



Royal Commission Update - Brisbane Day 4 - 2 December 2021

RSL References

NA

General Summary

- Focus on Moral Injury
- Care of Veterans
- Still focused on Defence culture

10:00am - Mr Peter Jenkins - Lived Experience

- Insufficient post-deployment support, and no ongoing follow-up - Need care before, during and after deployment
- Need for mental health first aid training during promotion courses above Lance-Corporal level
- DVA:
 - Insurance firm, rather than support
 - No information provided to the family
 - Staff need training and education to improve empathy/understanding
- Defence must be proactive in providing information to affected families
- Protection for personnel is required before they will come forward i.e., protection from being removed from service
- Need to build a system that cares for individuals

11:15am - Mrs Nicola Jamieson - Moral Injury Expert

Moral Injury:

- Damage arising from a deep violation of a moral framework
- Death is often a significant aspect
- Factors include guilt, shame, self-condemning behaviour and betrayal
- Can be caused by unfulfilled expectations - betrayal - including systems betrayal (leadership) and blind-eye betrayal (ignoring wrongdoing)
- Shame linked to high suicidality
- Moral injury creates disconnection, often from society, leading to suicide as the ultimate disconnection
- Moral injury isn't healed - learned to live with, similar to grief

Moral Injury and Defence/DVA:

- Difference of military moral framework v. civilian moral framework – helps explain difficult of transition
- Stigmatisation of help seeking creates moral trauma
- Importance of leadership awareness and embedding moral frameworks and understanding moral injury
- DVA denial of support to Veterans can cause moral injury – i.e. expectations of support for service are violated
- Defence and DVA making research difficult

Recommendations:

- More research, particularly on gender, is required
- Assessing moral frameworks during recruitment
- Assessing the moral frameworks and emotional intelligence of leadership, including during promotion processes
- Embedding moral injury awareness training through Defence/DVA

1:45pm - Padre Gary Stone - Veterans Care Association - Moral Injury Expert & Lived Experience

- Post-1992 downsizing, if you were not 100% fit, you were discharged – led to soldiering on and non-disclosure
- Self-treatment as soldiers can't trust leadership
- Veterans are central to the solution
- We can't wait two years to implement solutions
- Six core issues – need for holistic health, acute care changes, treatment of moral trauma, identity, purpose and prevention
- Solutions:
 - Accept proposal to increase Veterans' chaplains
 - Expand DVA Peer-to-Peer program
 - Upskill wellbeing officers in ESOs
 - Clinicians must know veterans
 - Funding for preventative health

2:45pm - Dr Phil Parker - General Practitioner & Lived Experience - Achieving outcomes in primary care for Veterans

Need dedicated health workforce for Veterans. Return of Repatriation Hospitals encouraged. BUPA is not an appropriate contracted provider. Referral pathways are insufficient.

Injuries:

- Cultural shift in ADF required
- Pain, sleep dysfunction, irritability, affects family units
- Spine, knee, shoulder and back injuries are common and poorly treated
- Pace and tempo of service contributes - expected to be at 100%
- Need recovery times
- Need NLHC

Transition:

- Those who don't understand DVA processes can struggle - guidance required
- Discharge and transition take time to adjust to civilian systems: health, vocational, family
- Purpose and identity are removed, while managing a family situation
- Protective measures (work, study, health) in place before discharge
- Employment while serving is an option

Funding:

- Complex consultations for clinician - fee schedules are insufficient
- Too hard, too little pay for community clinicians
- Need specialised primary veteran care and won't pay for it

Mental Health:

- Not enough specialised practitioners including clinical psychologist in services
- Need for regular review of treatment and team approach to treatment
- PTSD - the job is protective, when discharged PTSD surfaces - may be overshadowed by adjustment disorder
- NLHC is a good thing