



Royal Commission Update - Brisbane Day 9 - 9 December 2021

RSL References

Positive:

- 12:22pm - Was aware of RSL help for transition
- 2:03-2:06pm - RSL Queensland partnerships in various programs with Gallipoli Medical
- 3:36pm - RSL QLD and Mates4Mates partners on Australian Defence Community Needs Assessment
- 3:45pm - RSL QLD commissioned Service Strategy. RSL QLD refers to that in its Service Planning plan to 2025
- 3:54pm - RSL QLD mentioned for providing advocacy and services and the possibility of collocating these with Mates4Mates' wellbeing services
- 3:58pm - RSL QLD partner in Families with a Veteran report

Negative:

NA

General Summary

- Limitations of briefings during service and psychological services offered
- Benefits of peer-to-peer programs post-discharge
- Issues related to transition, co-morbidities, and services for families
- Evidence-based and colocated responses

10:00am - BR2 (anonymised) - Lived Experience

- Insufficient pre-deployment briefing - Graphic testimony of deployment - high OPTEMPO - insufficient post-operation debriefing
- Impact of government policy on mental health i.e., refugee policy
- Post-operation psychological screening (POPS) - 1st time was a 15-minute box ticking exercise with Navy psych - 2nd time was a higher-ranking Navy psych who advised that if he continued to discuss discomfit with incidents from deployment, it would affect career, and coached on how to return to service
- Lying on screening tests is common - culture of ADF - due to medical classification categories
- Mental health stigma in the ADF - leads to band-aid fixes, such as suicide awareness course - also leads to be looked at differently and careers being affected
- Need relatable courses to engage ADF personnel
- Help-seeking on-base or with uniformed psychologists is difficult
- Timeframe for discharge and transition is too short - need retraining to become civilians

11:45am - Mr Lee Bailey - Lived Experience

- Importance of peer-to-peer programs - can't relate with external psychologists - can build trust and rapport and provide validation - will hold each other accountable
- When you are post-ADF and struggling with mental health, there is shame around feeling that you are not coping - Suicide is often not about dying, but just wanting it to stop
- When discharge lost trust, team, ADF family - felt angry, lacking context and isolated - confused about place in the world
- Better transition starts at recruitment - also need to ensure resilience of recruits
- ANZAC Day - militarised national discourse and history:
 - Lacks substance - may be for public, not veterans
 - Send dangerous signal to children, tempting them to enlist
 - Politicians use concept of 'ANZAC Spirit', and a topic becomes inarguable
 - Equivalence between sportspeople and ANZAC, warriors
- Defence doesn't leave room for expansion of the soul or personal development - it is not its role

12:45pm - Gallipoli Medical Research Institute -

Ms Miriam Dwyer - Professor Darrell Crawford - Dr Kerri-Anne Woodbury - Dr Robyn O'Sullivan - Dr Emina Prguda - Dr Angela Maguire

Transition:

- No standard measures of reintegration and readjustment, or evidence-based interventions on these issues
- Estimated 46% of veterans who transitioned in past 12 months have diagnosable mental health disorders, while 78% reported difficulty with transition
- Key risk factors include medical discharge, younger veterans, and single
- Good process would include early education and planning, providing understanding of the cultural shock, vocational opportunities, and need for function and fulfillment
- Need holistic, culturally determined, multi-factored responses

Co-morbidities:

- Polypharmacy is a real issue, primarily caused by service providers not having information re. pharmacology and what has been prescribed

- Sleep is an issue - PTSD causes hyperarousal, which leads to insomnia and reduction of REM sleep (important for fear extinction), nightmares, sleep disturbance and an impact on partners and families - can then worsen PTSD - look to medicate with alcohol etc.
- Other PTSD comorbidities can include gastrointestinal, cardiovascular/renal, sleep/respiratory and neurological effects - may contribute to self-harm
- There is need for sharing of real-time medical records, possibly through MyHealth

Services for families:

- Lack of information re. available services and eligibility criteria
- Collocation of services is important for families - i.e., advocacy and employment, wellbeing, health - for integration of care and ease of access
- Need for decentralised services in rural and regional area - good for potential for telehealth
- Care for families should include holistic and integrated models of care - more navigable than current veteran care model