



Royal Commission Update - Sydney Day 21 - 14 March 2022

RSL References

Positive:

NA

Negative:

NA

General Summary

- Graphic lived experience testimony
- Examination of ADF's whole of lifetime approach to wellbeing

10.00 - Mr Kyle Hose (Lived Experience - Army)

- Emotive lived experience testimony
- Joined Army Mechanic Apprentices at 15, as part of family tradition
- First 3 months posting went well, and he loved it
- Was then subject to sexual, physical and verbal abuse - extreme bullying and harassment - at the age of 16, left fearing for life
- Developed severe physical injuries which left him deformed
- Didn't report as he was scared harassment would increase - although it would have been obvious what was happening
- Turned to substance abuse as a coping mechanism - led to dishonourable discharge - led to rift with his father
- Multiple suicide attempts - lost his faith, lost his family
- Has built a strong support network now
- Need access to strong peer support network during discharge and transition

11.35 - Defence - Major General Natasha Fox AM CSC (Dep. Chief of Army) - Rear Admiral Sarah Sharkey AM CSC (Surgeon General, ADF and Commander of Joint Health) Mr David Morton (Director General, Health Policy Program and Assurance) and Major General Wade Stothart DSC AM CSC (Head of People Capability, ADF):

Statistics

- No reliable information on suicide statistics pre-2000 - Defence Suicide Register established in 2014 for permanent serving members
- JMPU may have some data on suicides in ADF post-1965
- Defence provides info to AIHW re. deaths by suicide
- Doing work to better understand risk and protective factors for suicide in the ADF, and create a more sustainable suicide monitoring system
- No register for reservists or cross-check
- Lots of work to do on DVA and Defence data

Death by suicide investigations and suicide prevention frameworks

- IGADF investigated at least some of these deaths by suicide
- No systematic reviews for patterns in suicide deaths, although some immediate lessons are taken - instead use AIHW to deliver systemic findings
- Defence is implementing SafeSide approach - Dr Anthony Pisani - implemented in April 2021
- Current policy and health manuals will continue to be updated
- Patterns in units can be discovered - there are consequences - although these seem to be less than systematic and are not published in this form

Whole of lifetime approach to Defence member wellbeing

- Links to Productivity Commission recommendations - oversight by external body for single DVA and ADF plan, including APS members
- Single strategy aiming to be created by 2023-23 - however, current strategies are aligned
- Need to identify gaps re. lifetime wellbeing i.e. financial literacy and support - this mapping will allow gaps to be plugged
- USB with details of health record given to each transitioning member
- Working with RACGP and RANZCP to provide more doctors and psychiatrists with military specialty training and veteran-sensitive practice
- In Defence, 430 psychiatrists providing services - want to provide choice to members - obviously this is more difficult in rural and regional areas
- Looking at continuing to implement multi-disciplinary and comprehensive health teams across ADF, in a wraparound system with significant follow-up - particularly following suicidal ideation
- Trauma-informed care to be a focus, although not all health practitioners are trained in it

Transition

- Defence provides one 60+ min consultation with GP in location where transitioning member settles
- Implementation of whole of life approach difficult at transition - working with DVA - know all Defence members who have transitioned since 2019
- DVA presents at Service Schools, allows instant creation of MyService profiles
- Veterans Support Officers at bases across Australia
- Creating an ecosystem with other departments - CSC, other State and Federal departments

Medical discharge

- Look to seek alternatives to deployment to maintain employment
- Don't want people to leave Defence unless there is a clinical reason
- ADF becoming less conservative on restrictions for mental health - case-by-case basis
- Tension inherent in system between safety of individual, safety of peers and safety of mission against health needs
- System needs to translate health status in interpretable way for Chain of Command to use in running units - acknowledge this creates barriers to help-seeking
- Want to encourage help-seeking wherever possible, especially early help-seeking which can minimise impact
- Acknowledge the importance of peer support and teams when returning from mental health break - cultural and educational shift
- Looking to examine medicalisation of treatment - this should be last resort, following lifestyle treatment and then psychiatric treatment