Royal Commission Update – Brisbane Day 2 - 30 November 2021

RSL References

- Dr Boss referred to the RSL as a long-established ESO – around 11:50am AEST
- Focus on Veterans support systems, with particular blame on DVA system, and some on Defence
- Reasonably complimentary to ESOs, while acknowledging challenging coordination landscape

General Summary

10:00am – Dr Bernadette Boss – Explanation of Interim Report

Statistics:

- Difficult to get adequate information
- Interpretation of statistics is important, and sometimes misleading

Veterans Governance:

- Reform of legislation and changes in the way legislation is implemented by DVA. Including Statements of Principle, policies and procedures
- Veterans Centric Reform will be ineffective without fundamental reimagining of veterans' support
- Need to focus on wellness, not illness – incapacity focus does not help vets
- Delays in providing support/assessing claims are harmful
- Reform of entire system – based on NDIS principles
- User-friendly interface required i.e. MyService
- Establishing Commissioner in coordinator/ombudsman role
    - Coordinates Government and NGO/ESO service provision
    - Implements accepted recommendations from Inquiries/RC
    - Evaluating effectiveness of reform
- Implementation of a Death Register to record all deaths by suicide among Defence/Veteran cohorts

ESOs:

- Good work is being done, but there is a disconnect in coordination, including with Government departments and among Government departments
- Referenced Rec 8.3 of the Interim Report: The Australian Government should create an independent entity to identify ex-service organisation (ESO) and veteran support organisation (VSO) groups, capacity build, deconflict services, focus funding, integrate services.
    - To act as watchdog/coordinator
- Referenced Rec 8.4: The Australian Government should compile and maintain a consolidated, up-to-date, database of community veteran support organisations, and make key information from this database accessible to the public.
    - Difficult of mapping the ESO landscape to maintain currency and ensure accessibility

DVA:

- Complexity of framework and legislation due to different rules/acts
- Complexity is too complicated for vets
- Waiting times are too long
- No integration between DVA and Defence
- Staff are unaware of ADF/Veteran experience – miscommunications
- Inadequate fee schedule

Defence:

- No baseline measurement for implemented changes
- Chain of command can block problem raising – hierarchy prevents going around bullies/blockages – leading to helplessness/hopelessness, especially with younger members
- Cultural change struggles to permeate lower levels of chain of command

Other:

- Establish peer-to-peer support program throughout Defence Veteran lifecycle, with broader remit than current DVA trial program
    - From joining to becoming a veteran post-transition
    - Collaboration between Defence, DVA and ESOs
    - Peer with appropriate training, respectful relationship with Chain of Command
    - Should begin immediately
- Make available more clinical psychologists – and have them proactively setup support and research networks for Defence/Veteran issues
- Vocational training during transition
- ID & Assistance for 'at-risk' groups during transition
- Reform of Privacy Act to encourage info provision to families

2:00pm – Dr Andrew Khoo & Dr Katelyn Kerr – PTSD and Pharmacology

PTSD:

- There are physical, emotional and mental effects of PTSD
- Drugs often used to treat symptoms – however, this is ad hoc and at a level that is too high
- Lifetime prevalence of PTSD between 20-30%, with current prevalence amongst veterans at about 10%
- 75% prevalence of some psychiatric illness for transitioning personnel
- Need for psychiatrists to have specific knowledge – sophistication in treating PTSD, understanding of treatment systems for Defence/Veterans i.e., access, billing, DVA, reporting, and understanding of military culture and language
- DVA fees, despite recent changes, are too low, or remuneration information/education is insignificant – significant disincentive, especially for Psychiatrists
- Better education for mental illness required – should be as treatable as physical injury and should be treated the same

Symptoms and treatment:

- Significant impact of PTSD on family, relationships, emotional range
- Substance abuse high amongst those with PTSD
- Triggered by lack of rest, constant deployment, bullying, low social support, unfair punishment, discouraging help seeking, poor leadership

- Moral injury, trauma and guilt plays a role
- Requirement for ongoing emotional trauma treatment
- In vivo treatment to help them get their lives back, prolonged exposure treatment to deal with trauma
- Need for rest periods
- Helped by exercise, sleep, social support, relaxation, good self-talk, leadership

Should you wish to contact the RSL NSW Royal Commission Office, please do so at submissions@rslnsw.org.au or on 0499 441 291.