Question on notice – 17/11/220 - National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020

Section from transcript: **Senator LAMBIE:** Can you provide the committee with your thinking on what's needed?

Nikki Jamieson Response:

What is needed:

We now have access to a wealth of research that outlines the biopsychosocial impacts arising within and from the unique experiences of veterans including heightened risk of suicide (service exposure, stigma, increased drug and alcohol misuse, transition issues and relationship impacts). Government policy and decision making are also contributing directly to veteran suicidality (see Jesse Bird inquiry as an example). Therefore, it is my belief that in its current form, other than providing limited information on distal and proximal risk factors for decedents, the proposed review of 419 suicides is unlikely to provide enough information to create any substantial change, it will simply reinforce what we already know.

Several areas of action are proposed below:

- Bi-partisan agreement and an announcement of a full, complete, and independent Royal Commission into veteran suicide – as a standalone or as well as the proposed National Commission subject to the changes outlined by speakers at the Senate Inquiry and below.
- Proposed review must be expanded to cover all known / confirmed suicides to date not just to 2017. The Review must include those living with suicidality. In addition, high levels of bias currently exist with the proposed review therefore, independent safeguards are needed. Such as doing Psychological autopsies of each suicide would be required to examine contributing factors and reduce bias.
- The culture of the ADF is the problem – why would you have military or ex-military investigating military or ex-military – conflict of interest & risk of bias – a fully independent and non-military National Commissioner is needed to regain trust from veterans and their families.
- A systemic and systematic change in military culture, behaviours and attitudes is required to reduce suicide. This is not easy and requires a whole of system, whole of government commitment to change in alignment with national suicide prevention priorities. This change includes comprehensive mandatory suicide specific training for all levels of service, not simply a 30-60 minute power point presentation depending on rank or level.
- A collaborative and integrated approach to service delivery is required that includes multidisciplinary, multisystem with and between military and non-military sectors.

- A review of current assessment and recruitment practices and roles is required. Multidisciplinary approach to assessment and recruitment embedding both suicide prevention within current roles and practice, and an inclusion of more real time, real life exposure training scenarios in addition to quantitative and qualitative information gathering.
- Assessment frameworks and scenarios that test an individual's moral framework prior to entering the ADF is also beneficial as it may provide an indicator of heightened risk of moral injury and suicidality.
- Protocols need to be addressed for promotion in service. Poor leadership is a key factor that results in poor mental health for veterans in service. Therefore, senior officers and leaders must be made accountable of their actions and must undergo regular training and assessment to ensure their interpersonal skills are not damaging the mental health of others. Comprehensive psychological testing should be undertaken prior to any promotion.
- We need veterans to feel safe and to be able to access multi modal opportunities to discuss systemic and systematic issues, currently this is not happening. As mentioned by many other speakers on the day, I am also not convinced that the NC in its current form will support this. Particularly given the lack of independence and impartiality that the current NC proposes and issues with privacy and confidentiality. Therefore, more multi modal opportunities to allow veterans to discuss their issues and concerns safely and without prejudice is required.
- We need to give veterans a voice! We need to listen and learn from the voices of lived experience to help us understand the systemic and systematic factors underpinning veteran suicide. We need to hear from our veterans – currently this is not happening. A select few members are often cherry picked and many veterans are left out, not provided enough time or not being aware of processes and opportunities – the Senate Inquiry process is just one example of the limitations to veterans not providing ample and timely opportunity for lived experience to be appropriately consulted.
- More qualitative research with veterans is required, a stronger focus on qualitative exploratory research will help to uncover innovative practices that are not discovered with traditional research methods and that are beneficial to veterans.
- Inclusion of lived experience - continuation with and formation of co-design opportunities focussing on mental health and wellbeing in Defence and ex-service communities.
- We need an Increased focus on postvention, particularly in Defence following a suicide on base. We also need organisational postvention responses for DVA when faced with suicide death of clients and or colleagues.
- More choice for veterans – veterans should be able to access the support they need when they need it. It seems now, support is prescribed dependent on whether they are linked to DVA etc. Veterans need to be able to access both non-military and

military support when they need it. Therefore, health and psychological services also need to be properly remunerated at the same rates for veterans as civilians (this currently does not happen leaving veterans disadvantaged).

- In-depth consultations frameworks need to be developed and well publicised inclusive of lived experience and various experts (both Government and non-government).
- Accurate tracking of the prevalence of suicide and suicide attempt among veterans statewide and nationally for both current and former ADF is required.
- Transition support – extended paid departure periods for individuals leaving defence, including education and skill building including but not limited to budget and finance, housing, relationships, pain management, translating skills into qualifications etc. transitionary psychosocial support including identity transformation and reintegration into civilian life.

Fundamentally, putting our veterans first and giving them a voice is what is required and not just another piece of bureaucracy and legislation for veterans and their families to get lost in and or for bureaucracy to hide behind. The Bill in it's current form is just not good enough nor is it veteran centric and therefore is very unlikely to reduce veteran suicide.

The points raised above are my own and are based on lived experience and previous research experience, they are not reflective of or linked to any organisation or individual. Current literary evidence has also been read/used to support the above – see additional reading list for further reading.

Additional reading

Andriessen, K., Krysinkska, K., Kolves & Reavley, N (2019). Suicide postvention service models and guidelines 2014-2019: A Systematic Review. *Systematic Review*. Doi: 10.3389/fpsyg.2019.02677.

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Simmons, A., Yoder, L. (2013). Military resilience: a concept analysis, Nurs Forum. 48 1: 17 – 25.