

## Royal Commission into Defence and Veteran Suicide: response to consultation on Terms of Reference

Mental Health Australia provided the following response to the Department of Veteran's Affairs public consultation<sup>1</sup> regarding the Terms of Reference for a Royal Commission into Defence and Veteran Suicide.

### Survey question 5: Proposed themes the Royal Commission will consider in its inquiry

- Systemic issues and analysis of the contributing risk factors relevant to defence and veteran death by suicide, including:
  - Contribution of pre-service, service (including training), transition and post-service issues
  - The relevance of issues such as service, posting history and rank of the defence member or veteran
  - The manner of the recruitment of the person into the Australian Defence Force
  - The manner in which a person transitioned from the Australian Defence Force
  - The availability, quality and effectiveness of health, wellbeing and support services
  - How information about individuals is shared by and within the government
  - How matters of individuals' mental and physical health are captured during enlistment and during and after service
  - The quality and availability of support services for families, friends and colleagues affected by a defence and veteran death by suicide
  - The risk factors of defence members and veterans who have attempted or contemplated suicide or have other lived experiences of suicide.
- The protective and rehabilitative factors for defence members and veterans who have attempted or contemplated suicide or have other lived experiences of suicide.
- The engagement of defence members and veterans with Commonwealth, State or Territory Governments about support services, claims or entitlements.

What are your comments on the proposed themes?

<sup>1</sup> <https://www.dva.gov.au/public-consultation-inform-terms-reference-royal-commission-defence-and-veteran-suicide>



## Mental Health Australia response

Mental Health Australia supports the proposed focus for the Royal Commission on analysing systemic issues, to better understand and address risk factors that relate to suicide and suicidal thoughts amongst Australia's defence force and veteran personnel.

We know both from people with lived experience of suicide and national data, that transition from military service (where there are well-established formal and informal support systems) to civilian life (where accessing supports, finding new employment and rebuilding a sense of meaning can be challenging) is a crucial period related to risk of suicide. We also know that whether a person transitions voluntarily or is medically discharged is related to suicide risk for veterans (AIHW 2017). As such, issues related to transition should be an area of focus for the Royal Commission – this spans both pre-planning and after transition. As well as considering risk factors, the Royal Commission should also inquire into protective factors which improve people's experience of transition from the military to civilian life, which may be bolstered.

The veteran community and previous inquiries have consistently raised concern regarding the poor experience of many previously-serving personnel engaging with government to make a claim or access services. It is pleasing this significant area of concern has been reflected in the proposed themes for the Terms of Reference, and should be an area of focus for the Royal Commission.

Mental Health Australia supports inquiry into the relevance of issues such as service, posting history and rank – but emphasises that the Royal Commission will need to take a nuanced approach that seeks to understand peoples' diverse service, unit and individual experiences, which will differentially relate to psychological stress and trauma. The Commission should also consider whether there are different risk factors for suicide depending on defence personal or veteran's gender, cultural or other identities and their pre-service experiences.

A further systemic risk factor that has been raised in previous inquiries (National Mental Health Commission, 2017) and international research (Knox et al., 2003) is the level of stigma regarding mental ill-health and help-seeking in defence force culture. The current culture of the Australian defence force regarding help-seeking and mental health should be included as a sub dot point under the systemic issues and contributing risk factors theme. This should include the impact (perceived or real) of personal disclosure of mental health challenges on an individual's prospects for promotion whilst serving, and how this might impact post-transition to civilian life.

## References

Australian Institute of Health and Welfare (2020). National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update. Retrieved 20 May from <https://www.aihw.gov.au/reports/veterans/national-suicide-monitoring-adf-2020/contents/about-this-report>

Knox, K. L. et al. (2003) Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *BMJ*, 327(1376), doi: <https://doi.org/10.1136/bmj.327.7428.1376>

National Mental Health Commission (2017) Review into the suicide and self-harm prevention services available to current and former ADF members and their families: Final report – findings and recommendations. Retrieved 12 May 2021 from [https://www.dva.gov.au/sites/default/files/files/publications/health/Final\\_Report.pdf](https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf)



## Survey question 6: Other issues the Royal Commission should have regard to

The Royal Commission will be asked to make any recommendations, including recommendations about any policy, legislative, administrative or structural reforms.

The Royal Commission will be asked to have regard to:

- Previous relevant reports and inquiries
- The work of the interim National Commissioner for Defence and Veteran Suicide Prevention
- The support available to members and veterans of other defence forces, particularly in Canada, New Zealand, the United Kingdom and the United States
- The role of government and non-government organisations
- Support services for families and others impacted by defence and veteran death by suicide
- Opportunities to promote the understanding of suicide risks and protective factors in the defence and general community.

Are there any other issues the Royal Commission should have regard to?

### Mental Health Australia response

Mental Health Australia supports the Royal Commission having regard to previous reports and inquiries – further though, the Royal Commission should have regard to the extent to which the recommendations of previous inquiries have been implemented - including those of the National Mental Health Commission (2017) and Productivity Commission (2019).

The Royal Commission should make particular recommendations to improve government service and support for veterans, clarifying responsibilities between the Department of Defence and Department of Veteran's Affairs.

The Royal Commission should also make recommendations to mitigate risk factors related to transition from military to civilian life. This should include consideration of changes that may be made during service to better prepare for post-service life and employment, and consideration of case-management services (including provided by people who have previously transitioned from military to civilian life) to better support people through the transition period.

### References

National Mental Health Commission (2017) Review into the suicide and self-harm prevention services available to current and former ADF members and their families: Final report – findings and recommendations. Retrieved 12 May 2021 from [https://www.dva.gov.au/sites/default/files/files/publications/health/Final\\_Report.pdf](https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf)

Productivity Commission 2019, A Better Way to Support Veterans, Report no. 93, Canberra. Retrieved 12 May 2021 from <https://www.pc.gov.au/inquiries/completed/veterans/report>



## Survey question 7: How the Royal Commission will conduct its inquiry

- The Royal Commission will not be required to inquire into matters that it is satisfied have been dealt with by other inquiries, investigations or criminal or civil proceedings. Further, it will not be required to make findings of civil or criminal wrongdoing or findings about individual defence and veteran deaths by suicide.
- The Royal Commission will be asked to focus on systemic issues, recognising that they will be informed by individual experiences and may need to make referrals to appropriate authorities.

What are your comments on how the Royal Commission should conduct its inquiry?

### Mental Health Australia response

Mental Health Australia strongly argues that people with lived experience should be represented at every stage and level of decision making in the Royal Commission's inquiry.

Further, the Royal Commission must be conducted in a trauma-informed manner that provides a safe environment for all people providing and engaging with evidence.

The Royal Commission into Defence and Veteran Suicide should have regard to the experiences of previous Royal Commissions into highly sensitive material with high risk of re-traumatisation – including the Royal Commission into Institutional Responses to Child Sexual Abuse, and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This latter Royal Commission was initially criticised for a lack of accessibility, trauma-informed support and protections for confidentiality for people providing evidence, and has since reformed its approach and engaged an expert organisation to provide trauma-informed support.

The Royal Commission into Defence and Veteran Suicide should ensure a trauma-informed approach from the start of its inquiry, by providing a safe space and appropriate supports for people with lived experience to provide evidence to the inquiry.

