



Royal Commission Update - Sydney Day 24 - 17 March 2022

RSL References

Positive:

NA

Negative:

NA

General Summary

- Discussion on research into suicide and postvention
- Live witness testimony
- Work from Disaster Relief Australia and CEO Geoff Evans

09:00am - 11:00am Dr Karl Andriessen University of NSW School of Psychiatry, Professor Myfanwy Maple University of New England School of Health

Research on Suicide

- Different types of bereavement - hard to assess with suicide
- Issue of contagion - copycat behaviours - more likely to think of suicide if know somebody who has
- Assessing what it means to know someone who died by suicide longer term
- Issues with identifying people who might know someone
- 60s 70s said 6 people affected by each suicide - newer stats say 135
- 50-60 percent of people affected by suicide in their lifetime
- Of these people, 1.6 times more likely to think of suicide in the last 12 months
- Supporting people after being exposed to suicide is important prevention activity

Postvention

- When suicide happens, people become overwhelmed
- First weeks and months seek support from peers
- People have lots of questions about why and guilt
- Depression, anxiety and substance abuse
- May need different types of help depending on impact and closeness
- Some become stronger - post-traumatic growth
- Within 3-5 years, become can come to terms with why or not knowing why
- Time doesn't heal all wounds

- Early on - intense grief and guilt - can be that moves from risk to growth
- Can be social isolation
- Important to intervene early for a lifetime wellbeing

Postvention in Defence

- Can be close connections
- Defence, vets and families, close-knit communities - lots of similar life experiences
- Easier to identify who may have been exposed to suicide
- High impacts of suicide, but also high impact identification to help
- Guidelines haven't existed for military communities
- Research in the US - looking to understand points to understand services
- Postvention early is important
- Sustained approach needs, training to service providers, military be part of the implementation of the guideline, leadership acknowledge
- Empower families to make decisions, if they want to see the body, what happens to belongings - don't erase the person
- Make sure early decisions are thought through
- Give people information in many different ways
- Children need a different approach depending on developmental stage - should not lie to them - important they process grief

Contagion in defence

- Identification with deceased - a variety of ways
- Need to think more broadly about who exposed
- Could be prior suicides in life - can make someone more vulnerable
- People can close down and not speak about a person - increases distress felt by the death
- Some respond to counselling or chaplain or support groups - number of support available
- Some don't return to support after the first time - not the right support group
- Important to proactively reach out to them
- Men particularly don't seek help - Australian maleness - strong, not vulnerable - makes it hard to reach
- Obvious gender barrier
- Change to proactive approach needed
- Need message across the board it's okay to ask for help
- Warm referrals and proactive outreach together
- Need open convo about feeling distressed and others checking on others

Adolescents

- Have undertaken studies about the impacts on their lives
- Already struggling with family life, school, friends
- Adds to stress already experiencing
- Can feel alienated from friends, people start treating them different
- Important to keep going to school
- Find a way to rebuild family relationships
- Selective with who they want to share the experience with
- Watching television, playing games are important when processing
- Can struggle with grief and mental health for years
- Hard if burdens already present in the family before
- Adolescents have complex emotions anyway

Substance abuse

- Externalising pain - risky drug, alcohol driving and sexual relationships
- Risk-taking elevated - can lead to death by own means
- Address adverse events when they do happen is important
- Need cultural shift in Australia around help-seeking

Commissioner questions

Peggy Brown

- Comments that support has not been seen for veterans and families from live testimony
- Is it important families can go to the source and ask questions after suicide?
 - o Important for anyone to ask questions themselves - people have lots of questions
 - o An important factor is making sense of what happened
 - o Having opportunities to talk to other people and service providers, a friends who knew the person
 - o Conversations can be very important to get a sense of what happened
- Comments about screening people early on about exposure to suicide
 - o There are people who need to keep an eye on and offer support
 - o Need to consider risk early on
 - o Break down barriers and where people might be reluctant to show vulnerability
 - o Building evidence is important
- Has anything been done yet in terms of guidelines/protocols for communities?
 - o Not aware of any guidelines for this specific population
 - o Work is being done

11:15am - 12:20pm SY5 - Lived Experience

- 37 years old when she applied for the Australian Defence Force
- recruitment process included physical and psychological evaluations
- 2-3 years for the clearance process
- intimate relationship was not recognised and was considered "committing fraud"
- young man said "women don't belong in the army"
- fact-finding investigation for incidents of bullying and harassment from young men
- discrimination based on age and gender
- denied medical certificates for psychological matters
- request for discharge, threatened to be institutionalised
- PM008 - psychological evaluation to keep people in or out of the army
- Inspector-General of the Australian Defence Force said "now that you are medically discharged, we are no longer investigating this"
- "medication roundabout"
- suicidal ideation - senior officers had written
- incapacity payments
- recommendations an independent body - someone a member of the Australian Defence Force can use outside of the chain of command

1:30pm - 2:30pm Mr Geoff Evans, Chief Executive Officer, Disaster Relief Australia

- Had a medical discharge in 2010. Bomb blast in Afghanistan. Damaged back and brain trauma. Can lose place
- Story of how I got here. Met homeless veteran. Founded Homes for Heroes.
- Listen to all stories. All had the same path and drew it.
- 80 percent of veterans do between okay or thriving.

- About 20 per cent end on a downward trajectory.
- Currently no consistent measure of wellbeing. We would have something to measure against.
- Leaving defence force report loss of identity and purpose
- Transition = loss of team, mission and purpose - despondency, sub-threshold mental illness, mental illness, substance abuse, financial problems, physical health, crisis point, homelessness, suicidality
- As you slip down this slope - the ability to access help decreases - by crisis point can't look after self and can't access care
- Risk of homelessness is in one year
- Suicide danger is within three years
- The slope are all compounding factors
- Majority of people coming out make a successful transition
- Prolonging decline in wellbeing
 - Could get a good job, then manifest MH a few years later
 - Vietnam generation peak of claims 20 years after - fought hard life then finally sought help
 - Clinical treatment - but no meaningful engagement
- Riskiest time for homeliness is 1 year and 3 years - but for example Vietnam vets 20 years
- Decline to a crisis point is not inevitable
- Crisis point - suicidality, hospitalisation, trouble with the law, family breakdown
- Family breakdown was the biggest contributor to homelessness
- Eight months into Home for Heroes - call from wife - husband drinking all the time and beats kids - can you take him in
- Got calls from mothers too
- Astonishing to hear what the families had been through
- Sacrifice of families was unrecognised
- Often families needed support - was available - no idea how to get it
- If we did more to support family and keep them together - would have been better
- Public health system not able to support mental health
- Even specialised clinics - we had to sell the veteran in
- Rule of thirds - a third coming in tend to be younger - if had stability and purpose would bounce back quick
- Third would be on the long road to recovery - never know
- Third who wouldn't recover no matter what we did
- Two men come in and died at Homes for Heroes - alcohol and medication - nothing more we could have done
- Best to do is find somewhere for them to live out life - hasn't been done yet
- Generally, ADF is healthier than the rest of the population
- If 18-24, lower rank, discharged against will - can always be on the slippery fall
- Because of the rule of thirds, learned it is too late once people are in crisis
- Tipping point - loss of self-despondency - that's the time to intervene or before them
- We need to start transition as people join
- Before discharge - well before - need to start taking measures
- Establish touch points throughout a soldier's career
- Why Disaster relief? Realised it offered purpose
- Power of putting veterans into helping with disasters - emergency response does great, but DRA turns up for people
- Can't do all physically need, but help them in disaster take steps in recovery, veterans see the impact they have on these people
- I saw more humanity in war than anywhere else
- Over 5 years - the best way to help vet is to ask them to help someone else - they help very quickly but might not care about helping themselves

- DRA taps into reason vets tap into the reason people join ADF in the first place
- We are not just military - we have lots of emergency people and family members
- Put people on the same deployment of families - shared experiences creates relationships
- Going to disaster doesn't make them sicker - reduces anxiety - its okay not to be okay
- Has the opposite effect of making them worse
- DRA wants to change the narrative of a vet in Australia - old or broken
- Even those facing challenges have something to contribute
- Need to change perception in Australia but how vets think of themselves too
- They have value and they matter
- Skills and experience can be meaningfully used
- Inspires people to want to get better
- Opportunity to continue serving the nation - other things to move onto
- DRA - powerful as puts vets together
- Worried about welfare approach - also need the opportunity to continue to serve

Commissioner questions

Peggy Brown

- Proposal to the government for volunteering service - any responses?
 - o No still part of the budget submission
- Not formal peer-reviewed evidence collected - any valuations rather than thematic?
 - o No - but just got a grant to do the research

James Douglas?

- Do you liaise with the army on disasters?
 - o Come in quietly and softly - can be political - work in recovery. But yes, plug into local services and realise what we can offer
- National critical care and trauma and response centre in Darwin - had any dealings?
 - o Just that we have members in it.

Nick Kaldas

- Some people police not military. How many police?
 - o We aim for 80 per cent veterans. Would guess 6 or 7 per cent police.