
- Recommended Peak body for ESOs - no a regulatory body, but with a body with a focus on commissioning processes and stewardship
- Not all ESOs want to rely on government funding - government needs to work out how to leverage ESOs as an asset
- Advocated Ministerial Council to directly advise Minister outside DVA and drive public policy
- Current bodies i.e., ESORT, need reform - insufficient expertise - body should be comprised of Veterans and experts

Compensation system:

- Advocated for combining Defence and DVA, with benefits for coherence, transition and lifetime care - however, this will never happen as Defence is focused on short-term force capability and deployability and Veterans do not trust ADF following discharge
- Advocate for establishing a Veterans Services Commission - independent statutory body governed by board of veterans and experts to handle claims and oversee rehabilitation
- DVA would then have wellbeing focus - ESO peak body, policy, veterans strategy
- Accompanied with Premium levy on Defence to provide incentive to improve prevention of illness and injury among preventable injury during service - to fund care
- DVA needs to provide better training for staff, both in claims processes but also interacting with veterans to reduce adversarial nature - consistent problem from 10-15 years

Legislative Reform:

- VEA has a pensions focus - older veterans - cannot change
- MRCA and DRCA have lifetime wellbeing focus - could be merged and harmonised
- Two-tier system suggested - VEA and MRCA/DRCA by 2025, with VEA to phase out as covered veterans become older
- Noted one scheme, no loss of benefits is not a possible reform and stops reform

Systemic Interlocked change:

- Need for wholesale systemic change to adequately address changes required. Without this, changes will not be effective - cannot cherry-pick:
 - Reduction in preventable disease and illness during service
 - Adequate and trusted medical facilities for serving personnel and families
 - Address transition
 - Makes compensation system better so it is not adversarial to Veterans
 - Lifetime care in mental health system
- Need for integrated Mental Health strategy between Defence, DVA and JTA
- Data across system is poorly gathered and used - needs to be improved, both in collection and use
- No need for separate veteran health system - but certainly for services catering particularly to veterans and filling gaps

JTA and transition:

- Most critical priority in addressing Veteran suicide
- Should begin on joining and be monitored 12+ months following discharge - transition does need to end to signify to the Veteran they are now a civilian

- Need acclimatisation to being a civilian, with rehab, services and continuous care following discharge, along with claims - should be seamless
- Families need to be heavily involved
- Lack of community reintegration during transition - ESOs can play a large part here
- Veterans payment has been positive change

Mental Health and Suicide Prevention:

- Starts from recruitment and continues post-discharge
- Risk factors include:
 - Lack of recognition, particularly among non-Officer class, and stature lost following transition
 - Lack of family support in compensation systems
 - Medical discharge and especially involuntary discharge
 - No whole of life approach
- Sometimes, outsourcing to BUPA, and then sub-outsourcing, does not always achieve best outcomes
- White Card has been a positive change as has straightforward claims approvals

Implementation of recommendations:

- Royal Commission has examined 57 inquiries, 700+ recs - only 20 inquiries have been responded to by the Government - how can we ensure there is action?
- ESOs and the veterans space needs to support changes - particularly older veterans are resistant to reform and change because they don't want to lose what they've got - Therefore, Veteran community has to be convinced that change is necessary
- Need to say enough is enough - need genuine systemic change - Veterans Services Commission would assist in accomplishing this

1:00pm - Support Organisations Panel - Direct and wellbeing supports for Veterans

Mr Peter Kennedy (President, Young Veterans Australia) - Mr Graham 'Moose' Dunlop OAM (Lt Col ret'd, Operation Director, Trojan's Trek) - Mr Scott Brodie (Director, Horse Aid)

ESOs:

- ESOs struggle to get funding from DVA - also not linked to provable outcomes
- ESOs and NGO evaluation to fund useful ESOs
- ESORT needs to be updated to reflect modern ADF and veterans - younger vets, and diversity representation i.e., ATSI, LBGTQI, women

DVA, Defence and system:

- Trauma is a part of warfare and is not likely to change
- Focus on early outcomes is key - reduces cost and produces better outcomes
- Claims often only on discharge - partly Joint Health Command not releasing documents - leading to half-provided documents for claims which block the system
- Feeling of betrayal by the system
- Help-seeking in Defence isn't encouraged - shouldn't all be down to individual responsibility - proactive intervention from Defence
- Some call to be able to go outside chain of command to seek help

- ADF culture can be a risk factor, particularly for female veterans
- Should be a focus on resilience during recruitment

Education:

- Need for better mental health awareness in Defence - signs of PTSD, suicidal ideation and suicide - both for others and themselves
- Need to include families in education and identification
- Pre-deployment education re. possible trauma should be considered, with post-deployment follow up

3:00pm - Dr Kathryn Turner (Executive Director, Metro North Mental Health)

Suicide Prevention:

- Shift in paradigm from just risk assessment and response to also include broader population responses and incorporating the effect on families and clinical staff
- Shift away from high, medium and low spectrum of risk - at least in part
- Restorative just culture responses - Who is being hurt? What are their needs? Whose is responsible for meeting those needs?
- Better training for staff in these systems is important
- ZERO suicide framework - systems approach to suicide prevention, rather than risk assessment approach - includes interventions, incorporating live experience, changing mindsets and culture, training, care pathways
- Need to better meet needs of those diagnosed as low or medium risk of suicide
- Suicide attempt data is poor, coding for suicide attempts, ideation etc. is needed for analysis
- Applying machine learning to existing records will find patterns that haven't been identified, including looking for suicide attempts and identifying ideation
- Better responses to learning across systems and organisations are needed
- Need for gatekeeper and media training
- Shifting thinking of organisations and systems can be challenging