



DEFENCE FORCE WELFARE ASSOCIATION

QUEENSLAND BRANCH INCORPORATED

Member Of The Alliance Of Defence Service Organisations

Victoria Barracks Brisbane, Enoggera QLD 4051

**SUPPLEMENTARY SUBMISSION BY**

**DEFENCE FORCE WELFARE ASSOCIATION QLD BRANCH INC TO**

**SENATE INQUIRY INTO SUICIDE BY VETERANS AND EX-SERVICE PERSONNEL**

DFWA Qld provides Welfare, Pension Officer and Advocacy support, and some financial and education support to serving and ex-members of the Defence Force and their families. We assist National Office in their representation to Government regarding matters of concern to the Australian Defence Community. We have regular contact with serving members and families through full time attendance at ADF Transition Seminars several times a year as well as those who are DFWA members. We cooperate in service delivery with other ESOs, particularly RSL, Bravery Trust and Young Diggers.

DFWA (Qld) contributed to the DFWA National Office input into the written submission by the Alliance of Defence Service Organisations (ADSO) to this Inquiry. We fully support the ADSO submission.

This supplementary submission provides:

- An Executive Summary of the original and this supplementary submission.
- An update to the Case Study provided in the original submission.
- Evidence on Loss of Previous ADF Capacity to Provide Care.
- Argument for an Australian Military Covenant.

**John Lewis**

President

Defence Force Welfare Association Qld Branch Inc

## **EXECUTIVE SUMMARY TO SENATE INQUIRY INTO SUICIDE BY VETERANS AND EX-SERVICE PERSONNEL**

Veteran Definition. The term Veteran can be confusing as it can have many meanings within the veteran community. For consistency with current ADF practice:

**The term Veteran should be used to refer to a person who is serving or has served in the ADF with or without operational service.**

Statistics. There is a problem in identifying veteran suicides. Without accurate statistics the problem cannot be properly addressed nor success of interventions measured.

**Resolution requires co-operation and procedures to be set up among Defence, DVA and State Coroners to identify if the deceased was a veteran and any causal relationship between ADF service and ADF/DVA medical history and the death. DVA should hold a central record.**

Veteran Harm in Dealing with DVA. Dealing with DVA can cause stress and inflict harm to veterans with mental health problems.

**Pension Officers and Advocates can act as an interface between the veteran and DVA This can significantly reduce the stress and avoid exacerbating mental health conditions and mitigate the risk of suicide.**

Legislation. The current mess of legislation requires excessive resources to administer and has created process-focused silos and organisations which delay claims, create administrative chaos and cause unnecessary harm to veterans.

**The current mess of legislation should be replaced with a single veteran beneficial Act to provide compensation and rehabilitation services for all entitled Veterans.**

**DVA should streamline business practices by introducing 21st century claim processes using online technology.**

**The Government should place higher priority (with immediate full funding) to completely upgrade the deficient IT systems that are the root cause of many of the administrative problems faced by Veterans in pursuing their claims.**

**DVA should improve the level of staff training with an emphasis on an empathetic rather than adversarial approach to client relations and consistency in decision making**

ADF Lost Capacity. The ADF previously had the capacity to reduce the risk of mental health problems and to provide medium and longer term rehabilitation. This capacity was lost through the civilianisation of military positions justified by flawed costings.

**There should be an immediate moratorium on civilianisation in the ADF.**

**Previously civilianised roles should be opened up now to serving military personnel in need of medium term rehabilitation.**

**There should be an independent review of the real cost benefits of earlier civilianisation and restorative action taken.**

Australian Military Covenant. Too often, legislative and management changes have not considered the impact on the welfare on the Veteran and met the moral obligation to do the right thing.

**Parliament, representing the people of Australia, should formally recognise the *unique nature of military service* and make a commitment in an Australian Military Covenant with our servicemen and women to honour the moral obligation to do the right thing.**

## **UPDATE TO THE CLAIM CASE STUDY**

Original Submission Summarised:

- The claim for mental health and substance abuse had extended over 18 months with no decision.
- DVA had been advised not to contact the Veteran direct as it over-stressed the Veteran. Contact was to be with the Authorised Representative only.
- In spite of repeated requests, DVA staff contacted the Veteran direct on six more occasions.
- The impact of DVA's direct contact with the Veteran and then compounding it by completely ignoring the pleas of the Authorised Representative and Veteran was catastrophic. The veteran would disappear for days, pull out of rehabilitation arrangements, break medical appointments, engage in substance abuse and sometimes required police welfare check, and on one occasion resulted in his ceasing of life saving medication. A possible self-harm, suicide attempt by neglect. Each time, it took considerable time and effort by the Authorised Representative (the Veteran's Pension Officer) to get veteran back on an even keel.

**Since the Original Submission:**

- DVA staff and a contract Rehabilitation Co-ordinator directly contacted the veteran on a further 3 occasions, again causing major problems.
- It appears the veteran's files are split among several different process silos and not all files contained the "Do not contact" directive.
- DVA have now apologised.
- The matter has been escalated to the office of the Deputy Commissioner and DVA decided to appoint a single Case Co-ordinator. Hopefully, this will address the contact issue.

**There are serious organisational and process issues if addressing this simple request requires escalation to Deputy Commissioner level,**

- After 20 months with no income, the veteran's MRCA Incapacity Payments were approved by DVA. However, initial backdating in the DVA formal Decision was wrong by several months. This has now been fixed by discussion between the Delegate and the Pension Officer without need for appeal.
- The Veteran's MRCA Permanent Impairment claim was approved at Month 22 (last week).

**Major Delay Due to Lost Medical Reports.** DVA specialist Medical Reports completed at Month 6, seemed to be lost in one of the process siloes. It could not be found by DVA Permanent Impairment staff after 4 months searching. New medical examinations were ordered. The Veteran refused. Situation was resolved by DVA agreeing to accept scans of their Medical Reports held by the Pension Officer who had previously acquired them from DVA under an FOI request.

Rehabilitation is being managed by the veteran, GP and Pension Officer. The veteran does not want anything to do with DVA MRCA Rehab at present.

With only 2 exceptions during this period, individual DVA staff have been courteous and helpful in dealings with the Pensions Officer. For the two exceptions, it was very stressful for the Pension Officer who had to bite his tongue in the interests of the veteran.

**Conclusion.** This is just one case study that highlights the physical and mental harm caused by deficient and antiquated IT systems, obsessive process driven staff practices, cultural unawareness and insensitivity and an absurd mish-mash of legislation.

## **LOSS OF PREVIOUS ADF CAPACITY TO PROVIDE CARE.**

We acknowledge that the ADF has introduced programmes and supporting bureaucracies to treat mental health issues; however, these programs do not address the on-going stigma associated with self-reporting and ADF management practices and organisation. The ADF may talk the talk, but doesn't walk it, particularly at the operational and tactical levels. The stigma problem has been addressed in other submissions and we fully support the issues raised in them.

### **ADF Management Practices and Organisation.**

The ADF focus is on all members of a unit being fit for operational service. Anyone not up to standard reduces the unit's effectiveness and is a potential liability to others. There is no longer any capacity within the three Services to care for those with medium or longer term health conditions, mental or otherwise. The article on the current ADF/DVA RESTORE Trial on PTSD treatment, by its very wording in the DVA Newsletter "VetAffairs", reinforces this view.

The article states:

"One of the most effective treatments (for PTSD) is prolonged exposure (PE) therapy....The treatment is typically delivered once a week for 10 weeks..."

However the article then explains that because the duration may conflict with deployments and training exercises, the RESTORE trial is assessing if it (Prolonged Exposure Therapy) can be done in daily sessions over two weeks! Prolonged Exposure Therapy being replaced by Intense Exposure! The message is that the ADF is not prepared to invest 10 weeks for rehabilitation as it interferes with the deployments and training that contributed to the condition in the first place.

Instead, there is pressure to discharge the member – transition them to civilian life, with all the added stress that brings increasing feeling of the rejection by ADF Family. As we have heard from earlier witnesses, this is probably the worst thing to happen to the veteran (and his family) in this situation. It is totally counter-productive to any rehabilitation efforts.

**This was not always the case.**

### **Care Capacity Lost**

Since the Vietnam War, there has been continual pressure to cut Defence costs and cut uniformed manpower by a process of "civilianisation" of military posts and contracting out of functions to generate perceived savings. The bean-counting obsession with reducing uniformed manpower in the ADF has resulted in many ADF training, administrative and logistic units being largely stripped of their uniformed positions. Co-located units have had rear party and support uniformed positions replaced by separately managed corporatized civilian organisations with a consequent loss of advice and support to and from the Chain of Command – which is also the Chain of Care.

Many thousands of uniformed positions across the ADF have been lost through this on-going process of civilianisation.

The loss in uniformed manpower to achieve largely inflated and artificial savings also meant that the ADF lost a significant "surge" capability in a defence emergency. Not even the current Reserve forces can make up for that loss.

Moreover, those uniformed positions provided two important capabilities which have been identified in other submissions as contributing to improved mental health.

1. They allowed most ADF members and their families to be posted about every third posting to 8 to 5 job without the continual stress of being ready for deployment and ongoing operational readiness training. They could re-charge the batteries, re-stabilise and experience a more normal and predictable family life that most Australians take for granted. And contribute to long term mental health.
2. These uniformed positions also provided a posting where medium, and sometimes longer term rehabilitation needs could be met in a familiar supportive Defence Family environment while allowing the member to re-establish a sense of worth and continue to contribute to the ADF. And, importantly, get better.

**It is perhaps an inconvenient truth for both the Defence hierarchy and Finance bureaucrats** but if ever a truly independent and holistic review was undertaken of the genuine cost-benefits of replacing large numbers of ADF personnel with contractors/civilians the conclusions would be eye-watering.

If the **real** cost savings were measured against the lifetime costs of the newly introduced programmes and the mini-bureaucracies to address mental health issues, the costs of early pensions, costs of DVA compensation and rehabilitation, together with the additional replacement, recruitment and training costs and the cost of the lost surge capability, the utopian Finance projections of massive cost savings to Government would be laid bare.

But way above all of that, what **price** do veterans and their families have to pay for poor mental health and suicide risks for those who have already given their all for our nation?

- **There should be an immediate moratorium on civilianisation in the ADF.**
- **Previously civilianised roles should be opened up now to serving military personnel in need of medium term rehabilitation.**
- **There should be an independent review of the real cost benefits of earlier civilianisation and restorative action taken as necessary.**

## **AUSTRALIAN MILITARY COVENANT**

The service given to the nation by veterans and their families is well recognised and the phrase “unique nature of military service” is frequently bandied about. But what does it really mean?

Is the military different from, say the Emergency Services, who also deal with traumatic events and suffer mental health issues?

**Only servicemen and women are required to obey lawful commands that may involve possible, probable or even certain injury or death.** An ADF member is subject to severe legal sanctions for disobedience. Additionally, on deployments today, ADF members are at risk 24/7 for 5 or 6 months at a time - no going home for respite. This compares to an average of about 58 days for an infantryman of 100 years ago in WW1.

The Nation’s moral obligation to veterans was clearly articulated by PM Billy Hughes in 1917. *“We have entered into a bargain with the soldier and we must keep it!”*

**However, at times, and this has been acknowledged by all political parties, the Nation has not done the right thing,** Sometimes, the unique nature of military service and the impacts of legislative or management actions affecting ADF members have not always been understood or recognised. The civilianisation programme being a case in point.

There needs to be a big reminder sign based on an accepted benchmark, a principle,

Is it fair – is it the right thing?

ADF members make a commitment to the Nation on enlistment, putting the Nation's needs above the self. They sign on the line and it's enforceable by law.

In this 100 year commemorations of WW1, it is time for Parliament, representing the people of Australia, to recognise officially the *unique nature of military service* and make a formal commitment in an Australian Military Covenant with our servicemen and women.

**If such a Covenant had been in place twenty years ago, perhaps we wouldn't be sitting here today trying to address the issue of Veteran suicide.**