Respectful Submission to the Royal Commissioners

in Response to Notice to Inform Request NTG-SLR-001

for the Royal Commission into Defence & Veteran Suicide

October 2021

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20 October 2021

Dear Commissioners,

Thank you for your letter dated 24 September 2021 seeking information from Soldier On in regard to the Royal Commission into Veteran and Defence Suicide, and your provision of an extension of our deadline to submit until 25 October 2021.

As you are aware, the matters raised in your letter are complex and require a thorough and collaborative examination. In this context, and within the limited response time provided, Soldier On seek to highlight some of the themes that are evident to our psychology practitioners, staff and organisation as significant contributors to defence and veteran suicide. Solutions will need a collaborative approach, and where possible, have included the actions and strategies we see as necessary, or valuable in the prevention of defence and veteran suicide.

Soldier On expect to provide a more thorough examination of these issues in their more thoroughly “participant informed” submission to the Royal Commission in 2022.

Our responses below are informed by Soldier On’s experience working closely with veterans (serving and ex-serving) and their families since 2012, and in our collaboration with other Ex-Service Organisations (ESO’s) and defence and government bodies.

Soldier On would also welcome the opportunity to provide any additional information or clarification that may be of assistance to the Commission in respect of the issues addressed below.

Yours Faithfully

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1. ORGANISATION SUPPORT SERVICES

Does your organisation provide support and/or services to veterans, defence members, their families, carers, and / or support persons? If yes, describe:

(a) the nature of the support and/or services provided;

(b) to whom the support and/or services are provided; and

(c) by what means the support and/or services are provided.

Soldier On is Australia's only national, fully integrated and holistic support service provider for veterans and their families. Soldier On delivers an integrated model of services in all states and territories. At present we support with over 7,000 veterans and their family members, and over 13,000 participants have engaged in Soldier On Activities in the past 12 months.

Our services aim to help individuals build resilience and create, and expand meaningful connections with family, community, and employers. Soldier On provides support for serving and ex-serving veterans and their families to enable them to thrive. We currently provide a connected and holistic **HELP** model of support which includes:

Health and Wellbeing

Including evidence-based, trauma-informed psychology services and ongoing support and mentorship opportunities, as well as health programs incorporating fitness, yoga, nutrition and physical wellbeing programs;

Employment and Transition Programs

Linking a network of employment and transition coaches across Australia to assist veterans and their families gain meaningful employment following service, together with over 200 corporate and government partners providing employment opportunities for veterans;

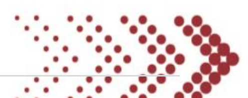
Learning through Education and Vocation Training Programs

Equipping veterans and their families with the necessary skills and qualifications to be more broadly employable, with the support of over 40 educational organisations who have partnered with us to create opportunities; and

Participation in our Social Connection Activity Programs

Encouraging an active lifestyle and to promote social connectivity with family, friends, other peers and the community at large.

Soldier On supports serving and ex-serving personnel and their families as they transition to successful futures. These participants express pressures and complications across both their serving, transition and broader life experiences that contribute to mental ill health and a decreased sense of wellbeing.



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2. OTHER ROLES AND PURPOSE OF THE ORGANISATION

Describe any other roles and purposes of your organisation and the kinds of work that it performs.

Soldier On's vision is to have the best supported generation of Australian Defence Force (ADF) service men and women – and their families – in Australia's history.

Soldier On enables serving and ex serving veterans and their families to thrive.

Founded in 2012 by John Bale, Danielle Clout and Cavin Wilson, Soldier on was formed following the death of a friend killed in an Improvised Explosive Device (IED) blast while on deployment in Afghanistan in 2008. This tragic event and the subsequent impact it had on those who had survived the blast exposed a gap in the support available to contemporary, returned service men and women and their families. Soldier On is grounded in the bonds of friendship and a desire to better connect the community to the experiences of Australian Defence personnel, veterans, and their families.

Recognising the pressures of working in the Australian Defence Force and its impact on the individual and the family, Soldier On continue to see many veterans struggle with unemployment, underemployment, overemployment, social isolation, and mental health issues.

Soldier On programs are guided by the principles of Trauma Informed Care and program objectives are based on empowerment, collaboration, choice, safety and trustworthiness. The Soldier On program design is led by the principles of independent, respectful, holistic and professional support. Programs are participant-centric, with staff supporting veterans in a tailored and needs based manner. Soldier On services are provided to veterans and their families with respect and all services received from Soldier On are professional and competent. Staff build collaborative, respectful and professional relationships with veterans and their family members and ensure that support is individually tailored and guided by the participant reflecting the empowering objective of the program design.

Offering a holistic, multi-tiered programs, Soldier On offers evidenced-based services that help build resilient veterans capable of developing and expanding meaningful connections with their family, the community, and employers. The programs at Soldier On integrate through internal referrals as guided by and empowering the veteran, mirroring the participant focused program design. Alongside the Pathways program, Social Connection activities recognise the importance of connecting with others and being well in the process. The in-house, evidence-based psychology programs reflect and build on Soldier On programs to centre holistic, professional and safe psychology treatments to service personnel who have been impacted by their service to Australia.

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3. ORGANISATIONAL STRUCTURE

Describe the structure of your organisation including size, budget and governance processes.

Soldier On is a company limited by guarantee with six members. Soldier On was established as a not-for-profit, non-political charitable entity. Its organisational purpose is to raise and administer funds for the purpose of relieving the suffering and supporting the health and wellbeing of current and ex-serving ADF personnel whose physical and/or mental health and wellbeing is being adversely impacted as a result of serving their nation since 1990. Soldier On also actively supports the family members of those individuals where those family members are being adversely impacted as a result of the physical and/or mental health and wellbeing issue being experienced by those individuals from their service.

Soldier On is an Australian Registered Charity No. 159 358 219.

Soldier On is a leader in supporting those who have served and continue to serve in the Australian Defence Force (ADF) personnel from the Australian Army, Royal Australian Navy and Royal Australian Air Force. This includes full-time members and reservists.

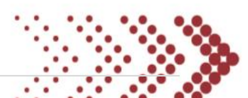
Immediate family members that Soldier On supports include spouses, partners, children, stepchildren and parents who are/were, living as a family unit.

Veterans form 76% of the participant base with experiences from:

Army:	63%
Navy:	20%
RAAF:	17%
National security personnel:	8%
Family members:	15%

Men currently represent 69% of those supported, women representing 31% of participants.

Soldier On derives no cost or fees from any veterans or family members. We continue to work with industry and government to ensure we achieve programs that support veterans and families to secure their future.



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Soldier On is governed by a Board of Directors who have extensive relevant experience to being independence, accountability and judgment to the Board's deliberations. This ensures that the Board acts in good faith, in Soldier On's best interests, and primarily for the benefit of service personnel and their families. The Board also ensures that Soldier On operates within an effective corporate governance framework. In particular, the Board:

- Sets and reviews strategic direction;
- Monitors the operating and financial performance of Soldier On; and
- Evaluates the performance of the Chief Executive Officer and senior management.

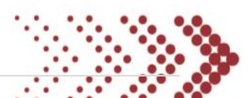
The Board has created a number of Board Committees to assist with its role in governing the organisation. All Committees operate under formal terms of reference which are updated as necessary. Committees are responsible for considering relevant issues and making recommendations to the Board with the scope of their respective Terms of Reference. Soldier On prepares special purpose financial reports each year that are fully audited by an external auditor, with a full history of unqualified audit opinions.

Soldier On's senior management team assumes responsibility for the delivery of the Soldier On strategy and operations. With the CEO and the COO reporting regularly to the Board Committees and the Board of Directors, through the production of bi-monthly operational and financial reports.

The Board, senior management team, employees and volunteers of Soldier On are governed by an established set of policies, processes and procedures including a clearly defined delegation of authority policy that sets out the limits of delegations and separations of duties where appropriate.

Soldier On currently employs 65 staff in 17 offices/locations around Australia with almost 50% of staff being veterans and family members of veterans.

Currently operating services in all Australian states and territories, Soldier On supports veterans in all capital cities and many regional areas as well.



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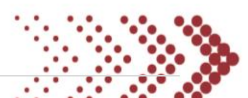
Volunteers also form a solid base for the support Soldier On provides. Our volunteer program sees more than 350 active volunteers across the nation supporting veterans and their families.

Soldier On's budget in 2020 was approximately 5.6M, increasing to 11.2M in 2021 and expected to be approximately 10M for 2022.

4. MEMBERSHIP STRUCTURE

4. Describe the composition and structure of your organisation's membership, namely, what types of members do you have and how is membership conferred.

Soldier On is not a membership-based organisation.



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5. FUNDING AND DEALINGS WITH THE DVA

Describe what, if any, dealings your organisation has with the Department of Defence and/or the Department of Veterans' Affairs. In particular, describe what, if any, kinds of funding your organisation receives from the Department of Defence and/or the Department of Veteran Affairs, or other government sources, including the purposes of the funding.

Soldier On has needed to focus on the availability of grants both Government and private to secure funds for ongoing service delivery. Soldier On's strong community relationships see corporate sponsors, trusts, philanthropic support, bequests, major fundraising initiatives such as March On, the generosity of the community and in-kind support ensures our support services continue.

Soldier On is partly funded by the Australian Government and Department of Veterans' Affairs

The Soldier On Pathways Program is supported by funding from the Australian Government and Department of Veterans' Affairs "Enhanced Employment Support for Veterans" Program.

For the first time since Soldier On's inception, four years of Federal Government and Department of Veterans' Affairs funding for Pathways operations started in January 2020 through the "Enhanced Employment Support for Veterans" Program. This has enabled the massive expansion and scale up of the Soldier On's Pathways program. Funding is directly for the Pathways Program and resulted in staff numbers tripling with Pathways Officers located in all states and territories. The funding also increased marketing efforts to reach more veterans and families, expanding resources to enable staff to travel and support participants in new locations.

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6. SYSTEMIC ISSUES REGARDING SUPPORT

If your organisation has opinions on these matters, describe any systemic issues in the current availability and effectiveness of support services for:
(a) defence members and their families, carers and / or support persons during service with the ADF,
(b) veterans following separation from the ADF, and their families, carers and / or support persons;
(c) defence members or veterans with experience of suicide-related behaviour or risk factors, and their families, carers and / or support persons; and
(d) colleagues, friends, families, carers and / or support persons affected by a defence or veteran death by suicide, or attempted suicide.

In providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

Lack of Choice of Support

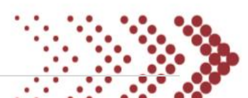
Veterans* express the desire to have choice in how they receive care and would like access to non-government organisations to support their care needs where appropriate during and post service.

A significant number of veterans express a distrust of DVA, or a dissatisfaction in their interactions with the department. Many prefer to deal with more accessible tailored and local organisations.

Insufficient People Trained in Trauma Informed Care

Following interactions with representatives of DVA, veterans* often express feelings of shame, anger, frustration, anxiety, depression and hopelessness. Many veterans speak of their concern over DVA representatives appearing to have very limited understanding of the requirements of completing a claim, and even less understanding of the veteran experience.

Ensuring all staff interacting with veterans and their families either in service or in transition are effectively trained and implement principles of Trauma Informed Care and Veteran Centred Approaches, would improve overall veteran outcomes and staff may prove less triggering to veterans.



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Insufficient After Death Support for those Experiencing Suicide Loss

Families and those affected by the death of a veteran struggle to find support in areas such as:

- Understanding the coronial, associated inquiries and post-death processes
- Practical Support
- Emotional Support
- Navigating administrative processes

Limited Family/Partner Involvement in Care

Families do not feel involved in the care, treatment or support decision making for family member experiencing mental health concerns.

Disconnected Services

Veterans can find difficulty in aligning services with needs, and having services collaborate in order to achieve a holistic suite of services that meets their health and care needs.

Access and Mobility Between Military and Civilian Access to Mental Health Services (including Crisis Care)

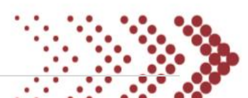
The inability to access the right care both in a crisis and the ongoing care and treatment can leave veterans feeling unsupported and hopeless.

No division should exist for access to civilian mental health funding for those in or transitioned from military. Many men and women who have transitioned from the military may no longer want to access military based support for mental health issues for a variety of reasons often associated with trauma. Mobility between the two systems is essential.

Lack of Military Specialist Supports

There seems to be a systemic gap for physical and mental health support programs that are specifically aimed at the needs of trauma due to the unique needs of veterans. Veterans often have needs that are not effectively met utilising generalist civilian psychological support.

*Through interactions and conversations with Soldier On Staff



SOLDIER ON

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7. OPPORTUNITIES FOR IMPROVING SUPPORT SERVICES

If your organisation has opinions on these matters, describe any opportunities for improving support services for each of the groups of people identified in subparagraphs 6a-d above. In providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

Key Stakeholder Engagement

Engaging veterans in the design of transitional services and support that can be accessed during service should be based upon what veterans determine to be priority areas. This includes their everyday lives, their career transitions, from joining, throughout service and transitioning from service. There seems to be an over representation of senior ranked ADF personnel determining the needs of those transitioning, which are not necessarily aligned with the veteran's needs and experiences. Input should be sought across all ranks and ensure the needs of vulnerable groups such as female veterans also have a voice.

Continuity of Care

Veterans need to be able to stay connected, engaged, contactable and supported upon discharge, without experiencing constant service disruption.

Prevent Stovepiping

Veterans' experiences with compensation and health care often reflect a very single pointed approach to wellbeing. Services only take into consideration one aspect of an ailment or injury and ignore all of the associated medical concerns that stem from that issue. Very few veterans experience discrete injury, most are chronic and/or complex. Dignity and respect for a person's overall experience and overall holistic wellbeing needs to be prioritised in the DVA system.

Fund Services that are Getting the Results

It is essential that funding dollars for veteran support are allocated to organisations that achieve the greatest wellbeing results for the veteran community. Funding needs to be broadened and increase to ensure veterans have access to solutions across services/organisation/platforms that they determine are providing the best solutions for their unique problems.

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Process for Recognition of and Re-Framing of Military Skills

There needs a process to re-frame military skills—to convert them into a conventional proficiency to be suitable for civilian life and careers. There is also the un-doing process of extracting from activities, responses, and attitudes that do not translate into productive civilian behaviours or habits. There is no effective de-conditioning program at the present time.

Accountability and Complaints Process

A robust, transparent and streamlined complaints process must be established for veterans still serving in the military, and for those seeking to have their post service needs met through DVA. Change may take some time, but immediate processes need to be implemented to restore veteran faith, and hope for a healthier future. We need to ensure veterans feel that they are being heard within the current systems, in a timely manner.

Access to Specialised Care Providers

Veteran centric mental health providers were able to cultivate trust and foster rapport by their knowledge of the military culture and of the deployment environment. The therapist's knowledge tends to underpin the therapeutic alliance and effectiveness of treatment.

By the time veterans seek assistance from Soldier On to attend therapy many express the belief that they have "failed" in therapy on multiple previous occasions with non-Veteran-centric providers. There tends to be a history of struggling with rapport with previous providers which led to very little trust in disclosing key aspects of their trauma history. Treatment predominantly focuses on the life-threat trauma pathway to PTSD with an apparent blind spot for consideration of moral injury. Consequently, many Veterans advise they could not trust their previous therapist to listen nonjudgmentally to their trauma history

Improving access to specialists with training in areas such as Pain and Military Trauma - including areas of anxiety, stress, PTSD will also likely improve health outcomes.

Faster Access to Psychological and Mental Health Care

It can take time for a veteran to feel safe enough or concerned enough to seek assistance for mental health issues. When they have reached this point, it is vital that they can access the right service, quickly. Participants advise current wait times for psychological support can be a barrier to receiving crucial and timely care that may save lives.

There is currently a supply issue in hiring qualified professionals in this space. Specialised training pathways for mental health professionals assist with this.

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8. IMPACT OF CULTURE OF ADF/DoD/DVA

If your organisation has opinions on these matters, describe the impact of culture in the ADF and/or the Department of Defence and/or the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing.

Culture only exists in a context (the situational surroundings), and people exist in many contexts simultaneously, such as workplace, family, social, community and political contexts. Individuals are embedded within social situations, which are themselves embedded within a broader social context. Layers of context and culture are interwoven and relational.

From this we can see there is no "one culture" or only one context of Defence. Although there is an over-arching military culture, it is the proximal culture of the immediate unit that usually has carriage over the person. Proximal chain of command has the most significant bearing on the person's Defence experience, however behaviours and attitude systems that are systemic in one unit, may not be systemic in another.

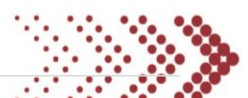
It is impossible to separate the culture from the context. Joining the Australian Defence Force (ADF) is a process of acculturation with its own context and own set of community norms. People are enculturated into these attitudes and ideologies that penetrate and get down to the individual. Culture will also affect people's reactions to scenarios and life experiences.

Culture contributes to how a veteran sees themselves within a context, and how others within that same context see them. This can in turn affect to a person's concept of value and self-worth, and may weigh heavily when they feel they may have fallen short of community expectations. Self-stigmatisation and internalisation of negative beliefs may manifest in significant mental ill health, depression, anxiety, poor self-care and is a contributor to Defence suicide.

Transformative Process of Military Culture

The military prepares its personnel for life-threatening situations and have a mandate to execute violence to protect civilians. At its most fundamental level, military training produces ''disciplined bodies'' capable of carrying out military labour and waging war on the enemy - essentially, to kill another human being.

The military is one of the most effective training and education systems. It takes people from disparate backgrounds and transforms them into an effective, unified force. Ab-initio and Initial Employment Training, whether by design or unwittingly, appears to radically arrest much of person's normal development: psychological, social, emotional, biological and even



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philosophical (their ethical and values systems) development. At an age when a typical young adult develops a sense of self, autonomy and flexible problem solving to navigate adulthood, military personnel are enculturated into a context marked by exaggerated and overdeveloped hierarchical thinking (to provide automatic and unthinking responses to the commands of superiors), respect for authority, readiness to fight, to think in concrete ways and adopt a black and white approach to problem solving.

From the perspective of the developmental frame, the young age of the recruit means personalities, world views, morals and values are not yet fully developed so the young person is more malleable and susceptible to being assimilated into the military culture. The new identity within the military culture is typically grounded in their military capabilities and the subordination of their individual identity to the group identity.

The recruitment and initial training pipeline has demonstrated to be an effective and successful process to raise and maintain a Defence Force and to inculcate service members to the military way of life. However, this may have serious implications for individual members who may struggle to meet the cultural expectations.

Bullying and Victimisation

Bullying in the ADF often takes the form of ongoing harm, intimidation, or coercion inflicted on an individual by a perpetrator where there is a power imbalance. Harm can result in feelings of humiliation, fear, victimisation, degradation and can take the form of physical, psychological or sociological injury.

The military relationship and contextual factors within the ADF determine the individual characteristics of those people who may be singled out for bullying. This may occur when the personal attributes of an individual are overlayed against the values, norms and valued attributes enforced during acculturation and a person is found to depart from expectations.

For example, a person experiencing severe grief may be bullied in a garrison environment because within the broader social context their behaviours, appearing weak and vulnerable, may be seen as deviant. A normal and healthy expression of grief may be evaluated as “deviant” when viewed against soldierly qualities. This is where the contextual difference between the ADF as a workplace and a civilian workplace can be seen to play a role in the likelihood of an action or characteristic being viewed as deviant.

Bullying is a complex behaviour occurring in a certain social context. In the ADF setting, it is occurring within a specific culture that promotes cohesive group behaviours, and measurable norms.

Bullying may not simply occur “between” a perpetrator and their victim, it may occur as “part of” a group. Other members of the unit/group may take on separate roles within this “group phenomenon”, which may contribute not only to harm caused to the victim, but also to the other group members who may suffer a moral injury should they feel unable to respond in a manner that is in alignment with their personal values. This may look like passive by-standing, begrudged involvement or failing to come to the aid of the person being bullied.

The impacts of those who have been victimised by bullying may include serious mental health outcomes and suicidality, and also in those who have played a part in the bullying.

Moral Injury

Soldier On participants have expressed the difficulties they experience following an act of perceived moral transgression that produces an array of complex emotions centred around feelings of shame and guilt which may threaten to become overwhelming. The impact of an injury to a person’s “moral conscience” has significant ramifications to a veteran’s personal value system and mental wellbeing.

Moral Injury can be defined as “a syndrome of shame, self-handicapping, anger and demoralisation that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed.

Central to moral injury is significant guilt and shame in response to an act’s commission or omission which involve culpability from the military personnel’s perspective. This may produce an internal “dissonance and inner conflict” due to a severe discrepancy between the transgressive act and prior self-and-relational schemas. The failure to reconcile or accommodate this discrepancy is hypothesised to produce the moral injury.

Veterans may experience symptoms such as guilt, shame, rage, embitterment, chronic demoralisation, anomie, disengagement and self-handicapping behaviour.

Given that the current evidence-based treatments for PTSD place excessive emphasis on life-threat danger war zone injuries (i.e., treatment entailing exposure to conditioned stimulus); it is not surprising that moral injury appears to be associated with limited clinical improvement using current trauma focused treatment approaches. Recent research (Phelps et al, 2018) found

that a sub-class of veterans with PTSD symptoms marked by the combination of depression and guilt were linked to poorer treatment outcomes.

The authors hypothesised that guilt related cognitions may interfere with full engagement in trauma focused treatment or successfully processing traumatic memories in frontline treatments.

Similarly, Nash (2007) explained that war and combat zone traumas with high levels of the self-evaluative emotions such as guilt and shame are not inherently fear based; rather, they can arise from a moral injury. These include, wounds of injustice and moral outrage, leadership failures and betrayals of trust, unintended consequences of combat actions, and failing to prevent serious unethical acts. He argued that current serving members and modern veterans may have different needs.

“Gaslighting” and Portrayal of Unrealistic Images of Success

Today's veterans often come home to find that they're willing to die for their country, they're not sure how to live for it. Sebastian Jung

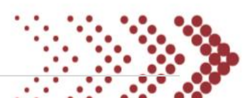
Gaslighting is a form of psychological abuse that distorts a person’s view of reality. This is often achieved through manipulation of the facts.

Many veterans speak to their concerns that their military experience and life after military experience are misrepresented by the ADF, the DVA, organisations and even in popular culture.

Glossy advertising images of a soldier taking off their uniform and grinning, stepping into business attire set up a series of unhealthy, false, and unrealistic expectations. These images suggest all aspects of transition occurs with great ease, such as employment, social engagement and relationships.

A veteran’s unique military experiences will not fit into civilian life easily. Few civilian jobs, or situations, call for such a high focus on national security, personal discipline, and combat tactics that are second nature to the uniformed personnel and trained in instincts and can make civilian life even more difficult to manage.

By “glossifying” transitional “success” it negates the fact that the definition of transitional success will differ for each person that's coming out of the military and can create a false narrative and warp a veteran’s expectations.



These unrealistic expectations are inherently damaging and contribute to feelings of "not good enough" in the transitioning veteran. Some veterans when faced with these images feel that they should be able to just "get on with it", and if they cannot, see this as a personal failure.

Careerism

In seeking to advance a career in the ADF, Soldier On participants have shared they feel there are expectations that career milestones must be met in perceived "culturally approved" timeframes. Should those milestones not be achieved in a timely manner, veterans' express feelings of being set apart from their peers and viewed negatively by their managers. This encourages a "conveyor belt" approach to career progression.

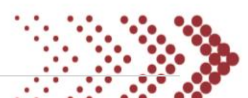
A military career can be likened to a pipeline commencing with recruitment, recruit/ab-initio training, Initial Employment Training, field exercises and training, combat readying training, promotion training, deploying, relocating, discharging. The life of a soldier rests on a predictable pathway with predictable milestones. Disruptions to a career progression are viewed as issues needing to be explored. Disruptions are viewed to occur against the backdrop of poor performance, poor integration into a unit, problems with leadership, lack of unit cohesion and attitude problems.

Rather than the ADF being perceived as a meritocracy, the system seems to reward time and rank. By reinforcing a fear of failure, and even punishment (including organisational stigma or peer/group bullying) for a failure to achieve results in the specified time frame, people may demonstrate complicity, or demonstrate less moral courage in situations of relational conflict. Even in situations where poor behaviour is witnessed, there is a lack of action and appropriate assertion of authority. Within a culture of careerism, veterans express a fear of speaking out, or taking what they feel is appropriate action for concern of not being advanced.

Veterans express experiencing daily acts of complicity where people are punished for taking action, and acts of omission, where people fail to act for fear of being punished for taking action. This demonstrates a lack of courage at all levels of the organisation.

Acts of omission can further negatively affect the mental wellbeing of veterans, as a failure to do what's right in the moment contributes to feelings of shame, guilt and powerlessness, especially in cases where bullying is witnessed, and can also contribute to the perception that the bullying or the negative behaviour is sanctioned.

Veterans speak of careerism contributing to feelings of anxiety and depression and also the effects of careerism as moral injury.



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Specific Needs of Female Veterans

Women's roles in the ADF have, overall progressed positively, but resistance and difficulties still remain. These link closely to issues in many areas of Australian culture, as well as in organisational cultures, at least covertly.

Such themes have been highlighted in a number of widely publicised incidents of "unacceptable behaviours" of men toward women in the ADF. These are also, to some degree, present in other organisations and domains, not only in terms of men's behaviour toward women but also, at times, women's expectations and "acceptance" of such diminished status.

As culture requires context, the experiences of women in the ADF also fall within the greater Australian culture, and similarly domestic violence, sexual harassment, and assault occur both within and externally to the ADF.

Female Soldier On participants speak of unique experiences and needs within the ADF, and the need for a unique set of supports in response to these needs, that they often feel is not heard, addressed or actioned.

Female veterans speak of myriad challenges including:

- Sexual assaults, harassment, exploitation and demeaning behaviour enacted by peers and foreign coalition forces, leading to feeling of not being safe even with your colleagues
- Stigma, roadblocks and possible career consequences for reporting crimes such as sexual assaults, and lack of follow up or disciplinary action taken against offenders
- Body shaming
- Ultra-competitiveness in order to minimise chances of being bullied, and overcome feeling of not being "enough", needing to prove ability to colleagues
- Feeling silenced, with their stories going untold
- No demonstration of inclusion
- Less support for women once discharged
- "Lack of an authentic veteran identity" - other more dominant identities of wife, mother, woman

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- Not being provided with the same services as men as demonstrated by the rates of access to medical and support services being significantly lower for women and experiencing barriers to accessing the services and supports that are available.
- Unique health challenges and need for specific health responses that are often unavailable such as poorly fitting body armour, not necessarily shaped for women's bodies, which may contribute to the lasting health impacts of musculoskeletal injury, pelvic floor instability, and possibly in the longer term, incontinence (Orr, Johnston, 26 Coyle, & Pope, 2011; Yoram, 2012) as well as fertility issues.
- Lack of knowledge and support about specific issues important for women such as maternal separation, reproductive and gynaecological health, domestic violence, lesbian, transgender.
- Lack of career progression opportunities
- Dual role as veteran and Military wife
- Women who have served in the ADF are two to five times more likely to end their own lives and those who have sought support from Soldier On have advised all of the challenges listed have contributed to their feelings of suicidality.

Hypermasculinity

Military organisations have predominately been male only organisations for centuries. Modern militaries persist with values akin to hypermasculinity - despite recent efforts to change. They hold the view that they need to present themselves as always: profoundly self-reliant, competent, and confident, strong, rational and in control. In this world view, the masculine holds the feminine in contempt; as inferior. Which has significant deleterious effects for female personnel, but it also provides a risk factor for personnel who adopt this way of being.

This is particularly impactful during the transition process - when confronted with struggling to adjust to being a "civilian and civilian life", the process may engender a perception and feelings of being weak, powerless, reduced to a victim status and perceived as needy for asking for help (for both formal and informal support). Hypermasculine veterans often express they do not feel in control of the transition process, and that lack of control has adversely impacted their self-worth with an erosion of their sense of being self-reliant, competent, and confident.

Anger

Military training and exposure to combat and trauma in military service are often associated with increased experiences of anger. Anger and aggression are common issues for many veterans. The whole military system, in training, during service, and on deployment reinforce anger.

Diversity

Despite recent minor improvements, participants express experiencing discrimination at a greater rate during their service than within the wider community.

Stigma Around Mental Ill Health and Physical Frailty

Whilst in service, stigma towards psychological health and physical frailty is common in the military and deters many soldiers from seeking treatment. Many others minimising symptoms to avoid potential medical downgrade or administrative action. Many veterans speak of being cautioned that reporting mental health issues factually will result in termination of their career.

Once they have transitioned from service, many veterans struggle to seek medical and mental health support, as they may not be skilled at navigating the civilian health system, they may have trust issues when seeing psychologists, especially if whilst in service a mental health professional was responsible for the veteran leaving the service, or they may still hold to the stigmas they experienced in the ADF.

Failure to seek professional support when facing periods of mental ill health is a significant factor in veteran suicide.

Permanent physical disability is also a significant contributor to mental health risk, with a recent Australian study highlighting men with self-reported disability experienced suicidal thoughts two and a half times as often as those without a disability.

Grief

When grief reactions occur in an area of operation there is an expectancy that after experiencing a loss of someone loved or valued, a member is expected to adopt an "adaptive numbness and denial" for the loss. Moreover, grief reactions experienced after killing an enemy combatant are generally not acknowledged by a member's peers and superiors. The griever tends to receive very little support and is likely to keep the loss or the feelings of the loss to themselves. The grief may become complicated if it remains hidden.

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9. SYSTEMIC RISK FACTORS

Describe any systemic risk factors your organisation considers to be contributing to defence and veteran death by suicide, or attempted suicide. For example, does your organisation consider that any of the following are contributing factors (this list is not intended to be exhaustive):
(a) defence members' and veterans' experiences in the ADF including recruitment to and transition from it;

Pre-Enrolment Factors

No person comes to military service as a blank canvas. Each applicant brings past experiences, physical, psychological, and emotional aspects of themselves which contribute to their suitability for military service and the rigours that it will bring.

Although characterological personality factors can play a significant role in a person's resilience and mental well-being, participants speak of the thorough nature of the pre-enrolment process. Motivation is also screened, to ensuring, as much as possible, that the people who are brought into the military have the backgrounds and life experiences that will support their success and wellbeing in the ADF. These processes should be examined to ensure continued validity and best practice.

Childhood trauma is a vulnerability when it comes to military service and may be a factor of consideration for veterans who suicide. However, in cases of complex trauma often seen with those serving in the military, it is only one aspect of a much more complex story of service.

Relationship to Inflexible Hierarchical System of Authority

Recruit or initial training is a highly disciplined form of indoctrination in which soldiers are trained to provide automatic and unthinking responses to the commands of superiors. It is a process of depersonalisation designed to strip the recruit of their individuality in order to subordinate their individual identity to the group identity.

In both operational and non-operational environments, service members are contained within an inflexible hierarchical system where there is a pronounced and strict top-down chain of command with one single authority at the top. Within this structure there are formal power distances between the different ranks or service grades and clear control mechanisms.

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In these hierarchies, the exercise of power and control and the associated feelings of dominance and subordination become routine and normalised. Decisions are not made as equals. Nor do they hear the reasoning behind the orders they receive. Military personnel just act on them. In turn, they are not conditioned to discuss feelings about decisions made by others who ordered them to carry out the acts of war. Considering alternatives to an order and circumventing orders for more comfortable options is not part of the program either. Military personnel receive orders and follow them. They simply obey and do not question.

What is important to know is that within this hierarchical structure, most disputes are resolved in favour of the supervisor. In this structure a subordinate member does not have the right to withdraw their labour and has a very limited ability to engage in industrial action with disciplinary codes to impel the member to obey. There is very little room for advocacy in this context.

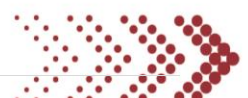
Reinforcement of Stereotypical Behaviours

The values and attributes of a person's physicality and character that are representative of the stereotypical male, are reinforced by both leadership and the cohort. This may occur through methods and content of training having a strong pro-male bias, and also by modelling demonstrated by leaders and peers.

Examples of these characteristics include:

- dominance vs weakness
- logical vs emotional
- resilient vs vulnerable
- powerful vs powerless
- capable vs incompetent
- perpetrator vs victim

Should a veteran experience a situation (including transition) or physical or psychological injury, they may experience feelings that place them on the "wrong" side of the engendered split. They may find the system and processes to seek assistance reinforces feelings that were considered "negative" attributes within their service such as feeling weak and vulnerable, powerless withing a new system they do not know how to navigate, needy and incompetent.



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Requirements of the Organisation vs Needs of the Individual

"Australians join the Defence Force for a variety of reasons, but collectively they accept the forfeiture of certain freedoms enjoyed, and taken for granted, by all others in Australian society. Almost every aspect of uniformed life comes with a risk or cost to the member and/or to their families". Department of Defence

Veterans are very aware that their wellbeing is often the cost that is paid in order for the ADF to achieve its ultimate objective, to defend Australia.

Sanctioned Responses to Stress, Pain and Trauma

The common and sanctioned response to both stressful or traumatic events is to persist and "suck it up". Individuals and the Chain of Command prizes and rewards personnel who deny and persevere framing this attitude as "grit" and "stoicism". There is team and personal pride for working and playing hurt. This is the norm; and this is reason why veterans attend to their injuries, both physical and psychological, too late. As such, the current norm is for serving members and veterans to delay seeking medical and mental health support.

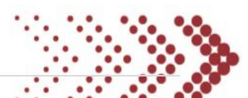
They are more likely deny mental health symptoms -including traumatic injuries, depression, anxiety, and suicidal behaviour. But more likely to report more physical symptoms, including chronic pain, digestive issues, and insomnia.

Military Training

The training is designed to radically arrest much of a soldier's normal development: psychological, social, emotional, biological and even philosophical (their ethical and values systems) development whilst simultaneously exaggerating and overdeveloping hierarchical thinking and respect for authority, readiness to fight, to think concrete ways and adopt a black and white approach to problem solving.

When a recruit enters basic training, they are not only entering a process to redefine and strengthen their bodies ready to shape themselves for their role in the military, but also a process to redefine their minds in preparation for viewing the world in the manner required as part of a military unit.

Ensuring the recruit establishes a strong identity with the military, the cultures, norms and attitudes of the organisation and his peers, and is effectively restricted from their previous



civilian life as an essential part of the socialisation phase and reinforced across all processes and activities.

A recruit's previous sense of personal identity, and connective ties are severed in order to reinforce their cohesion in a unit, and a new military identity. In the absence of outside connection, the indoctrination process into military expectations can be completed far more effectively.

Operating enclosed and disconnected from a greater community, all aspects of day-to-day work and life are formally administered, individuality is discouraged, and privacy is limited, allowing no solitude or down time away from vigilant eyes. As one, a unit work, sleep, face challenges, suffer, and conquer all difficulties, developing within this closed system a new sense of security and family. A surrender occurs from the individual to the group identity.

Individuality, or personal identity has no place in this hierarchy. Through depersonalisation, the "I" is replaced by "we", an obedience, an understanding of a place in the system, and adherence to role as part of a group. Disciplined, the veteran is no longer an individual, they are part of the greater entity, the military.

Assimilation into the group occurs much more quickly in this environment of indoctrination, where both physical and psychological repetitive training purposefully require automatic responses on command. Unflinching responses serving both to protect lives when under threat, and to develop the group culture.

For some recruits, this process itself contributes to mental ill health, and in others, it is the lasting effects of the process that contribute to suicidality.

Medical Separation

When mental wellbeing is considered a resource, accessing mental health supports provides an opportunity to build and grow wellness. In the ADF, participants speak about help seeking behaviour being seen within the system as weak and presents a vulnerability – a quality of risk that has no place within the system.

Within the context of defence, within the culture of one unit, it may be considered a weakness to hold on to your mental health problem and utilise your resources to hold that in abeyance. Whereas in another unit, showing any mental vulnerability is seen as weak.

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As a result, for some veterans a medical discharge (the involuntary termination of the person's employment by the ADF on the grounds of permanent or at least long-term unfitness to serve, or unfitness for operational deployment) reinforces a sense a powerlessness, worthlessness and weakness.

This is compounded by treatment programs that have been described by Soldier On participants as treating without dignity.

Veterans whose separation from the military was involuntary, experience significantly worse mental health outcomes than those whose separation was planned or voluntary.

Drills and the Collective Power of Synchronous Movement

The military have co-opted the use of synchronous movement and drills to transform undisciplined bodies into units of military personnel who march in step with each other at the same cadence. This hastens the process of cultivating instinctive obedience and rapidly facilitates the loss of identity to the group—resulting in forging ties for the recruit that are stronger than family kin.

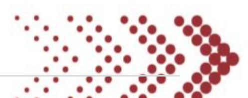
Through weapon-based drills it also serves to break down societal inhibitions against violence and killing and to forge ties stronger than family kin. Psychologically, this sense of empowerment through joint action is referred to as we-agency. We-agency is produced through “muscular bonding” – meaning- as we move in unison, we become willing and able to give our all to a collective aim – the military co-opt this to shore up soldiers’ solidarity and commitment in battle. Not only synchronised in movement but synchronised in purpose.

The cadence is replicated everywhere in the life of military member. When they leave the military the rhythm of civilian life can feel unsafe, and can reinforce a lost sense purpose.

The practice of “drills” is both physical and mental, and veterans speak of the “impossibility” of forgetting or stopping some of these practices. They have also been reinforced in practice to ensure the safety of the group and individual, the point where they feel like “muscle memory”. Upon leaving the service, the practices may not leave the veteran, reinforcing feelings of separateness - being other, from family or community.

Operational Environment

An operational environment is an extreme stress environment with the stress of combat considered pathogenic. Here the veteran is exposed to novel and dangerous situations and



required to perform combat roles optimally despite conditions of high psychological and physical threat. In a combat role the member has the responsibility of deadly force and can be exposed to the potential for injury or death.

Non-Operational Environment

In a non-operational context, military life can be viewed as a persistent series of transitions and adjustments, with the member required to be flexible and relocatable. A member is required to tolerate a range of adjustments due to postings and job rotations, training, field exercises and in-country disaster relief operations, some with short notice and with no consideration of the disturbances to social, education and family ties.

Non-Combat Related Trauma

Serving and ex-serving defence personnel face unique experiences in their careers, whether or not they undertake deployment. These experiences may result in additional support requirements in terms of both possible trauma responses and development of skills that will allow wellbeing outside of the military environment.

Post-Traumatic Stress Disorder (PTSD) is not purely a disorder encountered by those who have been deployed and been exposed to combat. The rate of PTSD experienced in the veteran community shows no difference between those who have seen active duty and those who have not.

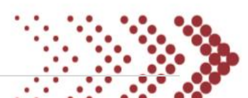
The event or experience that causes the trauma or threatening event, may involve or be witnessed by the veteran and may include experiences such as interpersonal violence, military sexual trauma or threats with a weapon.

Non-combat related traumas cause the same responses in the brain as those experienced in active duty and can have as significant impact on the symptoms experienced by a veteran which can significantly affect mental wellbeing, and experiences of PTSD.

"Re-treads"

Re-tread is a term used to describe a veteran who has been a serving member of the ADF, and for whatever reason has discharged from service, and who has again re-joined the ADF.

This desire to reenlist can sometimes stem from difficulty adjusting and assimilating following the original transition back to civilian life and may be a demonstration for a desire for connection.



This particular veteran experience is unique in that people express feeling "caught between", living in between two separate realities and finding it difficult to clearly articulate their identity, as "in between" is not seen as acceptable. They feel torn to choose and asked to give up one community, one way feeling connectedness.

Sometimes the wish to return to service can be driven by a need for safety. Upon returning to a civilian environment, some veterans feel a deep sense of shame for wanting to return to their Defence colleagues. During training and service, proximity and connection with mates became a source and sense of reinforced safety. Upon returning to their family, although the veteran is no longer under fear or threat, the veterans internal safety seeking system is looking for the cues of safeness that they may not find in their family home. This is despite the place and people in it being safe and nurturing.

This process clearly has mental health impacts, but also very practical implications in regard to seeking treatment and compensation for injuries (physical and psychological) incurred during previous service, as the DVA have clear guidelines limiting a veteran's ability to progress/initiate claim processes should a veteran reenlist.

Transition Post Service

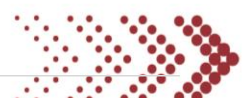
Many former serving members feel disengaged from the ADF community following discharge, which can increase the risk of suicidal ideation and other mental health problems" (p.6). This sense of isolation may be particularly difficult for veterans trying to negotiate the claims process.

Productivity Commission

Concerningly, research suggests that upon transition from service 75% of veterans met the criteria for a mental health diagnosis during their life post-discharge.

The first 12 months after transitioning from civilian service can pose the highest risks for veterans according to recent research. Returning to civilian life can pose significant increases to risks to a veteran's mental wellbeing as they transition out of military service with one in two veterans expressing they have been confronted with mental ill health, and have faced difficulty adjusting to day-to-day civilian life, have encountered obstacles to gaining employment, and struggled with readjusting to family life and other personal relationships.

Experiencing one or multiple of these transition stressors can significantly increase the likelihood of experiencing chronic mental health issues and may lead to suicide if unmanaged, as demonstrated with up to 20% of transitioned veterans experiencing occurrences of suicidality.



Mental health outcomes are independent of whether the veteran has been involved in operational service in combat, as those who have not seen active combat are just as likely to experience mental health issues.

It is important to note, that the one indicator of significantly worse health outcomes is those who have experienced non-voluntary separation from the ADF.

Soldier On have advocated that to understand the problems with transitioning we need to understand the military continuum. Military training, and the values it instils and the roles it prepares soldiers for, can create a profound wedge between soldiers' military and civilian lives. The development of military skills and a military character can lead to severe underdevelopment of soldier's intimate social skills and their capacity to express love and live within sharing, non-hierarchical relationships. They find it hard to adjust to the vague and amorphous world of human relationships outside the military - struggling to move between the two diametrically opposed worlds in which they live.

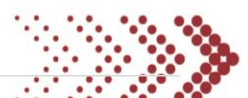
Importantly, serving members are conditioned to be sensitive to the presence of their buddies as safeness signals and when they are not present, such as when they transition, their absence can create feelings of disconnection and vulnerability.

The proximity system is important for the survival for humans. As for a child, losing proximity or access to the soothing object, the significant caregivers, immediately sets off the threat system and causes distress (child loses site of their mother).

For a serving member and Veteran, their buddies' camaraderie and proximity has become a very deep source of safeness and support and even though no longer under threat on return, the safety seeking system is looking for the cues of safeness and they are not there.

This is all very important to know because the first real contact with the civilian world for many veterans may be a compensation claim through DVA. In a time when they are struggling with their identity moving from "We" to "Me" and "I", feeling shame and embarrassment for being unemployed and asking for compensation. This against a backdrop of being disoriented with loss of fidelity to mind, body and community. This makes it understandable why the compensation process may be a strange and sometimes frightening situation for them.

As a society, we have had an understanding of some of the difficulties experienced by veterans transitioning from service since World War I. It is during this period that the veteran is vulnerable and could experience serious mental ill health, and significantly impact the wellbeing of their entire family.



Training to be a Civilian: There is no retraining system available for our military personnel to be conventional citizens again. In civilian life, veterans carry on with their military thinking because they are never trained to let go of it. When things get tough in a veteran's life, they often continue to resort to the methods they know best - fight or run, neither are acceptable or healthy behaviour on the home front.

Hyper Vigilance: Veterans also experience hyper-vigilance/survival surveillance. They have been trained to see the world as a threat, and hyper vigilance is a conditioned routine that operates at a sub-conscious level. Combat survival modes are programs now running on automatic.

Transition can be the point at which people are at their most vulnerable, seeking to find meaning, purpose, connection or belongingness. Therefore, other sources of transitional stress in veterans can contribute to challenges to wellbeing. These stressors may include separating, retiring, death of a loved one etc.

The transition returning to civilian life poses many challenges that veterans do not expect and feel unprepared for. Destabilisation is a common experience described by veterans and their family members, especially during the initial period of adjustment. A veterans re-entry experience may also be shaped by contracted grief, often tied to aspects of loss, including the loss of military identity, peers who had died during service, a sense of mateship and belonging, direction and purpose. All these concerns are inextricably linked to needing to discover and integrate a new way of being within family and community as a civilian.

Transition from service is a complex process, with lingering consequences of service that have serious implications for the mental health of the veteran. The veteran's support network, especially partners and family members are also likely to experience impacts on the wellbeing of their persons return.

Limited Time in Service – Not Receiving Service Medal

The Australian Veterans' Recognition - Putting Veterans and Their Families First Bill 2019 defining a veteran as 'a person who is serving or has served in the ADF'. To clarify further, the Federal Government recognises anyone who has served in the Australian Defence Force with at least one day of continuous full-time service.

Despite this definition, many Soldier On participants who have not received their Australian Defence Medal for completion of an initial enlistment period or four years service, whichever is

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the lesser, do not feel it appropriate to say that they have served. Women veterans may have this misconception reinforced by still serving veteran partners.

This can make it difficult as ex-serving members try and position themselves within society and can insight feelings of shame and cause veterans to question their identity and right to compensation/assistance.

Defence Medical – Civilian Medical Transition

There is a particularly high rate of mental health burden in this current veteran cohort related to the high operational tempo and demands of service itself and the complex environments veterans are exposed to. This population have a higher rate of mental health injury than other populations in our community.

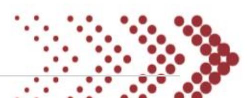
The rehabilitation process needs to put the dignity of the veteran in front of outcome. The most important object for the health system and the rehabilitation process is dignity for the veterans who served. Anything that gets in the way should be removed. Within the current system, they are still treated as a number.

Outside of the military medical system, integrating their care into the Australian medical system can prove difficult for some veterans. Veterans are more likely to present to a general medical setting (such as a General Practitioner's (GP)) than in specialty mental health settings where a person's background in Defence may not be effectively taken into consideration when assisting for treatment. Veterans are also not trained or practiced at utilising civilian health services. It is a very different model of care, and participants speak of avoidant behaviours when needing to interact with medical professionals.

When still employed as a serving member, seeking additional assistance outside of the military system is a demonstration of personal resilience, and healthy help seeking behaviour. Unfortunately, many veterans describe experiences of being reprimanded for seeking external medical aid.

A medical system that offers support that is unable to be accessed by veterans and ex-veterans is a significant issue to creating wellness.

(b) defence members' and veterans' social or family contexts;



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Family and Personal Relationships

Service has been highlighted as a key additional stressor on partnerships and other family relationships, contributing to increased rates of marriage breakdown and stress/anxiety and depression in both the veteran and the partners/family, as well as other social relationships.

Military training, and the values it instils and the roles it prepares soldiers for, can create a profound wedge between soldiers' military and civilian lives. The development of military skills and a military character can lead to severe underdevelopment of soldier's intimate social skills and their capacity to express love and live within sharing, non-hierarchical relationships. They find it hard to adjust to the vague and amorphous world of human relationships outside the military - struggling to move between the two diametrically opposed worlds in which they live.

The habits, attitudes and beliefs internalised from the military interferes with ability to share emotions and show warmth, love and affection—which can lead to the alienation of loved ones. Being combat ready does not lend well to being good fathers, mothers and partners.

These behaviours and attitudes contribute to vulnerability to social isolation, relationship practices, breakdowns and adjustment problems all strongly associated with depression.

Family Separation

For families, their normal military experience would include multiple separations due to service requirements. Service members are regularly away from home, removed from their primary and extended family supports. With most members often living more than 100 kilometres from family in geographically remote areas.

The patterns of coming and going in the family require adjustments of role, status and intimacy, are already compromised by "just" being a soldier. These constant separations, reunions, ends and adjustments due to service requirements may cause disruptions and family disturbance in stressful military families, which may account for significantly higher rate of marital and de facto relationship breakdowns in the ADF than the greater Australian community.

The impact on veterans and their families can be especially difficult when viewed in terms of "Homecoming Theory" which discusses the toll physical and emotional distance can have on the family unit. During a separation caused by service, the veteran and their family members at home have unique experiences during separation. As a result, both the service member and people and environments at home change during separation, thus each will be in some ways

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unknown and unfamiliar to the other upon return. The differences between expectations and reality for the returning veteran and family at home can result in shock or distress on both sides.

Other issues that affect family contexts include:

- Maladaptive Stress Response
- Hyper Vigilance
- Emotional Distance
- Physical Distance
- Lack of organisational support from for serving veterans with need to attend to critical family needs such as family member with life limiting illness, death of an immediate family member etc resulting in additional distress.

Social Isolation

A significant factor associated with mental health issues and increased risk of suicide in veterans is social isolation. Those that experience a higher degree of social connectedness report lower levels of mental health problems such as depression and anxiety, but more importantly social connectedness has been shown to have a significant positive impact on emotions.

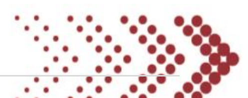
Previous Soldier On research demonstrates that many veterans identify with non-existent social networks beyond immediate family and describe significant loneliness and isolation. Many veterans also describe discomfort when having to interact with those not connected to the veteran community.

Enforced Drinking Culture – and Alcohol and Substance Abuse

Alcohol misuse: can be used as an avoidant and palliative strategy ('self-medication') against traumatic symptoms (e.g., intrusive recollections), depressive mood states, relational problems and negative internal experiences (Stewart et al., 1998).

Soldier On participants share their experiences of alcohol forming part of military culture as a tool to develop social connection and as a form of "medicating psychological pain".

Experiences include a culture of enforced drinking at "Boozer Parades" with defence members saying that not drinking was seen as a matter of weakness and vulnerability, and punishments



and bullying occurred to those not participating. Within many units, drinking games were a competitive sport, and doing well was a reason for pride.

These drinking events form part of an authorised cultural and systemic process for group bonding and social connection.

Prior to these events, in standard operating military mode, serving veterans are switched on, present and fully alert, in a state of vigilance and total preparedness. When walking towards a boozer parade, veterans may feel a sense of peace, distraction and a positive expectation that things are going to be ok. After reinforcement by multiple attendances, the boozer parade comes to represent relaxation, connection, relief and an "officially acceptable" way to emotionally regulate.

When a potentially traumatic event occurs within the unit, the learned behaviour was adapted slightly, changing from drinking = relax and sleep; to drink = black out and forget.

This systemic practice creating a boozer culture, does not translate well on transition to a community setting. It is a distinctly different pathway to addiction than would usually be expected within the community setting.

Alcohol and other substance abuse can form mal-adaptive coping mechanisms and are significant risk factors for veteran suicidality, often stemming from experiences within service.

(c) housing or employment issues;

Employment

In a survey undertaken of the veterans who have sought support from Soldier On and interacted with our programs, almost all highlighted their need for support during their (and their family members) employment transitions. This is inclusive of support for partners and family during service, relocations and following discharge from service. Employment stress may contribute to a sense of loss of purpose, financial pressure and is a contributing factor in relationship breakdown and mental distress.

The lack of personal recognition of workplace skills and achievements is also a contributing factor in mental well-being when discussing employment. Many veterans find themselves drawn to the security space because it feels "known", and struggle to understand how their experiences and training could be applied successfully in other fields.

At present there are limited pathways for national recognition/accreditation for transferrable skills developed in the military that can be utilised in the civilian employment environment.

Workplaces can also prove challenging, as ex-serving members are not experienced in saying no to a supervisor, and this can result in over-employment or work-place stain.

Partner Employment Instability

Many veterans and their family members disclose the additional distress and pressure relocating to new postings incurs on relationships and on families. Upon reposting, non-defence partners face up to a five-month gap between arrival in a new location and being able to find employment.

This also impacts/impedes the career trajectory of partners who may have to leave jobs they love, and often causes underemployment with many not being able to find work matching their skill level and experience in their new location.

Sense of Purpose

Serving and ex-serving members of defence, as all human beings, find value in purpose, and seek respect, participation, meaningful employment, sustaining relationships and a sense of wellbeing and safety. A lack of purpose can be seen as a key symptom of mental ill health.

(d) economic and financial circumstances;

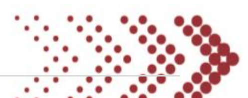
Financial Wellbeing

Concern over financial wellbeing is raised as a significant issue for veterans for the impact this may have on their entire family. Specifically, some participants have raised the role of Commonwealth Superannuation Corporation in contributing to their personal financial distress.

(e) difficulties in engaging with government agencies and/or support services;

(f) in providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

* These opinions are derived through conversations and therapy sessions with Soldier On participants, previous participant survey data, and knowledge of staff members many of whom have lived military experience.



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10. ISSUES WITH DoD/DVA/GPVT ENTITIES

10. Describe any issues or challenges relating to defence members' and veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities in relation to support services, claims or entitlements relevant to Defence and veteran death by suicide, or attempted suicide. Please identify the basis for the response, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

Post transition, the first contact for a veteran with civilian world outside of the ADF may be through the compensation claim process, at a time when the veteran may be struggling with their identity. Veterans are a proud group, and many express feeling shame and embarrassment when they may need to apply for unemployment support and initiate a compensation claim and other assistance from DVA. This is occurring against the backdrop of being disoriented post service, with the loss of fidelity to mind body and community. This can cause distress for veterans when they do not feel supported through the process.

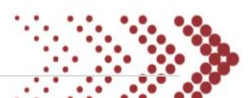
Ensuring the unique needs of veterans are supported through appropriate services and compensation processes has proven a difficult task. Despite some recent improvements to the veterans' compensation and rehabilitation system, it is not fit-for-purpose and requires fundamental reform. The system is out-of-date and does not embody a culture of dignity for those it is meant to serve. DVA is not designed to meet the needs of the ADF member, and is not working in the best interest of veterans and their families, or the Australian community.

Soldier On's contemporary veterans, the younger veteran cohort are most at risk from failures of the DVA system, with those having served post 1999 being the least satisfied with DVA's process, compared to older cohorts as explored in The Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans.

a. Thematic Impact of Department of Veterans Affairs (DVA)

Basis for Response a: Thematic study of 18 Soldier On Participants

The aim of this brief study was to explore the mental health effects of the compensation claim processes on claimants who are clients of Soldier On. All post 1990 veterans, 18 current clients of Soldier On formed the study, utilising convenience (non-probability) sampling of those who were either currently engaged in the DVA process or had been engaged in the DVA process



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within the past 18 months. An open interview method was utilised to understand the themes affecting the clients.

Participants were aged between 24 years and 54 years, 14 were males and 4 females. Five participants were located in Queensland, five from New South Wales, five from Victoria, two from Australian Capital Territory and one from Tasmania.

Overall Findings: Secondary Trauma

The experiences of participants were akin to a secondary trauma. This second injury occurs where there is insensitivity or a lack of effective response, assistance, protection, or intervention at an institutional level, when that institution or agency is responsible with providing services or protecting its clients.

"The process consumes your life greatly, with the amount of paperwork required just to prove the condition followed by various survey's and need to get confirmation of the condition from your doctor. This lengthy process is infuriated further when DVA have all of the information from various specialists stating that the condition is permanent, and it is not going to get any better."

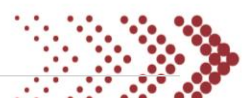
Theme One: Complexity and inefficiency in the DVA claims assessment process

Most respondents related to administrative complexities and inefficiencies in the DVA claims process. The complaints included difficulty in accessing accurate information, lack of clarity about the process, lengthy delays, stressful medical assessments, and a "process focused" rather than a "client focused" approach. These problems have led to frustration, anger, distress and, in some cases, despair for the participants.

Theme Two: Interactions with DVA staff and difficulty accessing information

Our participants reported their experience as invalidating, where they largely felt unseen or unheard; and felt their service experience was unimportant or minimised.

There was a consensus that delegates were not sufficiently trained, particularly with regard to communicating with, and relating to claimants with mental health issues. They also felt delegates were incompetent and did not understand the DVA process profoundly. Taken all together, most participants did not trust their DVA delegates and other staff. All participants asserted that most DVA personnel lacked a working knowledge or basic understanding of the military experience.



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Adversarial Approach

An unexpected finding was that of firm belief of most participants that most delegates were espousing an adversarial approach, with the main finding being that participants believed the process was designed to dissuade and discourage veterans pursuing a claim, and that DVA staff were seeking to minimise payouts.

Also, participants characterised their engagement by a lack of empathy or understanding. with participants feeling that they were disbelieved and needed to constantly prove their claims. The implication being that the veteran is perceived as a "malingerer" or as fabricating their story.

Theme Three: Damaged relationships

All participants said relationships (Family and friendships) had been adversely affected in some way.

"The process has affected a lot of relationships. I have lost a lot of friends. I often withdraw from my family and freeze them out like they are not there".

Theme 4: Worsening of their condition

16 out of 18 participants said their mental health condition worsened. Participants also described developing depression, anxiety and anger management problems during the process, and did not experience the symptoms dissipate.

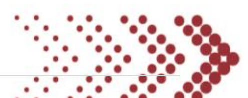
Suicide: 6 of 18 participants engaged in suicidal behaviour

Four of these participants had been revived after completing a suicide attempt. 14 of 18 participants said they experienced suicidal ideation during the DVA process.

b. Additional Themes

Basis for Response b.: Reported to Soldier On counsellors and psychologists during Participant consultations

Many Soldier On participants have reported their concerns around DVA not performing in a manner that has provided the assistance they have needed in appropriate timeframes, and that the assistance is often unsuitable for their needs. Based on previous experiences, participants frequently express the need to utilise external service providers, in the Ex-Service Organisation (ESO) community and private spheres.



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Other concerns raised by Soldier On participants include:

- Little or no support for veterans going through the claims process.
- No support for partners.
- Mental Health services are insufficient and/or unsuitable.
- Distrust of governmental organisations, or those associated with ADF.
- Transition processes were ineffective if offered at all.
- Implementations of the Shepherd Productivity report recommendations appear not to have been implemented.
- Difficulties have been reported from veterans regarding ways to re-engage with DVA if contact has not been initiated upon transition, or when concerns arise sometime after leaving service.

Studies Supporting These Participant Experiences:

The Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans Released: July 2019

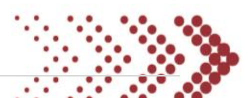
The Productivity Commission determined DVA **"not fit for purpose".** DVA's processes and attitude are found to be too adversarial, and veterans are not trusted to provide accurate information and experienced frustration at the need to repeat information.

DVA was found not to be proactive in its engagement with veterans and their families and offers no single point of contact.

Complexity has increased, and 'stovepiping' has occurred where staff focus only on a single benefit or service transaction, rather than on the holistic needs of each veteran. Concerningly, the report noted that there was growing evidence demonstrating DVA's services, approach, processes and culture are not meeting the needs of younger veterans.

Phoenix Australia – Mental Health Impacts of Compensation Claim Assessment Processes on Claimants and their Families Released: September 2018

This report referred to several high-level inquiries which had proposed a correlation between submitting a compensation claim, and adverse psychological outcomes. The Phoenix Australia report stated in its conclusion that initiating a claims process is especially stressful for



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individuals with depression and PTSD, suggesting claims stress is likely to result in higher levels of disability, even following the conclusion of the process.

The most common finding was the dissatisfaction with the complexity of the process, including difficulty accessing accurate information and long delays in claims processing. The report asserted and to a certain extent warned that the mental health symptoms associated with a prolonged and complex compensation process can be severe and include depression, anxiety, anger, and general distress.

Monash University, investigating the Mental Health Impacts of Compensation Claims Assessment Process Released: March 2019

DVA subsequently commissioned this study to review the Phoenix report and to further explore possible DVA actions that may mitigate potential mental health impacts of its compensation claims processes.

The report highlighted that the DVA claims process was stressful, noting the process can contribute to the onset or exacerbation of mental health conditions for both veterans and their families. Moreover, the report states that compensation claims management processes affect the mental health of individuals making the claims, identifying the process as problematic, and contributing to psychological harm in veterans.

The National Mental Health Commission & Senate Inquiry: The Constant Battle: Suicide by Veterans Released: August 2017

"…delays, negative determinations or perceived maladministration in DVA the compensation claim processes as creating critical stress for veterans and as a contributing factor to suicide"

The National Mental Health Commission heard that the experience of seeking compensation can be complicated and prolonged, acknowledging increased distress and suicidal behaviour amongst those having difficulties with the claims systems, particularly amongst ADF members who are discharged against their wishes. Furthermore, the National Mental Health Commission identified the complexities of dealing with DVA, especially following leaving the ADF involuntary, as a risk factor for suicide.

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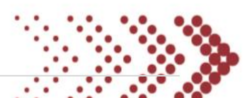
Senate Inquiry: Also, an August 2017 Senate inquiry into suicide by veterans and ex-service personnel highlighted the role played by claims application processes, suggesting that the claims process is a key factor contributing to veteran suicide, noting delays and negative determinations as creating critical stress for veterans and as a contributing factor to suicide.

Media Report Supporting These Participant Experiences:

ABC - Veterans Accuse Department of Veterans Affairs of Being More Interested In Saving Money Than Lives

The ABC investigating veterans' experiences with the DVA process, found the consensus among veterans to be that DVA is there to save money, not to help veterans. Veterans refer to the DVA claims process as sadistic, stating that the Government never seems to have any difficulties spending money on weapons, submarines, air fighters and the logistical deployment of soldiers overseas, yet there seems to be this reticence to make the money available to treat these soldiers when they come back with these inevitable problems.



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11. ADEQUATE WELLBEING SERVICES/IMPROVEMENTS?

Describe whether there are adequate wellbeing and support services (including physical and mental health support services) available to defence members and veterans (both during service and post-service)? In responding to this question, outline any opportunities for improvement to these services. Please identify the basis for the response, including any reports obtained by your organisation, surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.

Insufficient Funding for Non-Government Organisations to Meet Veteran Demand

Since launching in 2012, the demand for services at Soldier On continues to outstrip our capacity to provide support. As military operations continue across the globe the work of Soldier On only continues to grow and gain importance, and more and more veterans seek assistance for psychological support, employment and transition planning, learning and education opportunities and social connection.

Soldier On seeks to fulfill their substantive role supporting veterans who will not actively seek assistance from DVA and will require additional funding to meet the service needs and demand driven by veterans.

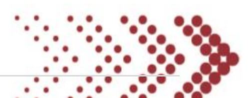
As veterans connect with the organisation from across the country, often from regional and rural areas, Soldier On will continue to seek support to extend its face-to-face services to these areas.

Competition vs Collaboration

Currently in the veteran support space, there is no clear, defined and shared vision. There is an absence of coordination, and in some areas, multiple service providers disseminating the same/similar provision of service, resulting in over representation. Gaps are emerging in the system that require specialist services/organisations to fill.

ESO’s should focus on areas of expertise, ensuring participants receive the best, most focussed service that meets them where they are at, meeting their specific needs with a tailored and directed approach.

Ensuring organisations are appropriately funded, organisations can then develop partnerships and referrals pathways to ensure the highest level of veteran care.



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12. OPPORTUNITES TO ADDRESS SYSTEMIC RISK / BETTER PROTECT

Describe any other opportunities or ways in which government and non-government organisations and the community could:
(a) address systemic risk factors relevant to defence and veteran death by suicide, or attempted suicide; and
(b) better protect and support defence members and veterans.

Address the Culture of ADF

Although the greater Australian societal context is outside the realms of ADF control, the internal military culture can be shaped in a manner that may prevent experiences like bullying, assaults, targeting and excessive drinking from occurring, or at least buffer the negative effects on individuals more effectively if inappropriate situations occur.

Contextual moderators, like Defence leadership have a powerful role to play in ensuring the mental health and well-being of veterans. Leadership assists to set cultural norms, and so can either magnify or diminish damaging behaviours and attitudes. They can influence how the culture and unwritten rules of the ADF penetrates the system and how they are expressed by those on the front line.

Address the Unique Needs of Female Veterans

Develop and support opportunities, training and for upcoming women leaders across all of Australia's Defence Forces.

In order to better understand the needs of women serving in our defence forces, it is vital that gender specific research is undertaken to ensure the female service experience, the supportive health of women during and post service, and how to best support women as leaders is examined and understood.

Actively seek to educate the public, and those in the services of the vital role women perform and give them a voice to share their defence journeys. The value of equity and diversity within the ADF must also be developed.

There needs to be cultural education and behavioural change that ensures the physical safety and mental wellbeing of female veterans.

Provision of the right services, the right information, the right healthcare, the right amenities, and the right equipment to women veterans in order to assist them perform for their country.

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Develop Medical Pathway Continuity

Veterans need to be supported in health-related help seeking behaviour both while serving and during transition with engagement in medical information sharing between the military and civilian health systems.

Place in Community to be Heard

Development of spaces within the community for veterans to feel valued and heard. A growing sense of respect and dignity within our community for what the service veterans have offered, would result in more people reaching out and therefore less incidence of suicide.

Family Inclusive Approach

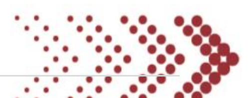
Families are vital in ensuring the mental wellbeing of veterans and should be educated and supported in understanding ways to develop mental wellbeing.

The National Mental Health Commission's "National Framework for Recovery-Oriented Mental Health Services: Policy and Theory" highlights the essential nature of the involvement and opinion of carers, partners, and family of those with mental illness. The Australian Government's mental health reform announcement in November 2015, aligns with these strategic directions. This approach has been adopted by the Department of Health and incorporated into all aspects of mental health support to achieve the best outcomes for the individual and the community.

"In 2013, the Government committed to the adoption of a Recovery Framework for service delivery where all staff, consumers and carers have the opportunity to participate as equal partners in the delivery of care for people with a mental illness. The Government's reform plan recognises the need to involve and support carers."

Carers, partners and families MUST be given a supported voice when determining support options for their family members as they have an intimate awareness of their veterans need and are usually supporting their person at home.

Mental ill health affects not only the veteran but those that care, support and live with them. The cost of caring can be enormous, and carers are at particular risk for developing mental health disorders themselves. Families may see changes in behaviour and pick up the warning signs of declining mental health of veterans long before medical professionals are engaged, and should be supported and educated to know if, how, and when to intervene, or seek external support themselves.



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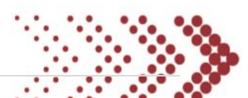
Developing systems within the ADF that would allow a veteran to be with a family member with critical support needs, where operationally appropriate, is likely to significantly reduce non-combat related trauma, and support mental wellbeing of veterans and their families.

Exploring ways that veterans can involve their family/important relationships and continue to grow their sense of connection to home and community whilst serving may support healthier transitions.

Raise Awareness of Entitlements

In order for veterans to be best supported, they need to have a solid understanding of the services and benefits available to them under government support programs. Many veterans who would accept support/assistance do not, as they do not know it is in place for them. Development of a veteran friendly support/entitlement database that clearly outlines all service and entitlement options for veterans would increase accessibility.



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13. OTHER RELEVANT MATTERS

13. Describe (in summary terms) any other matters which your organisation considers relevant to its responses to the questions above or to the Royal Commission's terms of reference more generally.

Indifference

As a nation, we actively celebrate the ANZAC hero from the past but appear somewhat indifferent, lack awareness of the present ANZAC hero's, who are expected to "get on with it". This is a social injury, a "hyper-invisibility" and lack of awareness of veteran needs.

Many veterans express exiting the ADF already feeling disadvantaged, and that their service counted for nothing by the community and is taken for granted. There is no way the community expresses honour for veteran's knowledge and experiences that have been for community benefit, and for which a great price has been paid. To many, this feels like the community has relinquished its responsibility.

There is also no obvious pathway to envelop the veteran experience back into our society, and so veterans experience further separation. The veteran experience is left at the door as it closes behind them when they leave the ADF, so in effect, veterans get lost in plain view. It can feel like going home to a hostile environment.

The social injury experienced by veterans of different combat eras has been felt differently with the Vietnam veteran enduring an injury consisting of very public vilification, scorn, humiliation and rejection, whereas the injury experienced by the modern veteran is one of invisibility and indifference. Both are demoralising and traumatic and affect service members similarly deeply, creating a real tension around identity and experience, that to veterans feels alive. They express there is no space in community to be seen with an identity that is emergent, living and present, rather the veteran identity that appears in the process of being co-opted.

Pain

Pain is embedded within the experience of the veterans, changing pain changes their fidelity to the relationship with others and the fidelity to their own body.

Chronic Pain is a prevalent and complex condition impacting the veteran community. As many as 40 – 50% of Australian veterans live with this condition. Chronic pain is defined as a persistent pain lasting beyond the usual course of acute illness or injury healing, at least 3 – 6 months, adversely impacting an individual's wellbeing.

Pain is an experience that is unique to every individual and is often influenced by emotions, thoughts, social interactions, beliefs, worries and past experiences as well as a person's biology. Pain can also occur with or without tissue damage.

Pain is a normal experience that alerts people to danger and allows them to protect the painful area. Pain is produced by the brain when there is indication that different body parts are in danger and require protecting, for example stubbing your toe. However, pain can become chronic when the nervous system becomes involved and sends consistent danger signals to the brain, which sensitises the brain and body to pain, which repeatedly creates the experience of pain.

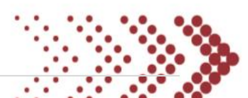
The majority of chronic pain treatments have centred on biomedical models of pain, focusing almost exclusively on medical interventions such as surgical interventions and opioid treatments (that may sometimes develop into an alternate path for substance addiction).

While reasonably effective in managing and masking the symptoms of pain, this approach does not take into consideration factors pertaining to mental health, social and occupational functioning and relational factors. Due to these interacting factors chronic pain is typically poorly managed by the Australian healthcare system and the unique needs of the veteran are often misunderstood by medical professionals.

The cycle of pain can cause an increase in a veteran's anxiety, making it difficult to focus and concentrate, contributing to difficulty communicating and relating and managing daily tasks, and can in turn affect other emotional responses, which then may further exacerbate a veteran's physical pain. Pain can change a person's behaviour and their entire outlook on life, and often leads to greater levels of withdrawal. Soldier On participants commonly report worsening levels of pain during the DVA process.

A major consideration for the veteran population is the sense of identity that is often placed on physical ability through the vigorous training and nature of the career. This creates a complex interaction between physical injury, loss of identity and often complex mental health needs such as PTSD, making the need for pain management programs that encompass not only the physiology of pain, but the psychological and social factors.

The needs of veterans in regard to support and pain management are distinct from the general population. The loss of physical ability and parts of their identity increases the likelihood of negative pain-related thoughts and emotions, such as hopelessness and worthlessness, which



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amplify the experience of pain and perpetuate the biological cycle of pain, distress and disability.

Missing Frameworks and Language to Discuss Trauma

In working with veterans at Soldier On, it has become apparent that veterans struggle to discuss their trauma, may not have language to talk about the event, or a framework in how to explore their experience.

Clients can often express the effects and problems that exist as a result of the trauma and describe their journey and feelings but may completely overlook or disregard the actual trauma itself, or the instigators of the trauma.

Veterans may also experience difficulty talking about traumatic experiences relating to their service, as they may not be permitted to share the story for security purposes or may imply or have been told directly, they are not to share their experience.

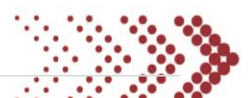
Betrayal / Abandonment

Veterans often express a perceived lack of trust of leadership within the Defence Force ranks and hold a deep sense of betrayal or abandonment for actions taken that the veteran believes is an afront to the military culture and disrespectful of their service.

This decision making, and/or perceived failure to follow through with agreements / recommendations can be felt as injurious to veterans and can indeed take the form of moral injury.

Oversight and Monitoring for Implementation of Recommendations

The growing feelings of betrayal and abandonment being voiced by the veteran community reinforces the need to formalise an enduring implementation plan for the recommendations to be made by the Royal Commission in a manner that ensures it is monitored and assessed. Veterans need a guarantee the results of this Royal Commission are implemented.



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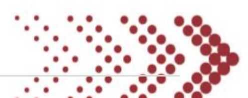
Conclusion:

There is a particularly high rate of mental health burden in the current cohort, which has been related to high operational tempo and demands of service itself and the complex environments they have been exposed to.

This population have a higher rate of mental health injury than other populations in our community, the most important object that can be administered for the mental health and rehabilitation of these veterans is to ensure their dignity within the system. Anything that gets in the way of that should be removed, as within the current system, the members of the veteran community still feel like they are being treated like nothing more than a number.



HEARINGS

Individuals associated with Soldier On who might like to speak to us about these issues, and who might be willing and able to participate in either private or public hearings.

Soldier On understand that the Commissioners continue to actively engage the veteran community in consultations and meetings. Soldier On would seek the opportunity to speak directly to the Royal Commission into Defence and Veteran Suicide and have veteran participants and their families who would also wish to take the opportunity to share their experiences and the contributing issues and impacts of defence and veteran suicide.

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Soldier On Participants who have experienced suicidal ideation, attempted to end their own lives, been affected by defence colleagues who have died by suicide, and family members, including spouses, parents, children and friends of those who have died can be contacted through Soldier On.

SOLDIER ON

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