

## Joint submission

# National Commissioner for Defence and Veteran Suicide Prevention Bill

### Background

Suicide Prevention Australia and Mental Health Australia welcome the opportunity to review the National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 (Cth) (the Bill).

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.

We are grateful for the opportunity to provide comment on the Bill. 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.

This submission represents our joint view on the Bill, informed by the perspective of our member organisations. While the draft legislation is comprehensive our submission identifies some gaps for consideration by the Attorney-General's Department. 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 AIHW, Mental Health Commission, Mental Health Principal Committee, Coroners and State and Territory emergency services to develop consistent methodology

## Key points

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.

Access to accurate population-level data suicidal behaviour from 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), 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<sup>1</sup>.

We welcome the intention to create and maintain a record of veteran and defence force suicide deaths<sup>2</sup>. 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<sup>3</sup>.

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<sup>4</sup>.

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

<sup>1</sup> 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>

<sup>2</sup> Explanatory Memorandum, National Commissioner for Defence and Veteran Suicide Prevention Bill, para. 11(1)(e)

<sup>3</sup> Explanatory Memorandum, National Commissioner for Defence and Veteran Suicide Prevention Bill, para. 11(1)(d).

<sup>4</sup> 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>>.

prevented in future<sup>5</sup>. 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<sup>6</sup>.

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 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. The Commissioner should use this information to advise Government on suicide risk for defence members and veterans, and on appropriate protective measures.

*Promoting understanding of suicide risks for defence members and veterans, and factors that can improve defence members and veterans wellbeing<sup>7</sup>*

#### Key points

- The Commissioner should prioritise advice on strategies designed to mitigate the challenges veterans face in their transition to civilian life.

<sup>5</sup> Leske, S, D Crompton, and K Kolves. 2019. *Suicide in Queensland: Annual Report 2019*. Brisbane: Australian Institute for Suicide Research and Prevention, Griffith University.

<sup>6</sup> 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](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/~media/Committees/fadt_ctte/VeteranSuicide/report.pdf)>.

<sup>7</sup> Explanatory Memorandum, National Commissioner for Defence and Suicide Prevention Bill 2020 (Cth), para. 11(1)(f)

## 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

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.

Suicide is more than an expression of mental ill health and is often the manifestation of complex social and situational factors in a person's life<sup>8</sup>. 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. The latest data from the AIHW demonstrates the devastating impact this shift can have; particularly for male veterans. Between 2001-2017, 419 veterans, servicemen and women died by suicide<sup>9</sup>. 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<sup>10</sup>. More broadly, there is an opportunity for the Commissioner to work with the Department of Veterans Affairs and other relevant Government Departments to foster wellbeing along the lifecycle from recruitment as a serving member of the Australian Defence Forces, to discharge, to transition to civilian life<sup>11</sup>. A future veteran support system would focus on the lifetime wellbeing of veterans and 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.

## Connecting bereaved persons 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 be obliged to refer families and others bereaved by the death of a service member or veteran to a postvention service

<sup>8</sup> 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/](https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/).

<sup>9</sup> Australian Institute of Health and Welfare, *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*, <accessed online on 29 November 2019 at> <https://www.aihw.gov.au/getmedia/99c20935-ac59-4a78-88d7-e37b6cd3b969/aihw-phe-222.pdf.aspx?inline=true>

<sup>10</sup> 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/>

<sup>11</sup> 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](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report).

We applaud the intention to closely involve families and others bereaved by a veteran or ADF member suicide death. The trauma-informed approach 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 crucial suicide prevention mechanism for those bereaved by suicide: who are themselves at elevated risk of suicide, particularly where the person bereaved has a history of prior trauma, suicidal behaviour or depression<sup>12</sup>. Those who are bereaved by suicide include family, friends and other service people and veterans known to the person who has died, who require specific attention and support. Postvention interventions include clinical and non-clinical options, and are specific activities designed to facilitate recovery from suicide bereavement and mitigate the risk of the individual bereaved from engaging in suicidal behaviour themselves<sup>13</sup>. The planned 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.

Neither the legislation itself nor the explanatory notes, however, outline the need to connect those sharing their stories of bereavement and lived experience with access to postvention services outside the Commission's activities. The draft legislation should explicitly require the Commissioner to refer the bereaved families and friends participating in veteran suicide reviews to formal postvention support.

#### ***Further information***

Thank you for the opportunity to provide comment on the draft Bill. Should you wish to discuss any aspect of our commentary, please contact Rebecca Burdick Davies, Director, Policy & Government Relations, Suicide Prevention Australia, at [rebeccabd@suicidepreventionaust.org](mailto:rebeccabd@suicidepreventionaust.org) or Ingrid Hatfield, Senior Policy Officer, Mental Health Australia at [ingrid.hatfield@mhaustralia.org](mailto:ingrid.hatfield@mhaustralia.org).

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<sup>12</sup> Andriessen, K., Kryszynska, 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.

<sup>13</sup> Andriessen, K. and Kryszynska, K. (2012). 'Essential Questions on Suicide Bereavement and Postvention', *International Journal of Environmental Research and Public Health*, 9, pp. 24-32.