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# SUBMISSION

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**PHN Submission to the Royal Commission into Defence & Veteran  
Suicide**

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## Contents

<b>Introduction .....</b>	<b>3</b>
<b>Systemic issues and contributing risk factors .....</b>	<b>3</b>
What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to the recruitment process into the ADF? .....	3
What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to time spent in service? .....	3
What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to transitioning out of the ADF?.....	3
Are there any gaps in mental health services and support available to ADF and ex serving ADF? .....	4
<b>Opportunities for improvement .....</b>	<b>4</b>
<b>What types of services and support would have the biggest impact for ADF and ex serving ADF members? .....</b>	<b>4</b>
Treatment programs .....	4
Financial counselling .....	4
<b>What are the challenges and barriers for ADF members and ex serving ADF members accessing services? (Select all that apply) .....</b>	<b>5</b>
<b>How could the primary care sector play a more impactful role in supporting ADF and ex service ADF members? .....</b>	<b>5</b>
<b>Other comments.....</b>	<b>5</b>
<b>Contact.....</b>	<b>5</b>

## Introduction

Lived Experience Australia (hereafter LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA is pleased to provide this Submission to you and the wider PHN organisations for your consideration in your response to the **Royal Commission into Defence & Veteran Suicide**.

## Systemic issues and contributing risk factors

What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to the recruitment process into the ADF?

Army Training prepares soldiers to make immediate, violent responses to crises, such as coming under enemy fire, or facing the uncertainty of IUD or suicide bombers. This is unfortunately necessary, but it can also lead to those returning from war zones with very short tempers, and insufficient safeguards from outbursts of anger towards themselves and others. This can lead to relationship and family breakdowns, and leave the veteran with a heavy sense of guilt.

What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to time spent in service?

Exposure to violence and traumatic experiences in theatres of war or civil unrest are a precursor to mental ill-health. Few soldiers, whether regular army or in the past National Servicemen, have been adequately prepared for the reality of armed conflict or civil unrest, with its horrors and the actuality of mates dying or being wounded.

Trauma can change a person significantly in how they relate to their family and others around them. It can impact negatively on relationships, family and social functioning. A traumatic experience produces emotional shock and often causes many emotional problems. Some of these problems include anxiety, irritability, anger, avoidance and depression. Often people with trauma utilize negative coping strategies such as alcohol or drugs to assist them in dealing with difficult emotions and feelings.

What do you see as the risk factors for mental health for ADF and ex serving ADF as they relate to transitioning out of the ADF?

Coming home from war or areas of civil unrest to Australia requires difficult mental and physical adjustments for veterans. Firstly, the world of those who are not in the services has moved on from the time when the veteran left Australia. The veteran expects to return to the world he/she left, but everyone else, family and friends, have moved on to another place. This was the experience of one of LEA's Board member who as a Vietnam veteran found this extremely hard to deal with after his two years of National Service – his family disowned him for accepting his call-up, and the few friends he had prior to his two years in the army were different people on his return.

There is still stigma associated with those who participate in wars particularly the Vietnam war – on return home many people blamed the soldiers, rather than the politicians, for their involvement in Vietnam. Nowadays there are many voices which were against the sending of troops to Iraq and, to a lesser degree, to Afghanistan. This adds to the mental stresses placed on returned veterans.

## Are there any gaps in mental health services and support available to ADF and ex serving ADF?

In the past, the treatment and handling of claims by veterans to the Department of Veterans' Affairs for injuries and conditions has been very bad. The processes have seen many veterans undergoing several demeaning appeals with their honesty brought into question before claims were accepted. This lengthy and trying process did not assist veterans in dealing with their undiagnosed mental health issues in many cases.

## Opportunities for improvement

### What types of services and support would have the biggest impact for ADF and ex serving ADF members?

#### Treatment programs

These need to address the issues mentioned here, not only with the person suffering from PTSD but also include the partners / children, and significant others

There are a number of treatment programs that the veteran community or ADF members can access, one such program that has provided treatment to veterans and ADF personnel for nearly 20 years is the Military Service Trauma Recovery program provided by many private psychiatric hospitals.

The program is CBT based (Cognitive Behaviour Therapy) and includes both group and individual sessions. Within the program, key issues are targeted to provide education about PTSD and associated problems in order to facilitate recovery including:

- Dealing with depression / anxiety & anger
- Substance abuse/use
- Working on relationship difficulties, exploring healthy communication.
- Maintaining good physical health
- Dealing with Intrusive memories, flashbacks and nightmares
- Occupational rehabilitation

The program also includes combined group sessions with partners / significant others. It also offers Individual Trauma Exposure Therapy (PE), which has become the cornerstone of psychological treatment of PTSD. Exposure Therapy for PTSD involves confronting the memory of traumatic experiences in a controlled and safe environment (imaginal exposure). Additionally participants are regularly removed from the classroom for group based physical exercise sessions and *in vivo* exposure activities. These *in vivo* sessions involve immersing participants in real life situations which have become phobic and encouraging them to use their skills to manage ensuing anxiety. It provides the veterans with an opportunity to test their symptom management skills, improve their confidence in assimilating into the civilian world and also allows reconnection with their local community.

LEA understands the program is accredited by the Department of Veterans Affairs. The results of the program continue to produce robust improvements which have been statistically scrutinised and published in Australian and New Zealand Journal of Psychiatry.

#### Financial counselling

LEA is unaware of what current compensation arrangements are made available to those returning from Iraq or Afghanistan.

Anecdotally, we understand from informal responses, that Afghanistan veterans receive a lump sum in the vicinity of AU\$50,000 for each completed tour of duty. This could be true, and it seems like a worthwhile initiative by the Department. We understand that the Department of Veterans' Affairs offers injured veterans lump sum payments which vary in relation to the severity of their condition,

and this could be as much as \$200,000 for those suffering Post Traumatic Stress, as well as free medical treatment of accepted conditions.

If this is true, we believe in these cases it may well be inappropriate, given that young people would not, in many cases, have the financial expertise to manage large sums carefully. This could have the repercussions of leaving them without much of a financial future. If this scenario is true, then financial assistance should be provided to the affected veterans in managing these funds.

### What are the challenges and barriers for ADF members and ex serving ADF members accessing services? (Select all that apply)

Cost of services

Location / travel distances x

Availability of services x

Appropriateness of services x

Lack of awareness of available services x

Lack of willingness to engage with health services

### How could the primary care sector play a more impactful role in supporting ADF and ex service ADF members?

GPs must have a clear understanding of the issues that affect returning veterans or serving personnel. Being able to address these mental health issues as well as overseeing physical issues related to service must be part of a whole person approach.

Without this understanding and skills, the veteran's mental health could deteriorate and affect them, their families and their community.

### Other comments

#### Is there anything else you'd like to add to support the development of the submission?

We know that for many partners, the issues of self harm and suicide are very real. They live with disturbing anger, misunderstandings, alcohol dependence, depression and anxiety. However there are very few programs of support and this includes the private hospital sector, with most relying on support groups run by the veteran groups themselves.

More needs to be done to support partners and children of veterans and ADF members particularly in the period of first returning to Australia after a tour of duty. War zones don't only affect soldiers, with their experiences directly affecting their relationships.

### Contact

LEA has made two previous Submissions to **Senate Standing Committee on Foreign Affairs, Defence and Trade on Suicide by veterans and ex-service personnel** (June 2016) [https://6f044093-f272-427f-b749-e2aef1d4ae8d.filesusr.com/ugd/907260\\_2b380d79a6e9471d996dde08c9e53d60.pdf](https://6f044093-f272-427f-b749-e2aef1d4ae8d.filesusr.com/ugd/907260_2b380d79a6e9471d996dde08c9e53d60.pdf) and the **National Mental Health Commission's Review of self-harm and suicide prevention services for veterans and ADF members** November 2016 [https://6f044093-f272-427f-b749-e2aef1d4ae8d.filesusr.com/ugd/907260\\_c8818c412e75425cb0b915d762aad9ac.pdf](https://6f044093-f272-427f-b749-e2aef1d4ae8d.filesusr.com/ugd/907260_c8818c412e75425cb0b915d762aad9ac.pdf) and we were subsequently invited to appear before the Senate Standing Committee in 2016 in Brisbane.

LEA would be very pleased to provide input from a national organisational perspective into the areas of mental health going forward. We are aware you have the Mental Health Lived Experience Engagement Network and LEA fully supports MHLEEN.

LEA has a focus on services provided within the private mental health setting including those provided by office-based practitioners (GPs, psychiatrists, psychologists, other allied health) and those provided by private psychiatric hospitals.

It is in this setting that many of the programs are provided for veterans and returning service personnel.

We would be very pleased to provide clarification on any of the comments made within this Submission.



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