



RSL
NSW

ROYAL COMMISSION INTO DEFENCE AND VETERANS SUICIDE

Returned & Services League of
NSW

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RETURNED & SERVICES LEAGUE OF AUSTRALIA, (NSW BRANCH)

SUBMISSION OVERVIEW

RSL NSW

Founded in 1916, RSL NSW is a member-based charity comprising 340 sub-Branches and more than 26,000 members that provides support to members (who are veterans) and the wider veteran community and their families. By joining the RSL and connecting with their local sub-Branch, veterans access the benefits of the connection with people with shared experiences and the environment the sub-Branch provides to generate this camaraderie, mateship, and together, enable and continue commemoration. The importance of the RSL's voluntary role in organising and conducting commemorations across the State in most communities cannot be understated.

In NSW, members can also immediately connect veterans in need to an array of support services provided by our partner charity RSL LifeCare. (**Note:** RSL LifeCare Ltd will provide a separate submission to the Royal Commission.) RSL LifeCare provides veterans and their families with home care and assisted support, retirement living homes, aged care homes and specific veterans' services. Within veteran services the programs include RSL DefenceCare, which provides free lifetime welfare support to veterans and their families, including assistance with DVA claims and appeals, and immediate financial assistance. Other service programs include mental health therapy through an equine program, an employment program, housing assistance and a homeless veteran support program.

RSL NSW's sub-Branches make donations to RSL LifeCare (\$2.1m in FY 21) to make these veteran services possible.

RSL NSW has been the leading ESO in NSW for the past 100 years and is currently implementing changes to ensure this is the case for the next century. This vision is enshrined in the *RSL NSW Strategic Plan 2021-26*¹, which provides a blueprint for RSL NSW to continue to support and be relevant for all veterans, especially by attracting new younger members. Other important changes include the Constitutional reform of 2019. This governance reform ensures the integrity of the League in NSW, and the independence and professionalism of RSL LifeCare, together providing the environment and services to support our veterans and their families, including meeting the needs of younger veterans.

It is important to note that RSL NSW and its sub-Branches are a charity. As required by NSW Government legislation, RSL Clubs are separate legal entities. RSL Clubs are commercial entities that typically operate licensed premises and are governed by different legislation. It is recognised that the community, and according to research, serving ADF personnel do not know the difference between clubs and the sub-Branch. Remedying this is a key component of the Strategic Plan.

Summary of submission

Defence and veterans' suicide is a crucial and ongoing issue in Australian society and of great significance to the membership of RSL NSW. The complexity of its causes and the intricacy of implementing solutions indicate that significant time, effort, and resources are required for the issue to be adequately addressed. The number of hearings, inquiries and investigations conducted into defence and veteran suicide in the past 15 years are testament to this fact. While conversations around suicide and mental health are challenging, and necessary reform difficult, it is inherent upon Australian society and the RSL to get it right. It is the least that can be done to honour the covenant between the Australian people and the serving and former members of the Australian Defence Force (ADF) who have sacrificed so much for them.

¹ https://assets.rslnsw.org.au/wp-content/uploads/2020/12/07094208/RLSNWSW_StrategicPlan_web_final.pdf

The RSL NSW submission incorporates the views of RSL NSW members, advocates and sub-Branches, gathered through a survey and the receipt of individual submissions. Feedback from the subsidiary service delivery company, RSL LifeCare, are also reflected. RSL NSW drew on the significant breadth of evidence gathered in previous reports from inquiries into defence and veteran suicide. These include the *A Better Way to Support Veterans* report from the Productivity Commission, the *Veterans' Advocacy and Support Services Scoping Study* report, the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention and several others. Collating this evidence allowed RSL NSW to re-identify and test systemic causes of, and recommended solutions to address, the issue of Defence and Veteran suicide.

Much of the feedback provided to RSL NSW demonstrates that ex-service organisations (ESOs) that are member-based like the RSL provide a source of camaraderie, mateship, and support services that is invaluable to veterans. However, the current landscape for providing this support is challenging. The proliferation of the number and type of ESOs supporting veterans, their funding models (often relying on Government grants) and the vagaries of checks and balances has made the veteran support landscape quite confusing. Accordingly, RSL NSW has recognised, under its new Strategic Plan the need to re-focus the RSL on its core purpose and deploy its resources collectively to better coordinate all ESOs. However, the number of ESOs can only be reduced if the RSL demonstrates this capability to support all veterans, and in collaboration with other complementary ESOs. Implementing recommendations from previous inquiries into reform of the ESO sector, starting with establishing an ESO peak body (this could be the RSL) and defining the roles and accountabilities of ESOs in providing support to veterans, should be pursued to maximise the effectiveness of the services provided by these organisations.

For many veterans and their families, gaining access to wellbeing, support and health services is a mental health risk factor. Waiting times, fee schedules, a shortage of services in rural and regional areas, and a lack of information all pose barriers to veterans accessing wellbeing support and health services. Member feedback indicated that most veterans were happy with the services once they could access them. One impediment to accessing them was knowing about them and how to access them. The RSL intends to rectify this by leading a national collaboration to produce an easily accessible geographically enabled 'catalogue of services,' to be endorsed by the Departments of Defence and Veterans' Affairs. Furthermore, reviewing fees schedules and providing additional funding to these services is essential in providing Defence members and veterans adequate care.

Transition remains a challenge for many veterans. It is a confusing and disorienting process, disconnecting veterans and their families from communities when they are at their most vulnerable. The RSL is ready and willing to facilitate connections between ESOs, veterans and communities, and is eager to work with the Department of Veterans' Affairs (DVA), Defence, and the nascent Joint Transition Authority (JTA) to achieve this. RSL NSW also stands ready to partner with these organisations to provide additional support and services to families and carers of veterans. This is the driver for the collaboration between RSL and national level ESOs to produce and maintain the 'catalogue of services,' to be introduced to all transitioning members of the ADF and accessible to all veterans and their families.

Interactions with Government departments, particularly DVA and entitlements claims processes, are risk factors for veterans' mental health. As examined in previous inquiries, this is due to a variety of factors: the complexity and apparent combativeness of the system, staffing resources and training, waiting times, communication, recognition of service, and the quality of interaction with at-risk veterans. Systematic reform is likely required to comprehensively address these issues. RSL NSW, as part of an effective national RSL network, is ready and prepared to work with Government and other organisations to improve these processes to better support veterans.

As a result of the challenges for veterans in interacting with claims, wellbeing and entitlements services, advocates are a key feature of the veterans wellbeing and entitlements system. They provide an invaluable support service to veterans, and in doing so, address risk factors for veterans' mental health. Most of these advocates are volunteers. Despite the value of the services they provide to veterans, advocates face barriers in terms of training, insurance, funding, support and consultation with government bodies. These barriers discourage the entry of new advocates, particularly younger or female advocates. Reform of the advocacy model, including establishing planning and advisory bodies, increasing funding and geographical coverage for training and mentors, and recruitment strategies aimed at younger and female veterans are required to ensure the sustainability of providing advocacy services. RSL NSW has an extensive volunteer advocate network and can leverage this invaluable resource to help improve advocacy services.

While this submission focuses on three areas of the Terms of Reference, one strategic 'upstream' factor that should be examined is the impact on service personnel from back-to-back postings in high readiness 'frontline units.' Outsourcing and civilianisation of military positions, particularly from the 1990s onwards, has limited opportunities for ADF personnel to experience longer periods of integrating with the general community in the main population centres of Australia, including family involvement in sport and other community activities. A lack of 'rear area' or support area postings could contribute to 'transition shock', as ADF personnel have not had an opportunity to experience the general community and what life is like without an 'umbrella' ADF family.

A Note on Previous Inquiries

The Royal Commission follows a series of hearings, inquiries and investigations related to Defence and Veteran suicide and mental health since 2007, 11 of which have been completed since 2016. A summary of the most recent of these reports is available at **Annex 1**. RSL NSW supports the majority of the recommendations made in these previous inquiries and hearings.

Throughout these inquiries, it has been common for governments to delay implementing recommendations. This is a source of significant frustration and a cause for cynicism as to the value of these inquiries among veterans, including the potential efficacy of the Royal Commission. The community expectation is that the time to act is now. The *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention, released in September 2021, makes these points strongly².

² Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, (Canberra, 2021): 20.

WITH RESPECT TO THE ROYAL COMMISSION'S TERMS OF REFERENCE

a. Risk factors relevant to defence and veteran suicide, such as:

- i. Transition out of the Australian defence force (ADF) or between service categories

Issues

Feedback provided by RSL NSW members demonstrates the challenge transition from the ADF poses to mental health. Veterans who responded to RSL NSW on this question uniformly stated that transition was, at the very least, difficult and was the period when a veteran and their family were most vulnerable.

“The difference between suicide predischarge and post-discharge, I believe, can be partly attributed to the loss of routine, belonging and community mental health stigma.”

– Lee, Moss Vale

“I find that the community has no idea what it is like to serve and give your life to the service. They then have no idea what it is like to have to leave. It is like we have learnt anything from previous wars.”

– Anonymous

“As a defence member there is no or little regard in helping people transitioning to civilian life.”

– Calvin, Cronulla

This feedback outlined that the process was confusing, that assistance from Defence was insufficient, and that many veterans did not seek support from either the Government or an ESO for long periods following being discharged.

“I had no support at the time of transition. It wasn't until I was seeking medical treatment for past injuries that I engaged with any service.”

– Stephen, City of Wollongong

“I discharged from the RAN in 2002. I had a resettlement seminar which gave me nothing. I did not have any organisational input and did not make contact with my local RSL sub-branch until 10 years after discharge. I wasn't given any type of help in applying for work.”

– John, Wyong

Research consistently shows connection to community and employment is important for the mental health of veterans, especially when transitioning from the ADF³. Integration into a local community, within the broader Australian society, is a critical component of transition. This is an urgent area of need, particularly regarding service provision⁴.

³ Dr Annabel McGuire & Catherine Rosenberg, *RSL Life Care: Scoping Project Report (Draft)*, Gripfast Consulting (Brisbane, 2020): 15 (Annex 2) and Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (Canberra, Commonwealth of Australia, 2019):

⁴ Dr Annabel McGuire & Catherine Rosenberg, *RSL Life Care: Scoping Project Report (Draft)*, Gripfast Consulting: 16

While the Defence Community Organisation (DCO), now called Defence Member and Family Support, can be effective, it is available only in the limited number of communities that hold a Defence presence. The freedom for a veteran to move to any community upon discharge means Defence Member and Family Support does not, or cannot, provide its service during transition.

“Defence Member and Family Support were a great help, but I feel they are stretched to the limit. They want to help more but don't have the people.”

– Maryanne, Gundagai

Outsourcing and civilianisation of military positions, particularly in the 1990s onwards, has limited the opportunity for ADF personnel to experience longer periods of integrating with the general community, including family involvement in sport and other community activities. A lack of ‘rear area’ or support area postings could contribute to ‘transition shock’, as ADF personnel have not had an opportunity to experience the general community and what life is like without an ‘umbrella’ ADF family.

Solutions

The gap in local community integration support can be addressed by the ESO sector. The nature of needs during transition – local community connections, knowledge of available services and contacts, mateship, and peer support – are areas in which ESOs excel. Through its State Branches in each capital city, and respective sub-Branch networks across the country, the RSL is the ESO best placed to deliver transition support.

To facilitate support from the RSL, a mechanism (with appropriate privacy protections) should be created for Defence/Defence Member and Family Support/JTA to alert the RSL when an ADF member discharges into a particular area. This can include an ‘opt in’ provision for the ADF member, where they opt-in to being contacted by a local sub-Branch before the service is activated, in order to protect a veteran’s privacy. The community integration support service provided at the local level by each RSL sub-Branch could be coordinated through a single point of contact for Defence Member and Family Support at each RSL State Branch, with a support package based on that currently provided by Defence Member and Family Support for new postings.

This promotes the development of a positive relationship between the veteran and the local RSL sub-Branch and supports the veteran and their family in transition. This type of support respects a veteran’s pride and independence, while giving practical help to their family. It also lays a foundation of trust, encouraging the veteran to approach RSL early if additional assistance is needed in the future.

Peer-to-peer programs also represent an important form of transition support and local community integration activity. RSL NSW members and advocates supported this type of activity.

“For visitation and hospital visits we need to engage veterans to visit their same theatre of service or age group...A dedicated group of the same cohort supporting the same age group cohort to stop social disconnection.”

– Jon, Avalon

The Open Arms Community and Peer Program is a good example of this type of program. It is being expanded with additional funding in 2021, and RSL NSW acknowledges this as a positive step. This is an invaluable program and should be expanded further. RSL NSW is ready to support this expansion through its own network.

- ii. Access to, availability and timeliness of, health care, wellbeing and support services (physical and mental health support services), including the quality and effectiveness of these services

Wellbeing and support services issues

RSL NSW members elaborated that wellbeing and support services were not always easily available, in particular Open Arms and Defence Member and Family Support. This was confirmed by RSL NSW-linked advocates.

“Making referrals to Open Arms and/or Defence Member and Family Support for veterans displaying suicidal thoughts or behaviour is very difficult, almost impossible.”

– Anonymous, Advocate

While sometimes difficult to access, overall, veterans and their families/supporters were satisfied once they connected to these services.

I engaged with Open Arms. It was very difficult and just in time.

– Stephen, City of Wollongong

Open Arms, although I have not needed their help, have often touched base to see how I am through their outreach program, which I am grateful for.

– Martin, Redfern

The responsiveness of wellbeing and support services was raised as an issue by some RSL NSW members. This has caused some veterans to turn away from larger government service providers and ESOs, to grassroots networks. RSL NSW recognises this is an area where it needs to improve as an organisation.

“The most relevant and quickest response to a number of [cases of] suicidal ideation among members has been through grassroots interment social networks and Red Six. Opens arms, DVA and RSL do not offer critical time response and are not monitored 24/7 unlike social media in the veterans’ unofficial grassroots networks.”

– Jon, Avalon

The above issues are compounded for veterans living in rural and regional areas. In line with the provision of health care and public amenities in Australia more generally, veterans in regional and rural areas face barriers in accessing appropriate health care and services.

“The key concern for this district and other co-located districts in the northern NSW area is the lack of health specialists, especially mental health. The lag times of more than one month is unacceptable and this matter has been compounded by the lockdowns.”

– Old Bar Beach sub-Branch

“Being in Regional NSW, we are distanced from direct support by Open Arms and DVA. The Veterans Centre Mid North Coast (VCMNC) at Coffs Harbour is the closest advocacy service NGO to deal with DVA.”

– Nambucca Heads sub-Branch

This is an important consideration, given that a large proportion of the veteran population live in rural and regional areas⁵.

Solutions

RSL NSW can connect veterans with wellbeing and support services through its network of sub-Branches and volunteer advocates. This will be facilitated by creating an easily accessible geographically enabled 'catalogue of services,' which will be available to all RSL NSW volunteer advocates and sub-Branches as a reference point for veterans looking to access services.

Medical fees and accessibility challenges

RSL NSW understands that DVA payments to specialists, particularly in the mental health area, fall significantly short of the AMA fees list. The DVA fee schedule has been indexed inadequately since the years of the Howard Government, and now sit far below the fees paid for comparable workers compensation arrangements⁶.

This forces medical specialists to either accept a significantly lower rate of remuneration for working with veterans, or to decline to accept DVA payments altogether, narrowing the choice for veterans seeking a specialist to suit their individual needs. While measures such as Non-Liability Health Care are positive, until payments to providers are sufficient, veterans will continue to face barriers to care⁷. This problem is particularly acute when considering the shortage of psychiatric care available for veterans.

"It is extremely difficult to access a psychiatrist that will accept DVA gold card. Most will not accept you as a patient once you mention DVA."

– Tony, Gundagai

"Many private psychologists do not accept DVA schedule of fees and clients can be left out of pocket."

– Anonymous, Advocate

RSL NSW is aware that the Royal Australian and New Zealand College of Psychiatrists has raised the DVA fee schedule with the Government as a matter of priority. Combined with high caseloads and long waiting lists and the increased reporting and workload requirements for DVA compared to Medicare patients, psychiatrists have significant disincentives for providing care to veterans⁸. The RANZCP has advised the estimated average wait time for a veteran to see a psychiatrist is at least 6-10 weeks.

Solutions

RSL NSW can work with DVA to produce a 'catalogue of services' for veterans, which DVA can assist in by providing a publicly available list of registered health providers willing to accept DVA fees as full payment for health care services.

⁵ Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report* (Canberra, Aspen Foundation, 2016): 22.

⁶ Australian Medical Association, *DVA Fees for Medical Services for Veterans*, August 2021 (Annex 3)

⁷ Ibid.

⁸ Royal Australian and New Zealand College of Psychiatrists, *Response to RSL NSW Inquiry*, August 2021 (Annex 4)

- d. The role of non-government organisations, including ex-service organisations, in supporting defence members, veterans, their families and others within the community.

Role of the RSL

The *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention outlines the significant role ESOs play in supporting the health and wellbeing of veterans and their families. These organisations provide claims support and advocacy, wellbeing and psychosocial services, and policy advocacy for systemic change. To quote the interim National Commissioner, “I am struck by how much of the heavy lifting community veteran support organisations do in order to support our ADF members, veterans and their families.”⁹

The Interim National Commissioner goes on to state:

“I can see how community veteran support organisations are helping to bolster the protective factors against and address the risk factors that we know contribute to suicide among our ADF member and veteran population. They do this by harnessing cultural understanding and shared experience, facilitating critical social connections and peer support, supporting group identity and community building, filling gaps in Australian Government service provision, and providing unique and tailored forms of service delivery that address specific veteran needs.”¹⁰

Much of this feedback supports the information from surveys and submissions provided to RSL NSW by its members.

I can honestly say that without the support of my local RSL branch and the advocate that they have provided me, I and my family would not have survived.

– Paul, Engadine

RSL NSW has a network of over 340 sub-Branches and chapters across the State. Sub-Branches are operated by veteran volunteers from all conflicts who stand ready to support their mates. Camaraderie and mateship between members, veterans, and their families, is an important element of what the RSL can offer. Membership of the RSL is not a pre-requisite for receiving support from the RSL.

My membership of the sub-Branch has helped me adjust to life after the Army and has continued to provide comradeship and mateship which is important to me.

– Brian, East Maitland

I have never needed help or support [from DVA or other services]. The fact of membership of and comradeship with other members is enough.

– James, Bathurst

The RSL has the network, the history, and the capacity to connect veterans to their communities through sub-Branch activities, commemoration events, and relationships with service providers. This is particularly important during the transition phase, where a veteran and their family may feel isolated or vulnerable.

It is a great way to connect and make friends when we retire from the ARA.

– John, Kyogle

⁹ Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 53.

¹⁰ Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 53.

Being based in local communities for many years means sub-Branches have deep connections within these communities. As such, RSL sub-Branches have relationships with service providers and can help to link veterans to these services. RSL NSW will continue to play this role, and is prepared to link with DVA, JTA, Defence and other organisations to provide these connections to veterans.

Networking within ESO's enables you to connect with the services available because members have used them. You can get firsthand knowledge, rather than seek out the services yourself when you need them.

– Malcolm, Castle Hill

RSL and other ESOs play an important role in providing wellbeing and advocacy services to veterans. This is done through a network of dedicated Wellbeing and Compensation advocates. In NSW, more than 75 volunteer advocates linked to RSL NSW sub-Branches work to improve the lives of the veterans in their communities. These advocates help veterans interact with the DVA claims and compensation system and provide them support in the community.

ESOs are invaluable in supporting veterans in their dealings with DVA and in crisis. Our sub-Branch helps veterans year on year in crisis situations for their welfare and wellbeing, and up until recently, for compensation advocacy to the DVA. Veterans do not need to be members of the sub-Branch to obtain wellbeing and other assistance.

– Nambucca Heads sub-Branch

Additionally, RSL sub-Branches are the custodians of commemoration in their communities and welcome new members and volunteers to assist with coordinating events to remember veterans' service and sacrifice. This is a way to draw recently separated veterans into the broader community.

A recent example of the community work of the RSL can be seen during lockdowns in NSW caused by the Delta variant of the COVID-19 pandemic. RSL NSW veteran members delivered 100 care packages to Australian Defence Force (ADF) clinicians and support personnel deployed in Western NSW in appreciation for their efforts in response to the COVID-19 situation.

The care packages, consisting of personal care items and treats not otherwise accessible by troops while on deployment, were delivered by veteran members of the Dubbo RSL sub-Branch to the ADF Task Force's temporary headquarters at the NSW Rural Fire Service Training Academy at the Dubbo City Regional Airport.

RSL NSW acknowledges there are areas where it can improve in the support and services it provides to members and all veterans. The average age of RSL NSW's membership skews older, and there is a need to both encourage young veterans to join the RSL and to better meet their needs. The *RSL NSW Strategic Plan 2021-26* provides the blueprint for the organisation to maintain its relevance as the leading ex-service organisation. This includes establishing a Young Veterans Policy Committee to ensure younger veterans have a voice and direct access to the RSL NSW Board, focusing on mateship activities that are attractive to younger veterans, such as sport, and connecting younger veterans with their communities.

Fragmentation, Funding and Feedback Issues

Veterans' organisations play an important role in the veteran support system. However, there is scope for the Government and ESOs to better leverage this support to make it more effective and relevant to the veteran community. To achieve this there needs to be greater clarity around why government funds advocacy and wellbeing supports provided through veterans' organisations¹¹.

¹¹ Productivity Commission, 'Volume Two', *A Better Way to Support Veterans* (Canberra, 2019, no. 93): 531.

The ESO landscape in Australia is vast and fragmented. As outlined in the Ex-Service Organisation (ESO) Mapping Project, there are 3,474 charities that nominate veterans as a beneficiary, 519 of which nominate veterans as the sole beneficiary¹². There were 69 Veterans Services Organisations identified. As noted by the Mapping Project, this probably underestimates the numbers of organisations involved in assisting veterans. The sheer number of ESOs operating causes several problems.

These ESOs compete for what is, essentially, the same pool of government funding, such as Building Excellence in Support and Training (BEST) and Veteran and Community Grants (V&CG). How effectively these grants are deployed is questionable. As outlined in the Productivity Commission Report, neither DVA nor many ESOs have the capacity to assess the effectiveness of the funding¹³. The majority of the grants do not fund evidence-based activities to improve the health and wellbeing of veterans.

A related challenge is the quality of service being provided by ESOs. As currently constituted, there is no framework for minimum standards of the quality of services being provided by ESOs to veterans. Consequently, the quality of service, advice and support provided to veterans by ESOs is inconsistent and potentially harmful, however well-intentioned it may be.

The fragmentation of the ESO sector impacts the ability of ESOs to provide advice to, and be involved in effective consultation with, Government bodies. Many of the issues identified with the veteran support system can be attributed to inadequate engagement between the veteran community, broader stakeholders and Government bodies¹⁴. It seems that ESORT is used as a public service announcement forum for DVA, and that deep and strategic involvement from ESOs on policy decisions is limited – consultation as a box ticking exercise. Again, the Productivity Commission Report outlined these issues and RSL NSW members supported engagement with ESOs on matters of importance to veterans.

DVA should actively engage with ESO's to identify and assist at risk veterans. ESOs and veterans are best placed to identify potential suicides and should be better assisted to get treatment and counselling initiated.

– Anonymous

RSL NSW acknowledges issues in representing the voice of younger and marginalised veterans, in both formal consultative forums such as ESORT, and within the ESOs themselves¹⁵. The RSL is not exempt from this problem. Given these veterans are disproportionately represented among the cohort of veterans experiencing challenges with mental health¹⁶, it is inherent upon both the Government and ESOs to provide this representation.

Challenges with providing support for younger veterans extends beyond their participation in consultation. RSL NSW research has shown, as has been demonstrated elsewhere, that many younger veterans more readily identify with non-member-based Veterans Support Organisations¹⁷.

There is usually a disconnect in age groups with most ESO; Afghan, Iraq, etc Veterans having to deal with Vietnam Veterans.

¹² Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 27.

¹³ Productivity Commission, 'Volume Two', *A Better Way to Support Veterans*: 563.

¹⁴ Ibid: 571.

¹⁵ Ibid: 570.

¹⁶ Australian Institute of Health and Welfare, *Independent Review of Past Defence and Veteran Suicide: Final Report*: 13 & 14.

¹⁷ Mahlab, *RSL NSW Qual Results August 2021*, August 2021 (Annex 10)

– Jon, Avalon

This has contributed to the growth of many smaller, informal ESOs and online-based veterans' networks, and subsequently to the fragmentation of the ESO sector¹⁸. Additionally, many young veterans live in areas with minimal local veterans' services¹⁹. Government and ESOs must work together to reach this cohort and ensure the provision of appropriate services, support, and advocacy.

Solutions

Improvements can be made to the ESO sector in terms of resourcing, quality of service provision and relations between ESOs and the government. RSL NSW is ready to contribute to the reform of the ESO sector, through its position as the lead ESO, and to make internal improvements, including through implementing its *Strategic Plan 2021-26*.

The Productivity Commission Report, *A Better Way to Support Veterans*, the *Veterans' Advocacy and Support Services Scoping Study* (Scoping Study Report) and the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide make several useful recommendations on these matters. RSL NSW supports the implementation of recommendations from previous hearings and inquiries, including the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention, Recommendations 11.4, 12.1, and 12.7²⁰ of the Productivity Commission Report, and Recommendation 10 of the Scoping Study Report²¹.

Peak Body

RSL NSW sees merit in creating a peak body of ESO service providers to establish firm ESO stewardship and self-regulation of the sector, modelled on the Australian Council for International Development (ACFID), the peak body of accredited NGOs delivering international aid services. This would constitute a joint venture of major ESOs, created as a separate legal entity, independent of DVA. RSL NSW observes this organisation could be based upon the already well established RSL, which is an independent national body. RSL NSW is willing to contribute to the establishment, governance and ongoing operations of such a body. Amongst other duties, the body would be responsible for formally accrediting ESOs offering professional services for veterans and veterans' families (rather than organisations limiting their activities to political advocacy and lobbying).

Accredited ESOs would be recognised as member organisations of the peak body, which would serve as a condition of access to DVA funding through its Building Excellence in Support and Training (BEST) grants program. Accreditation would be based on a thorough assessment of an ESO's record of meeting specified requirements and standards, including in service quality and consistency; competency and stability of claims advisors, advocates and support workers; fundraising; governance; financial reporting; and complaints handling. RSL NSW would be a willing partner in the design and issuing accreditation as a member of any such peak body.

Consultative forums

RSL NSW supports previous recommendations for consultation with ESOs, including the creation of a ministerial advisory council and government funding for policy advice from ESOs, such as the model utilised

¹⁸ Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 6.

¹⁹ Ibid: 6.

²⁰ Productivity Commission, 'Volume one', *A Better Way to Support Veterans*: 61.

²¹ That DVA should consider establishing an ESO Peak body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services.

by the United Kingdom's Veterans Advisory Board in implementing the above model²². These represent common sense, practical approaches to improving consultation between ESOs, veterans and the Government.

RSL NSW recognises there is a need to represent a more diverse ranges of voices at such consultative forums, which have previously been dominated by large, established organisations with large, established memberships. Providing more targeted approaches to consultation will be of particular use to young, marginalised, and vulnerable veterans. Internally, RSL NSW is reflecting this approach by establishing its own policy committee dedicated to the needs of young veterans.

Funding and Quality of Service

The quality of service provided to veterans should be a focus of any reform. Establishing a minimum standards framework for self-assessment of quality of service by ESOs for veterans' wellbeing should be a minimum requirement and is well overdue²³. RSL NSW and RSL LifeCare have the resources and expertise to assist DVA in creating this minimum standards framework. RSL NSW can help DVA to improve policing and outcomes-focused measures, and to develop them in consultation with the ESO community. RSL NSW notes this work is already underway, through the working group established by ESORT to discuss and develop service standards for ESOs as part of the 2022 BEST Grant round. This work should be applauded and accelerated.

DVA should consider formalising BEST grants to jointly fund professional ESO service provision, whereby both DVA and an ESO provider of claims, advocacy and/or support services to veterans would contribute equally towards service provision, each bearing half the funding cost. This reform is in line with the system in place for the National Disability Insurance Scheme. RSL NSW is enthusiastic about working in such a manner with DVA to improve the quality-of-service provision by ESOs. RSL NSW and RSL LifeCare expertise can also be leveraged to engage with other ESOs in capacity building activities.

²² 'Veterans Advisory Board', <https://www.gov.uk/government/groups/veterans-advisory-board>, The Government of the United Kingdom: accessed on 30 September 2021

²³National Mental Health Commission, 'Final Report: Findings and recommendations', *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families* (Canberra, Commonwealth of Australia, 2017): 54.

f. Issues that exist within, and the availability and effectiveness of, support services for families and others:

- i. Affected by defence or veteran death by suicide
- ii. Who have supported a defence member or veteran with lived experience?

Issues

When veterans suffer from serious mental health conditions, family members can also live in a traumatic environment. They may endure domestic violence and controlling behaviour, experience feelings of isolation, exhaustion and chronic sorrow, and/or begin to mirror the symptoms of the veteran (e.g. hyper-vigilance, anxiety, depression, anger, frustration, social isolation). Feedback from RSL NSW members indicates it is difficult to access direct support for the families of veterans.

“I have struggled with this as my friend within the defence force committed suicide and the support within and after service didn't allow myself or family to be able to live a normal life. This has impacted on my wellbeing and mental health.”

– Craig, Avalon

“When I have reached out to these groups in search of help for myself or my family, I have encountered well-meaning people desperately trying to help, but totally unable to...due to a bureaucratic, uncaring and confusing system involving too many different government entities, none of which communicate with each other, causing distress and hopelessness.”

– Paul, Engadine

This was also true for those who supported a veteran with lived experience.

“My wife and children have all been extremely negatively impacted by my condition...Too much red tape for my wife and my family when it comes to getting any help. They are all severely traumatised by my experience in dealing with DVA.”

– Raymond, Delegate

The most urgent needs of carers and families of vulnerable veterans are:

- clear, understandable, and readily accessible information about the veteran’s condition, how best to manage it at home, and support services available;
- access to programmes to build resilience in families of veterans to cope with trauma;
- access to mental health support (including counselling, peer support, workshops, etc.);
- respite from constant responsibility, and from feelings of isolation, exhaustion and chronic sorrow;
- financial support for family members forced to leave work or take excessive leave without pay to care for the veteran;
- practical impact-minimisation support including cleaning, maintenance, and safety in the home;
- adequate transition support for medically discharged veterans and their families, who often experience the sudden loss of support networks and housing due to a hastened departure from Defence;

- support for the children of vulnerable veterans, and recognition of their specific needs; and
- surety the veteran will continue to receive high-quality care when family members are no longer able to provide it themselves.

Solutions

RSL NSW and RSL LifeCare stand ready to contribute to efforts to support families of veterans, including partners, parents, children and other carers. As outlined by Recommendations 8.2 and 8.3 of the Scoping Study, DVA and ex-service organisations should consider how they can best assist veterans' families, particularly those committed to the long-term care of a veteran.

DVA and major ESO service providers and other experienced NGOs supporting carers across Australia should investigate establishing and funding a comprehensive peer support programme for families and carers to provide support to families of veterans in need. The programme should focus on creating local, face-to-face support networks allowing carers to meet and provide practical support and advice, rather than online support groups. An effort should be made to incorporate this programme within existing carers' programmes throughout Australia to avoid duplicating existing services. RSL NSW can offer its resources and network to support the establishment of such a peer support program.

- g. Common themes and issues among defence members' and veterans' experiences in accessing claims, entitlements, and support services from government, including trying to engage with multiple government organisations

DVA issues

The negative impact of interaction with the Department of Veterans' Affairs (DVA) was the main systemic issue identified in the feedback RSL NSW received from veterans, advocates, and sub-Branches. RSL NSW's survey results showed that many veterans saw the DVA system in a negative light. Of the 51 respondents to RSL NSW's survey, 43 had a negative impression or comments about DVA (85 per cent). Of these, 32 per cent identified DVA as contributing significantly to their mental health concerns.

I can tell you from personal experience that DVA is a huge contribution in my attempts in committing suicide.

– Ross, RSL NSW

Veterans' frustrations with DVA are probably a causal factor of individual suicide when examined what lack of social security support DVA provided.

– Nambucca Heads sub-Branch

I firmly believe there is credible link between the approach taken by DVA when dealing with veterans and the rate of veteran suicide. The Department is a cause of considerable frustration that increases the stress loading on at risk veterans.

– Anonymous

Claims systems, entitlements, and support services issues

RSL NSW members, advocates and sub-Branches identified several systematic failings have contributed to these negative interactions for veterans. They include:

- **System complexity:**

Feedback from RSL NSW members and advocates outlined that the existing system for veterans' compensation and rehabilitation is a patchwork of inconsistent availability and quality of service, sewn on a base of overly complex legislation. This is demonstrated by the number of inquiries and investigations that have recommended legislative reform²⁴.

Confusing, unintelligible, frustrating uncaring and in some of my experiences done right vindictive. These are the terms that come to mind from my experience in dealing with the Government or the DVA.

– Paul, Engadine

- **System combativeness:**

Feedback provided to RSL NSW in response to the Royal Commission showed that many veterans saw the DVA system as combative and anti-veteran, and many RSL NSW members felt that DVA staff were generally

²⁴ Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 105.

lacking in appreciation of the breadth of day-to-day realities of life in Defence. There was a consistent perception that the default position from DVA was to deny claims. This led some veterans to forego engaging with DVA at all.

It is a battle with DVA to achieve anything meaningful as the impression I get is that rejection of a claim is the default DVA position.

– Lindsay, Lockhart

I don't even try accessing claims, entitlements, and support services from government.

– John, Tamworth

- **Staff resources and training:**

In terms of training, Productivity Commission Report Recommendation 9.2 states that DVA should ensure staff 'undertake specific training to deal with vulnerable people and in particular those experiencing the impacts of trauma'²⁵. The necessity of implementing these recommendations was confirmed by several veterans in their response to RSL NSW.

When I approached a support person with my file, they informed me to look through my medical docs and then pull out the relevant areas. This was not possible as the task caused triggering my condition.

– Craig, St Marys

This is supported by Recommendation 4.3 of the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention²⁶.

- **Waiting Times**

Waiting times for determining claims were one of the key systemic barriers identified by RSL NSW members, advocates and sub-Branches. The complexity of the system, resource shortages and insufficient staff capacity has led to long waiting times for determinations of claims, which were specifically identified by 32 per cent of veterans as a significant issue they faced when dealing with DVA. This is compounded by delays in approving reimbursements for expenses such as travel costs.

I have been waiting 18 months for a claim to even be looked at, in the meantime my body is arthritic, broken and my mental health is being shattered by DVA and their delays.

– Jon, Avalon

I have waited nine months for reimbursement and currently been waiting for two months now and I am again about to put in another ministerial. The impact on my mental health due to the money stress is tremendous.

– Martin, Redfern

RSL NSW advocates and sub-Branches pointed to these wait times as a significant barrier to veterans accessing services, with a corresponding impact on their clients' mental health.

²⁵ Productivity Commission, 'Volume one', *A Better Way to Support Veterans*: 53.

²⁶ Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*: 25.

It sometimes takes weeks to obtain an answer to a simple problem and there are excessive delays in resolving claims. These delays have a marked impact on the mental health of the claimant.

– John R Brien, Advocate

- **At risk veterans**

Support from DVA when dealing with veterans in crisis or at risk of suicide is another significant issue identified by veterans and advocates.

DVA has a lot to answer for when it comes to dealing (or rather shunning) veterans in crisis with ideas of suicide.

– Nambucca Heads sub-Branch

Even trying to obtain assistance from Triage & Connect has been problematic, including one recent case where the veteran was exhibiting suicidal tendencies and needed urgent support.

– Anonymous, Advocate

- **Communication:**

RSL NSW members and advocates stated that this is compounded by ineffectual communication between veterans, advocates, and DVA.

DVA staff do not return calls despite providing a time and date when they will ring veterans and advocates. This has a bad impact of veterans with terminal diagnosis and often causes worsening of their mental health claims. DVA staff [are] effectively contributing to veteran self-harm.

– Anonymous, Advocate

Dealing with DVA is extremely difficult. Communication is not easy.

– Anonymous, Advocate

- **Recognition of Service**

Recognition of service by DVA, or lack thereof, was identified by a significant minority of veterans as affecting their mental health.

The old time worn answer from the DVA of, "Sorry we have no record of your service". How would that make you feel?

– Paul, Engadine

Being denied the correct recognition for being on war service is completely devastating causing a great deal of self-worth and distrust in the Armed Services.

– Warren, North Ryde

Just basic things like getting my service properly displayed on their website is impossible and to be told it doesn't matter was beyond reproach.

– Anonymous

- **Support for female veterans**

Despite specific recommendations in both the Scoping Study Report²⁷ and the Inquiry into Transition report²⁸, engagement with female veterans, encouragement to augment the number of female advocates, and to develop female-specific services have not been addressed. This needs to be addressed urgently, given the participation rate of women has reached 19.2 per cent²⁹, and is only likely to increase. RSL NSW recognises its own failings in this area and is seeking to address representation and access for female veterans through its *Strategic Plan 2021-26*.

Solutions

The Productivity Commission report demonstrates that DVA's Veteran Centric Reform program is showing some promising signs of progress. RSL NSW support the implementation of the program and any steps to hasten the process. RSL NSW also supports the implementation of Action Areas 1-5 and 9-10 of the Collie Report.

RSL NSW is committed to improving communication between DVA, veterans, advocates, ESOs and the public. RSL NSW will continue to use its communications channels to distribute messaging from DVA and facilitate contact between DVA and stakeholders linked to RSL NSW.

RSL NSW is also committed to working with DVA to improve veterans in accessing claims, entitlements, and support services. RSL NSW will continue to use consultation forums, such as the DVA NSW's Deputy Commissioner's Consultative Forum, to explain the perspective of its members and stakeholders on the ground and work to find solutions to any issues in conjunction with DVA.

²⁷ Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*: 20.

²⁸ Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force*: xxii.

²⁹ Department of Defence, *Annual Report 2019-20*, (Canberra, 2020): 101.

Advocacy and ATDP issues

Volunteer wellbeing and compensation claims advocates are an important resource for veterans' ability to access claims, entitlements and support services.

*I was encouraged to see a volunteer advocate who helped me through the process.
Without this help I would have been lost. I commend those who fill this role.*

– Brian, East Maitland

While this is the case, it is estimated that half the ESO pension support volunteer workforce will need to be replaced in the next 10 years³⁰. Given the barriers faced by veterans in accessing claims and wellbeing systems and services, and the subsequent negative impact on their mental health, volunteer wellbeing and compensation claims advocates linked to ESOs have an important role to play in veterans' mental health.

Advocates and claims advisors, both professional and volunteer, often work in poorly defined roles and deal with confronting, high pressure situations beyond their training. Gaps in the system, and its sluggish and byzantine nature, have reinforced strong, negative views of the claims and appeals process within the Defence and ex-Defence communities, and especially of DVA.

These difficulties, coupled with not insignificant training burden and insurance requirements, has precipitated a shift towards the professionalisation of claims advocacy support. This aligns with Recommendation 11 of the *Veterans' Advocacy and Support Services Scoping Study Report*³¹. It is likely that without a significant injection of funding to support the professionalisation of claims advocacy, and to allow veterans to access this advocacy, this recommendation will not be met.

It is unlikely the need for volunteer advocacy services will disappear, at least not in the foreseeable future. The rise of professionals in the veterans' sector needs to complement and support the existing volunteer system. This is due to the intricacies of military service, its impact on veterans, the realities of medical diagnosis and the need to ensure value for taxpayers.

Volunteers will continue to act as the eyes and ears of the system at the grass roots level. Beyond assisting veterans by identifying health needs and available DVA benefits, volunteers should be tasked with recognising vulnerable veterans and families, and making early referrals to professional claims advisors, advocates, and support workers when appropriate.

Feedback from RSL NSW's volunteer advocates outlines that they face significant barriers in providing their services. There are issues with the recognition of prior learning for advocates in the ATDP training process, it can be difficult to find an appropriate course, there is a requirement for face-to-face training, and Consolidation and Assessment processes are time consuming. While volunteer advocates are passionate and selfless supporters of veterans, these barriers are significant, and likely discourage younger veterans from pursuing advocacy. This is also true for advocates for female veterans.

To become an advocate in a rural area has been a battle from day one. To get reasonable adjustment for my disabilities, then having to develop the tools to manage my clients, promote and overcome ignorance and the importance of wellbeing work, be resourced to do the job, and now find a new mentor/supervisor when there is no visibility of available people in the State. So, are we serious about the wellbeing of veterans and reducing the suicide rates?

³⁰ Aspen Foundation, *Ex-Service Organisation Mapping Project Final Report*: 6.

³¹ Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*: 21.

– Scott, Uralla

Discussions with dozens of RSL NSW sub-Branches have shown there is a shortage of mentors available to ATDP-accredited advocates or advocates in training to allow them to attain higher accreditation. This shortage is particularly acute in regional and rural areas.

The effect of this lack of mentors is fourfold:

1. Prospective (younger) advocates do not commit to the program or training.
2. Current advocates are unable to upskill to provide additional services to their clients.
3. Advocates previously qualified under the TIP scheme, or looking to become ATDP-accredited, have either stopped providing advocacy and wellbeing services, or have not commenced training.
4. Veterans have reduced access to ATDP-accredited advocates.

In terms of consultation, DVA/ATDP continually commits to consultation on advocacy policy and ATDP arrangements. However, this has not been consistently demonstrated in practice. A DVA Discussion Paper relating to ATDP Governance Arrangements contains the following line:

“ESOs will not exercise decision-making powers over the training content or development and future direction of the ATDP.”

Given the ESO/volunteer basis of the ATDP program, better engagement and consultation with ESOs and volunteer advocates on the design of training programs and accreditation is required.

How is this trust building? Where was the consultation? What consideration has been made in this process as to its impact on mentors and support for advocates in training.

– Scott, Uralla

Solutions

RSL NSW supports the implementation of Recommendation 12.3 of the Productivity Commission Report to fund claims advocacy services in areas where it identifies unmet needs³². RSL NSW is ready to deliver these services and will make available the expertise and resources of RSL NSW and, along with RSL NSW’s service delivery partner, mobilise the full-time paid advocates and support systems to support and mentor the volunteer force.

RSL NSW supports the implementation of Scoping Study Report Recommendation 10 – that DVA should consider, in consultation with ESOs and veterans’ advocates, establishing a body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans’ advocacy and support services³³. RSL NSW is willing to lead or assist DVA in creating this body, and to be involved in its work on an ongoing basis.

RSL NSW will examine changes to the training and advocacy model, and the way it delivers its own advocacy services, that encourage younger and female advocates to become involved in the system, and to encourage the engagement of younger veterans.

³² Productivity Commission, ‘Volume Two’, *A Better Way to Support Veterans*: 544.

³³ Australian Government, *Veterans’ Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*: 21.

CONCLUSION

In summary, there is considerable work ahead of the Government, the ADF, DVA, ESOs and Australian society in addressing the risk factors linked to Defence personnel and veterans suicide. Veterans continue to face barriers regarding transition from Defence, accessing services for themselves and their families, and in their interactions with Government departments and claims processes. While ESOs such as RSL NSW and the advocates linked to them represent an important source of health and wellbeing support to veterans, the difficult landscape that these organisations operate in hinder them functioning in the most effective way.

The recommendations that have been in the public domain for over a decade through various inquiries and reports suggest many of the required solutions to these causal risk factors. The Royal Commission can build upon these and emerging capabilities to make recommendations for sustainable and effective frameworks to lessen the likelihood of suicides.

RSL NSW, with the support of the Government and the wider complementary ESO community, stands ready to provide the necessary support for veterans at risk of suicide.