

Joint submission

Inquiry into National Commissioner for Defence and Veteran Suicide Prevention legislation - Senate Standing Committee on Foreign Affairs, Defence and Trade

Introduction and about us

Suicide Prevention Australia and Mental Health Australia welcome the opportunity to provide input to this inquiry on the National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 (Cth) (the Bill) and the accompanying National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020 (Cth). If passed, this legislation will set in place a unique structure that will drive accountability, transparency and systemic change to prevent suicide and suicidal behaviour among our serving Australia Defence Force (ADF) members and veterans.

The need for change in this area is clearly demonstrated by data on defence and veteran suicide from the Australian Institute of Health and Welfare (AIHW). After adjusting for differences between the veteran population and the general population AIHW found that rates of suicide were 18% higher for ex-serving men.¹ Suicide is also the leading cause of death ex-serving men and men in the reserves, as well as being the second highest cause of death for serving men.²

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We count among our members the largest and many of the smallest suicide prevention not-for-profits, practitioners, researchers and leaders, as well as aligned not for profit and commercial organisations. We advocate on behalf of our members for a better policy and funding environment, as well as providing leadership, policy and advocacy services, training and research support to the suicide prevention sector.

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. It was established in 1997 as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. Mental Health Australia members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

¹ Australian Institute of Health and Welfare. 2019. *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*, accessed online at <<https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary>>. Note that the statistics given here are for males only. The smaller number of female veterans means that statistics on female veteran suicide are less reported due to confidentiality concerns, and where reported may be problematic due to the small sample size. Indications are that suicide is at least as significant a risk for female veterans as for male veterans. For example, this AIHW report found that after adjusting for differences between the veteran population and the general population rates of suicide were 115% times higher for ex-serving women.

² Australian Institute of Health and Welfare. (2018). *Causes of death among serving and ex-serving Australian Defence Force personnel: 2002–2015*. Access online at < <https://www.aihw.gov.au/reports/veterans/causes-of-death-in-adf-personnel-2002-2015/contents/table-of-contents>>

This submission represents our joint view on the draft legislation, informed by the perspective of our member organisations. While the draft legislation is comprehensive our submission identifies some gaps for consideration by the Senate. We have also taken the opportunity to briefly highlight issues not explicitly dealt with by the draft legislation but worthy of consideration by the National Commissioner, once appointed.

Functions of the Commissioner: Maintaining a record of relevant deaths by suicide and working with Coroners

Key points

The Bill may be strengthened by making the Commissioner responsible for:

- working with the Australian Institute of Health and Welfare, National Mental Health Commission, Mental Health Principal Committee, Coroners and State and Territory emergency services to develop consistent methodology for reporting, recording and sharing information on veteran suicide and suspected suicide deaths
- informing relevant Commonwealth agencies, State and Territory Governments on best practice for identifying the service status of people who have died by suicide
- exploring opportunities to expand data collection and reporting on suicidal behaviour among veterans and service-people, in collaboration with the National Suicide and Self-Harm Monitoring System being developed by the AIHW and Mental Health Commission
- monitoring the use of data and insights from the lived experience of veterans to inform continuous improvement of services

Access to accurate population-level data regarding suicidal behaviour, is crucial for the development of targeted suicide prevention policy and program resourcing, development and implementation. This includes accurately recording suicide and suicidal behaviour; and linking data on agreed risk factors for suicidal behaviour.³ Population-level data on suicidal behaviour is currently managed through State Suicide Registers, as well as relevant national bodies and agencies such as the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and the National Coronial Information System (NCIS).

We welcome the intention to create and maintain a record of veteran and defence force suicide deaths.⁴ This record will be an important tool for monitoring the effectiveness of suicide prevention measures against the ultimate aim: that is, reducing the annual number of suicide deaths involving veterans and service-people. Relevantly, the draft Bill empowers Coroners to disclose relevant information on veteran and ADF suicide deaths (cl.41). The Bill also provides that the Commissioner will work with Coroners to identify the issues surrounding incidences of suicide involving veterans and service-people.⁵

³ Productivity Commission. (2019). *Draft Report of the Productivity Commission Inquiry into the Mental Health System*, available at <https://www.pc.gov.au/inquiries/completed/mental-health#report>

⁴ Explanatory Memorandum, National Commissioner for Defence and Veteran Suicide Prevention Bill, para. 11(1)(e)

⁵ Explanatory Memorandum, National Commissioner for Defence and Veteran Suicide Prevention Bill, para. 11(1)(d).

The utility of the proposed record of veteran suicide deaths and the Commissioner's capacity to address the unique risk factors associated with suicide involving veterans and service-people will depend on the quality of the information available.

There are, however, significant deficiencies in existing data systems and with the identification of veteran suicide deaths. These challenges may be obscuring the full scale of veteran suicide deaths, as suggested by the significant discrepancies between the data reported by Government bodies and the information reported by advocacy groups. The AIHW's most recent analysis of suicide deaths among serving and ex-serving ADF members, for example, acknowledged limitations including the exclusion of 'an unknown number of deaths suspected to be suicides and attributed to another cause' and the lag in reporting of cause of death information for a proportion of all deaths for the most recent year of its analysis.⁶

A substantial underlying reporting issue is that not all jurisdictions maintain a Suicide Register. Queensland, Victoria, and Tasmania have in place Suicide Registers: providing an accurate source of information on suicides and suspected suicide deaths in their jurisdiction. The Suicide Registers draw information from police reports, toxicology reports, post-mortem examination and coronial reports to provide a valuable source of information on why suicide deaths have occurred, and how they might be prevented in future.⁷ The Victorian and Tasmanian Registers are directly managed by State Coroners; and New South Wales will deliver its own Register within a coronial setting in October 2020.

All the Registers in place maintain a record of demographic characteristics and psychosocial factors present at the time of death, with Queensland publishing an expansive annual report of this information. Western Australia, South Australia, the Northern Territory, and the Australian Capital Territory do not, however, have suicide deaths registers in place.

Even in those jurisdictions with a Suicide Register in place, it can be difficult to accurately identify the veteran status of a person who has died by suicide. As noted by Dr Kairi Kolves from the Australian Institute of Suicide Research and Practice (AISRAP) in evidence to the 2015 Senate Inquiry into suicide by veterans and ex-service personnel:

Identifying ex-serving members is pretty challenging, because when police arrive at the scene, there is often no information as to whether the person has been an ex-serving member, unless it is indicated by family members who knew about it. If the informant happens to be somebody else, it is likely that they will miss it.⁸

While the Bill itself cannot address these deficiencies it is important to acknowledge the challenges they may present to the Commissioner's ability to meet their responsibilities. The Commonwealth could address this issue through intergovernmental agreements such as ensuring funding within the National Mental Health and Suicide Prevention Agreement is tied to delivery of accurate, reliable, complete Suicide Deaths Registers; and to an information sharing agreement between the

⁶ Australian Institute of Health and Welfare. (2019). *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*, accessed online at <<https://www.aihw.gov.au/getmedia/99c20935-ac59-4a78-88d7-e37b6cd3b969/aihw-phe-222.pdf.aspx?inline=true>>.

⁷ Leske, S, D Crompton, and K Kolves. 2019. *Suicide in Queensland: Annual Report 2019*. Brisbane: Australian Institute for Suicide Research and Prevention, Griffith University.

⁸ Foreign Affairs, Defence and Trade References Committee. (2017). *The Constant Battle: Suicide by veterans*, The Senate, accessed at <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/~/_media/Committees/fadt_ctte/VeteranSuicide/report.pdf>.

Commonwealth and jurisdictions. The Bill may also be strengthened by making the Commissioner responsible for:

- working with Coroners and State and Territory emergency services to improve the integrity, collection and development of consistent methodology for reporting, recording and sharing information on veteran suicide and suspected suicide deaths
- informing relevant Commonwealth agencies, State and Territory Governments on best practice in identifying the service status of a suspected suicide deaths
- exploring opportunities to expand data collection and reporting on suicidal behaviour among veterans and service-people, including data on suicide attempts, self-harm presentations and access to emergency department alternatives.

The availability of robust data will be critical to tackling suicide risk and developing a support system that supports veteran wellbeing. The Commissioner should work closely with the ABS (which will collect population level data on veterans from 2021), the AIHW and the jurisdictions to gather and track the exposure of veterans and service-people to psychosocial risk factors for suicide. Research on veterans in the United States of America (USA) has identified differences in suicide risk from a number of demographic and military service characteristics. For example, higher risks was indicated for veterans who were male, younger (17-19 years), and had a shorter service period. Risk was also higher for those from certain branches of the armed services.⁹ Research in the USA has also found that the 45% of veterans who have died by suicide without a mental health or substance use diagnosis have different characteristics from those with mental health or substance use characteristics; they are more likely to be older, white, partnered, and more likely to die from firearm injury.¹⁰

The comparatively small size of Australia's armed services, and therefore smaller numbers of veterans, makes detecting patterns in Australian veteran suicides more difficult. Higher risk of suicide has been identified, however, for veterans who were medically discharged and those discharged who were not commissioned officers, and there are indications that length of service may be a predicting factor.¹¹

Data on the psychosocial factors that indicate a higher risk of suicide can be used to ensure support is delivered to those most likely to be in need. Thus, data on risk should be considered when planning and implementing suicide prevention and intervention efforts, it should be used to inform policy and to develop interventions to reduce suicide rates among serving and ex-serving ADF personnel.

In addition, the insights of veterans themselves should be utilised in improving supports. The Commissioner could explore systematic ways of soliciting insights from the lived experience of veterans at key points, including during transition.

The Commissioner should use ABS data, as well as information from their own investigations, to advise Government on suicide risk for defence members and veterans, and on appropriate

⁹ Ravindran C, Morley SW, Stephens BM, Stanley IH, Reger MA. (2020) 'Association of Suicide Risk With Transition to Civilian Life Among US Military Service Members', *JAMA Network Open*, 3(9)

¹⁰ Simonetti JA, Piegari R, Maynard C, Brenner LA, Mori A, Post EP, Nelson K, Trivedi R. (2020) 'Characteristics and Injury Mechanisms of Veteran Primary Care Suicide Decedents with and without Diagnosed Mental Illness' *Journal of General Internal Medicine* March 26 Epub ahead of print.

¹¹ Australian Institute of Health and Welfare. 2017. *Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001–2015*. accessed online at < <https://www.aihw.gov.au/reports/veterans/incidence-of-suicide-in-adf-personnel-2001-2015/contents/table-of-contents>>

protective measures. The Commissioner should also monitor and report to Parliament on the extent to which this information is being used to guide the design and implementation of veterans' services run by Department of Veterans' Affairs, (for example, for Open Arms), and services run outside Department of Veterans' Affairs. Investigation of whether government and community based services are meeting the needs identified through the latest data will help to drive continual improvement in these services.

Functions of the Commissioner: Promoting understanding of suicide risks for defence members and veterans, and factors that can improve defence members and veterans wellbeing

Key points

- The Commissioner should work with relevant Commonwealth, State and Territory bodies to understand and measure the exposure of veterans and service-people to psychosocial risk factors for suicide, and design mitigation strategies accordingly
- The Commissioner should promote a whole of life approach to supporting service-people and veteran's wellbeing

We welcome the intention to vest the Commissioner with the responsibility to promote understanding of the unique suicide risks faced by service-people and veterans. Given the higher rate of suicide for men and women who have served in the defence force compared to the general Australian population,¹² the unique contributors to this increased risk must be identified and mitigated in order to reduce the number of suicide deaths involving veterans and service-people.

While mental illness is a significant risk factor for suicidal behaviour, suicide is more than an expression of mental ill-health and is often related to complex social and situational factors in a person's life.¹³

There are challenges across different stages of defence force service that may contribute to this increased suicide risk – including aspects of selection and training, ADF culture (including level of stigma regarding mental ill-health), exposure to trauma, transition from a structured service context to civilian life, and post-service life which may involve navigating complex compensation and service systems to access appropriate supports.¹⁴ The Commissioner should consider factors across the life-cycle of ADF service in investigating factors that may contribute to suicide risk.

Similarly, the Commissioner should support a whole-of-life wellbeing approach to reduce the suicide risk of serving ADF members and veterans. A whole-of-life, holistic wellbeing approach is recognised as best practice in reduction of illness and injury and promotion of recovery. In their recent review the Productivity Commission found that the current veteran support system has taken a narrow and often short-term focus on treating illness, and should be redesigned to focus on the lifetime

¹² Australian Institute of Health and Welfare. 2019. *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*, accessed online at <<https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary>>

¹³ World Health Organisation. 2014. *Preventing suicide: a global imperative*. Geneva: WHO Press, accessed online at <https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/>.

¹⁴ Mental Health Commission. 2017. *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, accessed online at <https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf>

wellbeing of veterans. This would mean taking into account each of the stages of recruitment, in-service, transition and ex-service.¹⁵

The Commissioner should similarly drive for reforms that promote a whole-of-life approach to suicide prevention, recognising the unique factors of ADF service. There is an opportunity for the Commissioner to work with the Department of Veterans' Affairs and other relevant Government Departments to foster wellbeing across these stages from recruitment to post-service.¹⁶ In this whole-of-life approach, quality of transition to civilian life is a particularly important stage for long-term wellbeing.

Focus on Transition

Key points

- The Commissioner should prioritise advice on strategies designed to mitigate the challenges veterans face in their transition to civilian life
- The Commissioner should work with the Department of Veterans' Affairs and other relevant Government Departments to ensure the veteran support system focuses on the social and economic wellbeing of veterans and on positive transitions to civilian life

Suicide is often the manifestation of complex social and situational factors in a person's life.¹⁷ In the case of service-people and veterans the transition between the structured environment of active service to civilian life is a uniquely vulnerable period. Previous inquiries and reviews on veteran suicide have all identified the critical importance of this transition period for long-term wellbeing. The National Mental Health Commission's review of the services available to veterans and members of the Australian Defence Force noted:

The issue of transition – and the risks it raises for some members – was raised with the Commission in every forum, in every element of the research commissioned for this Review (especially the group discussions and key informant interviews) by the most recent recruits and some senior and experienced ADF commanders.¹⁸

Furthermore, the Productivity Commission in its recent report on veteran support stated that “leaving permanent military life and adjusting to civilian life is one of the most profound transitions in the life course of ADF personnel.”¹⁹

In addition, the latest data from the AIHW demonstrates the particular vulnerability this shift is associated with; particularly for male veterans. Between 2001-2017, 419 veterans, servicemen and

¹⁵ Productivity Commission. *A Better Way to Support Veterans*. 2019. Access online at <<https://www.pc.gov.au/inquiries/completed/veterans/report/veterans-overview.pdf>>

¹⁶ Foreign Affairs, Defence and Trade References Committee. (2017). *The Constant Battle: Suicide by Veterans*, The Senate, August, accessed online at <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report>

¹⁷ World Health Organisation. 2014. *Preventing suicide: a global imperative*. Geneva: WHO Press, accessed online at <https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/>.

¹⁸ Mental Health Commission. 2017. *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, accessed online at <https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf> p 33.

¹⁹ Productivity Commission 2019, *A Better Way to Support Veterans*, Report no. 93, Canberra.

women died by suicide.²⁰ Within this period, the suicide rate for serving men and reservists was 48% lower than for the Australian male population, while the age adjusted suicide rate for veterans was 18% higher than the Australian male population.

The Commissioner should provide cross-portfolio advice on strategies designed to mitigate the challenges veterans face in their transition to civilian life. These challenges include, for example, finding post-military employment, securing housing, the loss of camaraderie and friendships with other service-people, and difficulties in restoring or renewing prior relationships.²¹ A future veteran support system would focus on the wellbeing of veterans and on positive transitions to civilian life in order to reduce the number of suicide deaths involving veterans. To achieve this, supports should be redesigned based on the best practice features of contemporary workers' compensation and social insurance schemes, while recognising the special characteristics of military service.

A full discussion about how workers compensation best practice could be applied to a veteran support system is beyond the scope of this submission, but we take the opportunity to highlight a few key points:²²

- the system must focus on the social and economic wellbeing of the individual, including wherever possible their movement into further employment.
- the system should have differing levels of support delivered appropriately by limiting support to what is needed, but ensuring that all are fully supported.
- consideration should be given to the incentives of the system to ensure they encourage positive outcomes for those being supported; and
- there should be continuous improvement in the support system to ensure that new evidence and better practices are taken into account as they emerge.

Connecting the bereaved with postvention support

Key points

- Access to postvention support should be an essential feature of trauma informed care for those bereaved by suicide
- The Commissioner should develop mechanisms to refer families and others bereaved by the death of a service member or veteran to postvention support

We applaud the intention for the Commissioner to hear from and have a focus on families and others bereaved by a veteran or ADF member suicide death. The trauma-informed approach

²⁰ Australian Institute of Health and Welfare, *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*, <accessed online at:

<<https://www.aihw.gov.au/getmedia/99c20935-ac59-4a78-88d7-e37b6cd3b969/aihw-phe-222.pdf>>

²¹ Speer, M. Phillips, M. Winkel, T. Wright, W. Winkel, N. Reddy, Swapna.R. *Serving Those Who Serve: Upstream Intervention and the Uphill Battle of Veteran Suicide Prevention in the US*, online article, <https://www.healthaffairs.org/doi/10.1377/hblog20190709.197658/full/>

²² See e.g. Safe Work Australia. (2018). *Taking Action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector*, accessed online at <<https://www.safeworkaustralia.gov.au/system/files/documents/1902/taking-action-framework-2018.pdf>> and Insurance Council of Australia. (2015) *A Best Practice Workers Compensation Scheme*, accessed online at <<https://www.insurancecouncil.com.au/assets/report/May%202015%20-%20a%20Best%20Practice%20Workers%20Compensation%20Scheme.pdf>>

outlined in the draft legislation mirrors best practice, and will ensure the Commissioner's decisions are informed by lived experience.

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide, and the Commissioner should establish mechanisms to refer people bereaved by suicide to postvention support. Postvention interventions are specific activities designed to facilitate recovery from suicide bereavement.²³ The most common form of suicide postvention support is peer support groups, meeting with others bereaved by suicide.²⁴ There is consistent evidence that such peer support is beneficial for people bereaved by suicide.²⁵ Other postvention services include individual mental health therapy and outreach by trained survivor teams.²⁶

Postvention supports also mitigate adverse impacts including the risk of a bereaved person engaging in suicidal behaviour. People who are bereaved by suicide are themselves at elevated risk of suicide, particularly if they have a history of prior trauma, suicidal behaviour or depression.²⁷ In the National Mental Health Commission's extensive consultations, current and ex-service people and their families identified the death of a peer, close friend or family member as a risk factor that may trigger mental illness or suicidal behaviour. Many responses to this consultation raised the flow on impacts of suicide and self-harm, and outlined the trauma experienced by children and partners of service personnel.²⁸ Research also indicates that defence force personnel who serve alongside other members who have attempted or completed suicide are at higher risk of suicide.²⁹ As such, postvention supports are very important component of suicide prevention interventions.

The role and activities of the Commissioner will, in and of themselves, support recovery: the act of sharing stories of lived experience can destigmatise suicide and support the journey of recovery.

However, the proposed legislation does not consider the need to connect those sharing their stories of bereavement and lived experience with access to postvention services outside the Commission's activities. The Commissioner should develop referral pathways to connect bereaved families, friends and ADF and veteran colleagues participating in veteran suicide reviews to postvention support if they desire this.

In Australia, there are existing suicide postvention guidelines that have been developed for organisations working with people bereaved by suicide.³⁰ There are also established organisations supporting people bereaved by suicide, peer-support groups and veteran support organisations. However there are unique challenges faced by people bereaved by suicide in the context of ADF service, and gaps in awareness and access for defence force families to welfare and support

²³ Andriessen, K. and Krysinska, K. (2012). 'Essential Questions on Suicide Bereavement and Postvention', *International Journal of Environmental Research and Public Health*, 9, pp. 24-32.

²⁴ Harrington-LaMorie, J., Jordan, J.R., Ruocco, K. & Cerel, J. (2018). 'Surviving families of military suicide loss: Exploring postvention peer support', *Death studies*, 42(1):1-12

²⁵ Bartone, P., Bartone, J. V., Violanti, J. M., Gileno, Z. M. 2017. 'Peer Support Services for Bereaved Survivors: A Systematic Review'. *Journal of Death and Dying*. 80(4).

²⁶ Harrington-LaMorie et al. (2018).). 'Surviving families of military suicide loss: Exploring postvention peer support', *Death studies*, 42(1):1-12

²⁷ Andriessen, K., Krysinska, K., Hill, N.T.M. et al. (2019). 'Effectiveness of interventions for people bereaved through suicide: a systematic review of controlled studies of grief, psychosocial and suicide-related outcomes'. *BMC Psychiatry*, 19, 49.

²⁸ National Mental Health Commission. 2017. *Review into the Suicide and Self-Harm Prevention services available to current and former serving ADF members and their families*.

²⁹ National Institute of Mental Health (2015). As cited in Ruocco, K. 2019. "We can do more: Suicide prevention cannot be the only strategy", *Military Times*, retrieved from <https://www.militarytimes.com/opinion/commentary/2019/08/09/we-can-do-more-suicide-prevention-cannot-be-the-only-strategy/>

³⁰ Australian Institute for Suicide Research and Prevention & Postvention Australia (2017) *Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide*. Brisbane: Australian Institute for Suicide Research and Prevention. Retrieved from < https://www.griffith.edu.au/__data/assets/pdf_file/0038/359696/Postvention_WEB.pdf >

services.³¹ Considering the evidence for the effectiveness of postvention suicide support, the Commissioner should also look to improve access to such services for ADF personnel and families.

Whole of government approach

Key points

- Include in the legislation strong guidance framing the relationship and mutual accountability between the Commissioner and the Department of Veterans' Affairs and ADF
- Include in the legislation acknowledgement of the importance for the Commissioner of working with Veteran's Support Organisations

The recent Productivity Commission report "A Better Way to Support Veterans" identified that government silos and poor planning have led to gaps and duplication, and there is significant variability in the availability of support available.³² Given this, the creation of a National Commissioner for Defence and Veteran Suicide Prevention is a welcome shift to a more whole-of-government approach. This is important not only because of coordination issues in this particular area, but also because of the nature of suicide and suicidal behaviours. Suicide is a complicated and multi-factorial human behaviour. A whole-of-government approach to suicide prevention acknowledges this and seeks better cross-portfolio coordination to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

A National Commissioner for Defence and Veteran Suicide Prevention can ensure leadership and coordination for suicide prevention and facilitate consideration of factors within the control of not just the health, defence and justice portfolios, but also other portfolios such as family and community services, education, employment, police and emergency services, and justice.

The effectiveness of a whole-of-government approach is supported by international case studies. These models show a whole-of-government approach is essential to driving reform and coordinated action to address the suicide rate. For example, the Republic of Ireland has implemented a whole of government approach to suicide prevention and has also seen a progressive decline in its suicide rate. Ireland formed a National Office for Suicide Prevention in 2005 to collect and report on suicide related data, as well as oversee the implementation of the nation's first suicide prevention strategy.³³ Ireland reports the rate of suicide in 2016 was 9.2 per 100,000, compared with 11.8 per 100,000 in 2008.³⁴

However, in order to achieve the potential significant gains in this area of a whole-of-government approach there needs to be additional clarity on how the Commissioner will work with the relevant government departments and non-government organisations. The legislation is largely silent on how

³¹ ADF Families Survey 2015, as cited in National Mental Health Commission (2017). 'Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families'. Retrieved from <https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf>

³² Productivity Commission. (2019). *A Better Way to Support Veterans*, available at <<https://www.pc.gov.au/inquiries/completed/veterans/report>>, p 314.

³³ World Health Organisation. (2018). *National suicide prevention strategies: progress, examples and indicators*. Accessed online at: <https://www.who.int/mental_health/suicideprevention/national_strategies_2019/en/>

³⁴ National Office for Suicide Prevention. (2018). *Annual Report*. Dublin: National Office for Suicide Prevention.

Commissioner will collaborate with Department of Veterans' Affairs and ADF. It is important that the Commissioner performs its functions of undertaking inquiries and developing recommendations independently. However the Commissioner's success in addressing risk factors will be dependent on the ADF's and Department of Veterans' Affairs' level of co-operation, willingness to engage and be active in building systems and practices that address issues and risk factors. There is a need for strong guidance framing the relationship and mutual accountability between the Commissioner and these agencies.

In addition, the Commissioner will need to collaborate with relevant Veteran's Support Organisations including Soldier On, Mates for Mates, RSL and Legacy to ensure comprehensive analysis of and co-ordinated response to issues. These organisations have a number of inherent strengths, such as the advantages of peer-to-peer support, collectively having an extensive geographical reach, the ability to act as advocates for veterans, and the capability to be agile, innovative and responsive to the needs of veterans.³⁵ They also have strong links with veterans and thorough understanding of the issues, and so can assist the Commissioner in hearing the insights of veterans thereby supporting the Commissioner's functions and independence. The legislation would be strengthened by a clear acknowledgement of the importance for the Commissioner of working with these organisations.

Conclusion

Suicide Prevention Australia and Mental Health Australia strongly support the objectives of The National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 (Cth) (the Bill) and the accompanying National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020 (Cth). In this submission we have outlined a number of ways in which the legislation can be strengthened to better achieve its objectives. This legislation presents an opportunity to establish a sound framework that will underpin greater accountability, transparency and systemic change to reduce suicide and suicidal behaviour among our serving Australia Defence Force (ADF) members and veterans. We look forward to the deliberation of the Inquiry and its recommendations.

Thank you for the opportunity to provide input to this inquiry. Should you wish to discuss any aspect of our commentary, please contact Christopher Stone, Policy Manager, Suicide Prevention Australia, at chriss@suicidepreventionaust.org or Ingrid Hatfield, Senior Policy Officer, Mental Health Australia at ingrid.hatfield@mhaustralia.org.

³⁵ Mental Health Commission. 2017. *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, accessed online at < https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf>