

Dear Senators,

Thank you for the opportunity to provide a submission regarding the mental health of Australian Defence Force personnel who have returned from combat, peacekeeping or other deployments.

I served the Australian Army for nearly 28 years. I did two tours of East Timor. I'm employed as a fulltime advocate by the Returned & Services League of Australia (SA/NT Branch). This is a private submission and my views do not reflect those of the League. My role is to assist serving and ex-serving men and women with their claims to the Department of Veterans' Affairs. My aim is to help them and their families live long and happy lives.

I take a holistic view of serving and ex-serving personnel, their health and welfare. I believe every man and women who has taken the oath to serve the nation in the profession of arms is a veteran whether they deploy overseas or not.

It is my view that the two biggest problems regarding the mental health of veterans, serving and ex-serving, are stigma and isolation.

I will now provide comments in accordance with the terms of reference.

The mental health of Australian Defence Force (ADF) personnel who have returned from combat, peacekeeping or other deployment, with particular reference to:

The extent and significance of mental ill-health and post-traumatic stress disorder (PTSD) among returned service personnel.

I won't comment on the extent amongst serving personnel, if they are experiencing problems they at least have support close to hand if they can get past the stigma of asking for it. I think a greater problem is when personnel separate from the ADF with mental health issues or moral injuries and they have trouble establishing positive support networks as they transition to civilian life. Too many veterans with issues seek to isolate themselves from family and friends; they head bush or drift to the fringes of community and are at risk of becoming involved with criminals and drug addicts who can welcome them as an asset and then use them. Stigma and feeling isolated are the two big problems.

Identification and disclosure policies of the ADF in relation to mental ill health and PTSD;

Probably the biggest problem is the stigma associated with seeking help. Many troops believe that anyone who asks for help is unlikely to deploy and will probably be medically discharged. Many believe asking for help can be a career ending move, hence the stigma.

Recordkeeping for mental ill-health and PTSD, including hospitalisations and deaths;

I am unable to comment on this question.

Mental health evaluation and counselling services available to returned service personnel;

I have heard anecdotal evidence of troops being told before taking part in post operational psychological screening (POPS) to go in and tell the psychology staff that 'you are fine or we will be here all day'. This would add to the stigma and a perception that having a problem is a sign of weakness.

The adequacy of mental health support services, including housing support services, provided by the Department of Veterans' Affairs (DVA);

VVCS is an excellent service.

Housing support services are inadequate.

The support available for partners, carers and families of returned service personnel who experience mental ill-health and PTSD;

Again VVCS is an excellent service. More could be done by DVA, VVCS and ESOs to educate and support families including the extended family. There is a shortage of positive stories or role models and handy information for the general public. The stereotype of the veteran with PTSD being some kind of ticking time bomb is very unhelpful and not accurate. Many PTSD sufferers are high functioning and perform well in high-powered jobs. Often their problem is they race to stay ahead of their demons and become workaholics. They can't slow down and by the time they do they have isolated their families.

The growing number of returned service personnel experiencing homelessness due to mental ill-health, PTSD and other issues related to their service;

More could be done by ESOs in partnership with government to establish accommodation centres for veterans at risk.

The effectiveness of the Memorandum of Understanding between the ADF and DVA for the Cooperative Delivery of Care;

I do not have sufficient knowledge to comment on this.

The effectiveness of training and education offerings to returned service personnel upon their discharge from the ADF.

There ought to be something similar to the American GI Bill available to Defence personnel upon discharge. Retraining is usually only available to those being medically discharged. The offer of retraining is usually limited to 12 months after discharge, this is too short, there should be a longer window of opportunity for discharged personnel to use the resources available to them.

Any other related matters.

The ADF has had a rehabilitation centre for alcohol abuse for many years. There ought to be similar facilities for those dealing with mental health issues.

Often a person with a mental illness remains in the unit they were posted to when they were diagnosed. This can cause considerable pressure within the unit as their workload is transferred to other members and the sufferer risks the jibes of others for being perceived as a malingerer. There are avenues to have members transferred to other units or sent on convalescence leave but they tend to remain the responsibility of their parent unit for command and administration. This places a large burden on unit commanders who are not given additional resources to manage people with long-term illness.

Soldier Recovery Centres are an excellent idea. However there ought to be consideration to establishing permanent rehabilitation centres in each major troop concentration centre.

There is a need for more support from and closer collaboration between the ADF and the Ex-Service Community with a view to mentoring and grandfathering personnel facing discharge, especially those with long-term illness and disabilities. ADF support and mateship ceases the moment a person is discharged. It can be very difficult for people within the ADF or employed by the ADF to appreciate or understand the turmoil and challenges personnel may undergo as they try to reintegrate into civilian life. Positive role models and mentors appropriately accredited from ESOs could be available through Transition Cells and to visit units on request to assist individuals prepare themselves better for reintegration. Many veterans may have deployed multiple times but have very little life experience outside of Defence. There needs to be more balance between the effort that went into training and conditioning them and the preparation they should have before they leave the ADF. Some grandfatherly advice would help in many instances. Many veterans describe feeling cut off from family and civilian friends, 'no one understands them'. DVA has partnered with the ESO community to establish

the Training and Information Program (TIP). TIP provides trained pension and welfare officers and advocates for veterans and helps them in their dealings with DVA. TIP has been tremendously successful. There ought to be an opportunity for the ADF to partner with ESOs to create a similar program to provide mentors and assist in the long-term health and well being of veterans and their families. There are many agencies that provide specialised support but it tends to be compartmentalised. Defence Community Organisation does a good job for families while the member is serving. ESOs could help provide appropriately trained veterans to provide a bridge of support from Defence through to reintegration. While people are serving they see themselves as 'in', when they leave they are 'out'. The thinking should be more holistic, they are links in an unbroken chain that goes all the way back to Federation and will continue well into the future. We can do better to look after our veterans and prepare them for reintegration.

The ADF ought to make greater use of various Reserve models of service to build resilience in its people and the organisation. The Ready Reserve Scheme of the early 90s provided excellent highly capable personnel. Highly educated and highly motivated, they had a sound grasp on the real world. Recruited in regional cohorts many are still serving and they built excellent networks within their civilian communities and military careers. The regular ADF tends to isolate themselves from the wider community. Reserves are organic to their communities and they bring life skills and other expertise that is often lacking amongst their fulltime comrades. Personnel that are recruited by regions that join and serve together are less likely to feel isolated from their mates, family and community.

There ought to be more collaboration between DVA and ESOs to provide chaplaincy services and pastoral care for vulnerable veterans and their families.

Yours sincerely,
Mark Keynes

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