

SUICIDE BY VETERANS AND EX- PERSONNEL

Submission to the Senate Standing
Committee on Foreign Affairs, Defence and Trade

Date 19-06-2017



Executive Summary

The following document is a submission on behalf of One Door Mental Health in relation to the Senate inquiry into 'suicide by veterans and ex-service personnel'.

One Door Mental Health is a specialist mental health recovery organisation, with a 32-year history, committed to improving access to services and the circumstances of people living with severe and complex mental illness.

One Door delivers trauma-informed recovery-oriented support programs for carers and consumers including clinical services, specialist mental health Disability Employment Services (DES), care coordination, housing, the Personal Helpers and Mentors program (PHaMs), Partners in Recovery (PIR), Day to Day Living (D2DL) and Mental Health Respite Carer Services (MHR-CS).

In Australia, mental health has been, and continues to be, grossly under-invested in despite the clear economic and societal benefits of investment. Veterans and ex-service personnel are among those with the highest prevalence of mental illness and suicide in Australia. A shortage of data, reporting and willingness to collate information on the subject has resulted in a lack of appropriate care.

Although the Department of Veterans' Affairs (DVA) and the Australian Defence Force (ADF) have a number of programmes and training facilities tailored to providing assistance to individuals suffering from mental illness and their families, there is still room for significant improvement; particularly cultural changes that are required to promote help-seeking behaviour. Community-based programs have the potential to mitigate some of the stigma and cultural difficulties with help-seeking behaviour perceived with the use of ADFA and DVA-based programs. Continuous reform needs to occur to ensure that those who protected our country are always being looked after.

As a grass roots community mental health organisation, One Door is well placed to provide feedback on a number of issues relevant to suicide of veterans and ex-personnel. We appreciate you taking the time to consider our submission for this inquiry, and hope that our input can help transform and improve the nature of this issue.

Yours sincerely,



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Factors Contributing to the High Suicide Rate Amongst Veterans

The suicide rate for veterans is a serious, contentious issue. It has been estimated that suicide has taken more Australian soldier's lives than war since 1999¹. There is a lack of data, reporting and willingness to collate information on the subject.

The AIHW reports that there were 292 certified suicide deaths in 2001–2014 among serving and ex-serving personnel with at least 1 day of ADF service in that period. This total includes 84 suicide deaths in the serving full-time population, 66 in the reserve population and 142 in the ex-serving population. 93% of these suicides were male, 7% were female².

Data show that suicide rates are lower amongst current serving ADF members than in the general population, suggesting that recruited personnel are at lower risk or there are protective factors associated with service³. It is post-service that suicide rates are higher than the population rate, particularly for those under the age of 30.

Veterans and ex-personnel face a number of unique and additional challenges post-service that are likely to contribute to the suicide rate, which include the feeling of isolation and disconnect from the defence community and the general community following discharge. One Door has heard parallels drawn between first responders leaving their jobs to discharge from defence forces: *"there's nothing more ex than an excopper"*.

Social Connection and Reintegration into Civilian Life

Many veterans transitioning out of service may not have strong social support networks outside of the service. The lack of social connection can lead not only to a sense of isolation, but also poor access to social supports from friends, family or community groups. Families of current and former personnel can play an important role in recognising signs of risk of suicide or self-harm and supporting treatment and recovery.

However, families themselves require support to be an effective support for someone else and are also subject to the same isolation and stigma as ex-personnel themselves. It is therefore critical that family support outside of DVA and ADF programs is improved.

Defence Force Culture and Stigma

One of the key issues surrounding the rate of suicide amongst military personnel is the overall fear and hesitation for an individual to seek help. It is commonly reported that veterans find it difficult to access help as a result of stigma surrounding the need for support in a profession that is characteristically resilient. The *2010 ADF Mental Health Prevalence and Wellbeing Study* reported that within a 12 month:

- 27.6% of veterans were concerned that reporting a mental disorder might result in being treated differently;
- 26.9% feared their career might be harmed; and

¹ Moulton, E. 2016. Suicide has claimed more Australian soldiers' lives than any war since 1999.

<http://www.news.com.au/lifestyle/health/mind/suicide-has-claimed-more-australian-soldiers-lives-than-any-war-since-1999/news-story/137c8a5b22876457cbbfb60e628a42f8>

² Australian Institute of Health and Welfare 2016. Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014. Cat. no. PHE 212. Canberra: AIHW. ISBN 978-1- 76054-044-9 (PDF) Available online at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557671>

³ Australian Institute of Health and Welfare 2016. Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014. Cat. no. PHE 212. Canberra: AIHW. ISBN 978-1- 76054-044-9 (PDF) Available online at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557671>

- 36.9% stated the highest rated barrier to seeking help was concern it would reduce deployability⁴.

Furthermore, in an article published by *The Australian*, an anonymous veteran states that “[m]any Defence members refer to getting help as career suicide as you’re no longer an asset and now have become a burden”⁵. Similarly, it has been reported that military personnel have lost their positions or been ‘sidelined’ after disclosing the fact that they suffer from a mental illness⁶.

Mental Illness and trauma

Mental illness is one of the most prevalent risk factors contributing to suicide in the general population and studies suggest this is also true for ex-service personnel. It was estimated that approximately 46,400 veterans had 'an accepted mental health disorder'⁷. According to studies undertaken by the ADF, anxiety disorders and Post Traumatic Stress Disorder (PTSD) are the most common mental illnesses amongst veterans⁸. The 2010 ADF Mental Health Prevalence and Wellbeing Study, reported that within a 12 month period 17.9% ADF members sought help for stress, emotional, mental health or family problems⁹.

Exposure to trauma during service is likely to be a major contributor to the rate of mental illness amongst ex-service personnel. Further, there is research indicating that there is a correlation between many types of trauma and suicidal behaviours. This trauma may be physical or emotional and will generally reflect the nature and seriousness of their deployment.

Several studies suggest that military personnel who have experienced a childhood trauma are more likely to develop mental disorders than others, including the development of post-traumatic stress, high psychological distress, and alcohol misuse in later life¹⁰.

More than half of ex-service personnel are also exposed to the trauma associated with prior exposure to suicide, which is a known risk factor for suicide¹¹. Targeted postvention programs, aimed at supporting those who are bereaved by suicide, should be considered a priority for ADFA and DVA.

Unemployment

The problem of post-service employment has also been outlined as a potential contributing factor to the high suicide rate amongst ex-service personnel. Many ex-service personnel find

⁴ Australian Defence Force. 2010. *Mental Health in the Australian Defence Force: 2010 ADF Mental Health Prevalence and Wellbeing Study*. Accessed June 2017: <http://www.defence.gov.au/health/dmh/docs/2010-adf-mentalhealthprevalencestudy-executivereport.pdf>

⁵ Richardson, G. 2016. *Politician's lack of action damning veterans*. Accessed June 2017: <http://www.theaustralian.com.au/opinion/columnists/graham-richardson/politicians-lack-of-action-is-damning-veterans/news-story/a1751e5502f76229109adc45b01fb78e>

⁶ McPhedran, I. 2015. Accessed June 2017: <http://www.news.com.au/national/reporting-mental-health-issues-costs-soldiers-their-job-or-sidelines-them-senate-inquiry-told/news-story/41854c96daeee0ed96aabe52f83821d8>

⁷ Parliament of Australia. 2017. *Mental Health of Military Personnel and Veterans*. Accessed June 2017: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/MilitaryHealth

⁸ Rosanov, V; Carli, V. 2012. *Suicide among War Veterans*. Accessed June 2017: <http://www.mdpi.com/1660-4601/9/7/2504/htm>

⁹ Australian Defence Force. 2010. *Mental Health in the Australian Defence Force: 2010 ADF Mental Health Prevalence and Wellbeing Study*. Accessed June 2017: <http://www.defence.gov.au/health/dmh/docs/2010-adf-mentalhealthprevalencestudy-executivereport.pdf>

¹⁰ Zheng, W; Kanesarajah, J; Waller, M. 2015. Childhood adversity and traumatic exposures during deployment as predictors of mental health in Australian military veterans. *Aust NZJ Public Health*;40(1):10-5

¹¹ Hom, M; Stanley, I; Gutierrez, P; Joiner, T. 2017. 'Exploring the association between exposure to suicide and suicide risk among military service members and veterans' in *Journal of Affective Disorders*. Vol. 207 pp. 327-335.

it difficult to gain meaningful employment, leading to a loss of purpose and identity. Furthermore, the difference in nature of employment can contribute to a loss of purpose, as civilian employment can be experienced as a less worthy and noble cause¹². Specialist employment agencies, which have been shown to be effective for employment in disability services, have the potential to improve the employment situation for ex-personnel.

Lack of appropriate care options

There may be other factors contributing to high rates of veteran suicide. These may include a lack of access to convenient and targeted care. Lack of access may be exacerbated by lack of knowledge about care services, as well as issues such as waiting times and a lack of anonymity.

One Door Recommendations for Improvements

- An increase in community based psychosocial programs. In particular, early intervention and treatment for PTSD
- Targeted postvention programs for those bereaved by suicide
- Increase support for families of veterans and awareness of access to support
- Awareness campaigns to combat stigma surrounding mental illness in ADFA
- Increase access to specialist employment agencies

Military Compensation

The Department of Veterans' Affairs currently advises that veterans and ex-service personnel may be eligible for compensation if they have sustained physical or psychological impairment or incapacity due to their defence service. A dependent of a current or former defence force that has died as a result of their service is also potentially eligible to receive compensation.

A major issue that has an extremely distressing effect on ex-service men and women is the slow military compensation claim process through DVA¹³. In a *Review of Statutory Timeframes* under the *Military Rehabilitation and Compensation Act 2004* reasons were given for the time taken to process claims¹⁴. These included:

- the investigative nature of the claims process
- the time between incident and lodgement of a claim
- the complexity of claims
- the receipt of incomplete claims
- the involvement of external parties in the claims process, such as the Department of Defence and medical providers

¹² Kukla, M; Rattray, N; Salyers, M. 2015. 'Mixed Methods Study Examining Work Reintegration Experiences from Perspectives of Veterans with Mental Health Disorders' in *Journal of Rehabilitation Research and Development*. Vol. 52, No. 4.

¹³ Lavoipierre, A. 2017. Accessed June 2017: <http://www.abc.net.au/news/2017-02-02/unemployment-linked-to-veteran-suicide/8235240>

¹⁴ Department of Veterans' Affairs (2016). *Factsheet MRC01 - Overview of the Military Rehabilitation and Compensation Act 2004 (MRCA)*. Accessed June 2017: <https://www.dva.gov.au/factsheet-mrc01-overview-military-rehabilitation-and-compensation-act-2004-mrca>

In the 2017 Federal Budget a \$350 million package to expand support services for veterans was announced. The main elements of this package will be used to modernise the DVA's IT systems to improve access and to reduce processing times for claims. This may alleviate problems previously experienced with compensation claim waiting times, although details remain to be released. Under this new package, veterans will also no longer have to prove that their mental health issues were caused by their service in the Defence Forces, which is a change One Door strongly supports.

Reform within the Department of Veterans' Affairs

DVA undergoes reforms every few years by way of legislative acts and implementation strategies, and is undergoing reform currently. These reforms are crucial in order to appropriately care for the country's veterans and include *the Veterans' Entitlement Act 1986*, the *Safety, Rehabilitation, and Compensation Act 1988 & Military Rehabilitation* and the *Compensation Act 2004*

The DVA Veteran Mental Health Strategy released in 2013 is a ten year framework designed to utilise a 'person centred approach' to the issue of veteran mental health¹⁵. This reform aims to "ensure quality mental health care, build the evidence base, strengthen partnerships, enable a recovery culture, strengthen workforce capacity, and promote mental health and wellbeing".

In 2016, the ADF updated the *DVA Towards 2020* Strategic Plan that aims to "support those who serve or have served in the defence of our nation... [by] efficiently delivering high quality, connected services to all generations of veterans and the wider veteran community"¹⁶.

One Door remains concerned with the DVA's approach towards the mental health, reintegration and suicide amongst of ex-service personnel, as well as the speed of the veteran's compensation procedures. Ongoing concerns for the financial sustainability and intra-departmental coordination of the DVA, as well as issues of operating structure and governance, and client, culture and staffing also remain.

One Door Recommendations for Improvements

- Intra-departmental coordination, financial sustainability, governance and operational structure should be prioritised in processes of departmental reform.
- Continuous investigation into departmental reforms should take place to ensure best results for veterans and ex-service personnel.

¹⁵ Department of Veterans' Affairs (2013). *Veteran Mental Health Strategy*. Accessed June 2017:

<https://www.dva.gov.au/sites/default/files/files/publications/health/Veteran%20Mental%20Health%20Strategy.pdf>

¹⁶ Department of Veterans' Affairs (2016). *Towards 2020*. Accessed June 2017:

<https://www.dva.gov.au/sites/default/files/files/publications/corporate/towards2020.pdf>

THANK-YOU

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