



Summary of round tables with community groups

This document provides a summary of the key points discussed at the round tables held by Commissioner Boss with key representatives from community groups who represent current and ex-serving ADF members.

Transition out and mental health drivers for leaving the Australian Defence Force (ADF)

Participants discussed various aspects of transition from the ADF to civilian life, including the impact on serving and ex-serving ADF members and their families. Participants noted that each member's transition journey will be different, as their in-service experience will influence their transition. Additionally, it was noted that many transition issues have been impacting veterans since the first and second world wars. Key matters raised included:

Planning for transition early

- The need to think about transition at the start of, or early in, a person's ADF career, including:
 - That the transition process can be a significant shock, especially when transitioning unexpectedly – for example, as a result of medical discharge.
 - Other organisations, such as the National Rugby League, police and elite sporting organisations, start planning and putting supports in place for their employees' transition early in their employment, and check-in with employees during their career to assist them to consider their future.

Preparing for transition

- The need to understand the reasons why a person joins the ADF to identify ways to help with transition. For example, some people join the ADF due to home/family difficulties and the ADF becomes their family. This can mean that they will not have family or other support networks outside of the ADF when they transition.
- The importance of preparing for transition, including:
 - The need for financial management training to be incorporated in the transition process to aid the transition to civilian life, especially given that some veterans receive lump sum payments that they need to manage. It was noted that some ADF members, especially those who joined the ADF straight from school, have not necessarily had the opportunity to develop financial management skills.
 - Suggestions that the normal training schedule for ADF members should include preparation for civilian life and the transition process, with some suggesting up to a 6 week course, which also covers training on the DVA claims process.
 - The importance of providing transitioning members with training and information on likely mental health issues that may affect them during and after the transition period.
 - A suggestion to identify job opportunities for current serving members who are medically discharging to facilitate their transition into a career where they can use their military skills, especially when the discharge is unexpected.
 - The importance of a process to ensure that skills and qualifications obtained during ADF service is captured as Recognised Prior Learning when a member is transitioning, so the skills are transferrable to civilian employment. It was suggested that the Recognition of Prior Learning process has been wound back and can be difficult to navigate.

- It was noted that some members do not realise they have mental ill health until they have transitioned into the community and may come to regret their decision to leave the ADF. Some participants suggested that the ADF should ensure that ADF members are fit for civilian life prior to discharging, including potentially providing employment in non-deployable units or public service roles in Defence.
- The tempo of life in the ADF, which does not allow much time for a person to think about transitioning.

The transition process

- A lack of empathy from the ADF and Department of Veterans' Affairs (DVA) during the transition process, tending to focus on process rather than the people who are transitioning. It was noted some changes are being made to improve the transition process – for example, the establishment of the Joint Transition Agency and the introduction of transition programs and seminars for separating personnel. However, it was observed that there is still a lot of angst among serving and ex-serving members about their future, which requires empathy.
- The chain of command in the ADF does not have the capacity to oversee the transition processes – for example, ensuring that ADF members attend all transition seminars and apply for DVA entitlements.
- A suggestion that it could be beneficial to have a mentoring program for ADF members after they transition.
- Some participants noted that the transition process appeared to be a 'box-ticking exercise' with some members deliberately avoid raising issues because they know that doing so would keep them in the system.
- The lack of cohesion between different parts of the ADF, including medical, recruitment and transition.
- One participant noted that there needs to be some level of recognition of the agency of those who choose to transition out of the ADF as adults who decided to both work for the ADF and subsequently leave.

The impact of transition

- Isolation and disconnection can be major issues for veterans transitioning, particularly those who are medically discharged and unable to move into the Reserves, and those who discharge to a separate location from their family and friends.
- How ex-serving members can feel a loss of identity and resilience when they transition to civilian life. A collective identity and 'service before self' is strongly embedded whilst in the ADF and transitioning members do not always have a strong individual identity to fall back on after transitioning. Transitioning members will typically experience a dip in wellbeing post-transition, due to the loss of camaraderie, mission and purpose.
- Participants canvassed ways to acknowledge ex-serving members after transition. For example, American airports have signage welcoming veterans. Another suggestion was that the local Member of Parliament could write a letter to veterans welcoming them to the community, and there could be opportunities to acknowledge local veterans at ANZAC Day and Remembrance Day events. It was also noted that some people do not want to identify as a veteran.

Families' role in the transition process

- The importance of families in the transition process, and that families should be even more involved than they currently are. Although the ADF currently considers families as part of the transition process, some participants highlighted that families should be involved in the transition process together with the ADF member, otherwise they do not always receive all of the information they need before, during and after the transition process. The National Welfare Coordination Centre was cited as an example of a service for families that the ADF member needs to opt into.

The impact of information sharing restrictions

- How the privacy protections under the *Privacy Act 1988* negatively impact certain information sharing processes. For example, privacy restrictions were cited as an impediment to ex-service organisations (ESOs) being able to assist veterans to access their entitlements. Examples were also provided of privacy restrictions impeding the ability of the ADF to communicate with families directly, despite many families welcoming the opportunity to be contacted and kept apprised of key information.

Role of ESOs and support services in transition

- Some participants suggested the relationship with ESOs needs to commence from the day a person joins the ADF, not post-transition, to ensure there is a support network when they leave.
- Awareness of support services leading up to and during transition. ADF members can become institutionalised whilst in the ADF and come to rely on the structure of support services available to them in the military.
- Some participants recommended that ESOs should be allowed to present at transition seminars, stating that the seminars currently provide generic information, which does not assist people to know how to find support or what supports are available to them.

Wellness approach vs illness approach

- The transition process needs to focus on a 'wellness approach', rather than an 'illness approach'. For example it was suggested there could be a greater focus on wellbeing when accessing services and transitioning, rather than needing to be ill or injured to access most services.

Mental health and wellbeing services

Participants discussed the availability and accessibility of health and wellbeing supports for serving and ex-serving members. Key matters raised included:

Access issues

- Difficulties accessing mental health supports when they are needed, including:
 - Being unable to access support as soon as a person needs help. One participant noted that while they were aware of positive experiences in accessing support through Open Arms, the waiting list for these supports is long and not enough practitioners are available to provide the support. An example was provided of a widow having to get a second job to afford to pay for private counselling sessions.
 - Lack of local mental health and wellbeing supports and services. It was noted that many people have to travel to access mental health services including, for some, travelling interstate.

- Those who join the ADF from a young age may lack the necessary skills and knowledge to locate supports and services once they transition from the ADF, which can be amplified if a person is involuntarily discharged and has not planned for their transition.
- DVA now issues a white card and creates a file for all serving members when they commence in the ADF. However, while all white card holders can access free treatment for any mental health conditions, there are difficulties finding practitioners to provide the free mental health support available through the white card. Participants noted that some health providers are paid significantly less by DVA than through private practice.
- The need to provide support to all veterans, and not just those who have an injury or illness that is covered by a compensation payment. Some members experience lengthy delays in accessing medical assistance and having injuries recognised upon transitioning. There should be follow up care or check-ins for veterans who discharge without seeking assistance through DVA, as issues may emerge later or not be initially disclosed.

Early intervention

- The importance of early intervention – not relying on an individual recognising they need help and then seeking it, but instead intervening early to prevent mental health problems arising.
- An emphasis on mental health and proactive support should begin during the recruitment process, including emotional intelligence training incorporated into both recruitment and general ADF training. Efforts should be made to ensure people are equipped with the skills they need to cope before commencing in the ADF. Similarly, perhaps ADF psychologists should be required to have experience of military service, to ensure they understand what ADF employment involves.

Stigma

- Some participants suggested there is a fear among serving ADF members about asking for mental health support due to perceived stigma, as they are concerned it will have a negative impact on their career. Participants indicated that the stigma is prominent throughout the ADF chain of command. It was suggested that Defence needs to proactively ensure that serving members are provided with the support they need throughout their ADF career and into transition.
- Some participants also noted instances of people being administratively discharged if they disclose, or seek help for, mental ill health while serving.

Continuity of care

- The need for continuity of care when a person discharges from the ADF.
 - One participant noted a correlation between deaths by suicide and ‘doctor-shopping’.
 - Suggestions to address this included that Defence develop a care plan for the transitioning member that would be available on My Health Record; providing medical care through the same practitioners for both Defence- and DVA-funded services; and producing a manual for physicians to support treatment of veterans (based on the Canadian model).

Support for families

- Support provided by the ADF community, with some participants noting that when ADF families are not co-located, they miss out on support from other ADF families.

ESOs

- Presence of various different ESOs and lack of coordination between ESOs can make it difficult for veterans to navigate these services. Participants emphasised the need for ESOs to work together and not duplicate services, with a suggestion this could be achieved through a peak body. Other participants noted the need to integrate veteran-specific support services with mainstream services. Additionally, some participants suggested the need to reform the funding mechanisms for ESOs to ensure longer term planning and sustainability in their advocacy and wellbeing supports.
- Current serving members and families are not necessarily aware that ESOs do not only support veterans, which could be addressed through clearer, more inclusive language.

DVA claims processes and supports

Participants discussed matters relating to DVA's claims processes and access to DVA-funded services. Key matters raised included:

Complexity in the claims process

- The complexity of various compensation legislation, including varying levels of support and entitlements depending on which legislation covers their claim. Participants highlighted the need to reduce the complexity of the system so people do not have to have advocates and additional supports to assist them to making a claim. Additionally, participants noted the complexity and challenges Reservists face when making a claim – for example, because of paucity of records.
- The steps DVA has taken to streamline their claims processes, with participants noting many claim applications can now be completed online. However, some claim application processes are still complex. Participants indicated that the uptake of the online application process means that there is a need for additional delegates in DVA to process the claims.

Delays and difficulty achieving access

- The current backlog of DVA claims yet to be processed has a negative effect on veterans. It was suggested that claims could be fast-tracked for approval once they meet particular thresholds, some claims could be automatically accepted by DVA, or veterans could automatically receive a basic income while waiting for claims to be processed. Participants noted that DVA needs to accept that in order to accelerate the payment of claims, there will be a risk that some payments may be made where there is no entitlement.
- Some participants noted that the current prioritisation system for DVA claims is not adequate and there is a need to develop an evidence-based triage system for claims that takes account of those at high risk of suicidal behaviours. Participants noted that advocates effectively have to manage the triage process by calling DVA and pushing for a claim to be prioritised.
- The suggestion of providing a gold card to all ex-serving members when they discharge to avoid veterans having to 'fight' to get one. Alternatively, Defence could continue to provide housing to people while their DVA claim is processed.
- Minimal information is provided to claimants and obtaining access to DVA can be extremely challenging.
- Advocates require trust to efficiently support a veteran, however delays by DVA in processing a claim can strain the relationship between the advocate and the veteran and their family.

- Families bereaved by suicide have to wait for the coronial process to be resolved before they can access support from DVA and apply for probate.

Support when making a claim

- The need for DVA to provide assistance and support to veterans in accessing their entitlements in the same way an advocate does, rather than just processing claims.
- The importance of DVA communicating with veterans in a sensitive manner, rather than just sending letters. It was noted that letters from DVA are generic and do not offer support to veterans. One suggestion was to write to people waiting for their claims to be progressed to advise that their matter is still progressing and to alert them to other supports that are available.
- There should be changes to improve advocacy for veterans. The Veterans' Review Board does not allow legally trained representatives to advocate for veterans.
- Advocates are often not adequately trained and there is limited training available in different parts of Australia. Further, as much of the advocacy work relies heavily on volunteers, it was suggested that advocates should be funded by an agency that is also able to provide oversight to support quality and consistency, in a way similar to legal aid.
- People with claims that are likely to have adverse findings should be provided with advice and guidance for what additional information would be needed for a successful claim, prior to a final decision being made.
- One participant noted work is being done to review DVA's letters to make them more compassionate.
- Some participants indicated the experiences for some people receiving the widow pension have been positive.
- Interactions with DVA can create trigger points for suicide, including:
 - feelings of not being recognised
 - not being supported by the government body established to help.

Deterrents from accessing DVA

- Negative perceptions of DVA can dissuade people from making claims. Barriers include:
 - perceived backlog of claims acting as a deterrent for people engaging with DVA
 - the complexity of DVA and the various legislation surrounding DVA
 - DVA being seen as a service for older people
 - lack of trust towards DVA.

Finalising claims before a person leaves the ADF

- All DVA claims should be finalised before a person discharges. Participants noted that while ADF members are still serving, they can access supports and are surrounded by friends and family who can help them, whereas there can be uncertainty and other stressors once a person discharges, which can be exacerbated by an unresolved DVA claim, especially if you are already struggling with mental health issues.

Appeals

- The need to extend the timeframe to appeal a DVA claim decision, as the claimant is often required to obtain further medical evidence and attend medical appointments to substantiate the appeal.

Open Arms

- Open Arms should be independent from DVA – for example, it could be established as an independent body like the Australian War Memorial.

Other relevant matters

Participants were invited to raise any further matters relevant to serving and ex-serving ADF member mental health and suicide prevention. Key matters raised included:

Suicide and mental illness

- Noting that suicide and mental illness are complex issues, these types of discussions are an important step to better understanding the problems facing ADF members and veterans.
- The need to correctly identify the cause of mental health problems - for example, distinguishing between symptoms of a mental health condition from those induced by a physical injury (for example, post-concussive syndrome or musculoskeletal injuries leading to pain syndrome). Noting that not all mental health issues relate to traumatic events.
- That the AIHW record of deaths by suicide is incomplete and does not capture all deaths, for example deaths by suicide of Vietnam veterans are not captured. There was also discussion about whether the suicide rate is changing.
- Some participants raised the importance of understanding 'moral injury', with research showing a correlation between moral injury and suicidality. Some participants suggested the correlation between moral injury and suicide is significantly higher than PTSD and suicide.
- It can be difficult for ADF members to re-adjust after the operational tempo of multiple deployments. Some people try to replicate the stimulation from deployment in unhealthy ways.

Recognition of different experiences

- A suggestion that since serving and ex-serving members' experiences differ greatly, they should be treated differently – for example, recognising that people who served in Vietnam may have different needs than those who served in Afghanistan. Similarly, there needs to be a greater understanding of younger veterans' needs compared to older veterans.

Psychosocial impacts - Relationship breakdown, gambling, and interactions with the justice system

- Several participants indicated that there appears to be a correlation between transition out of the ADF and an increased likelihood of relationship breakdown and the need for data to be obtained in relation to this.
- Some participants discussed whether the inclusion of gambling machines within Returned Services Leagues clubs contributes to unhealthy gambling among veterans.
- Some participants raised issues with how the justice system interacts with veterans, including:
 - female veterans are disproportionately represented in the Victorian prison system
 - often veterans within the prison system suffer from traumatic brain injuries
 - police are often uneducated on how to interact with veterans, which can lead to escalated encounters if veterans perceive police as a threat.

The Brereton Report

- Issues were raised in relation to the handling of the 'Brereton Report' (the Inspector-General of the ADF Afghanistan Inquiry), including:

- short timeframes provided to ADF members when responding to administrative inquiries
- inadequate legal representation for ADF members
- loss of entitlements for those who leave the ADF as a result of the administrative inquiry
- whether an administrative inquiry is needed when there are alleged criminal processes underway
- difficulty in people responding to a notice to show cause when responding could expose a person to matters subject to criminal inquiry
- the risk of increased deaths by suicide due to the handling of the Brereton Report.

The operation of the Office of the National Commissioner

- Some participants made suggestions for the operation of the Office of the National Commissioner for Defence and Veteran Suicide Prevention, including:
 - the need to have a mental health practitioner on staff to guide supports and review the evidence provided
 - the need to gather solid data, particularly noting the difficulties in identifying a person who died by suicide as a veteran to include them within the National Commissioner's inquiries
 - the importance of the National Commissioner providing statistical data regarding suicides.

Prior reports and inquiries

- One participant noted that past reports and inquiries have resulted in a lack of action by the Government. It was suggested that conducting further inquiries would be a waste of time and money.

Roundtable	Organisations in attendance
Roundtable 1 3 December 2020 in Canberra	<ul style="list-style-type: none"> • Australian War Widows • Council for Women and Families United by Defence Service • Defence Families of Australia • Defence Force Welfare Association • RSL ACT • Vietnam Veterans and Veterans Federation ACT
Roundtable 2 8 December 2020 in Brisbane	<ul style="list-style-type: none"> • Australian Veteran Alliance • Council for Women and Families United by Defence Service • Defence Force Welfare Association • Gallipoli Medical Research Foundation • Mates4Mates • QLD Vietnam Veterans Association of Australia • Solider On • The Warrior's Return • Veterans Services RSL Qld
Roundtable 3 10 December 2020 in Melbourne	<ul style="list-style-type: none"> • Air Force Association • Carry On Victoria • Hawthorn RSL • RSL Victoria • The Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women West Australian Branch • Victoria Vietnam Veterans Association of Australia • Victorian Defence Reserves Association
Roundtable 4 14 December 2020 in Perth	<ul style="list-style-type: none"> • Australian Special Air Service Association • Defence Force Welfare Association WA Branch • Legacy WA • RSL WA • Vietnam Veterans Association of Australian • Vietnam Veterans Association of Australian WA Branch
Roundtable 5 16 December 2020 in Sydney	<ul style="list-style-type: none"> • Australian Peacekeeper & Peacemaker Veterans' Association • Australian War Widows NSW • Council for Women and Families United by Defence Service • Defence Reserves Association • Disaster Relief Australia • Legacy Australia • Vietnam Veterans Association of Australia NSW Branch • Voice of a Veteran