Inquiry into transition from the Australian Defence Force (ADF)

Joint Standing Committee on Foreign Affairs, Defence and Trade

Joint Standing Committee on Foreign Affairs, Defence and Trade

April 2019
CANBERRA
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Foreword

This inquiry had its genesis in the Senate Foreign Affairs, Defence and Trade References Committee’s report on its inquiry into Suicide by veterans and ex-service personnel. That inquiry found concerns were still being raised about the model through which mental health care is provided. Years ago the Repatriation Hospitals provided veterans’ health services in an environment that understood and was responsive to veterans’ needs. While it is not practicable to re-establish that system this report supports the establishment of networked Centres of Treatment Excellence for Veterans’ Mental Health. These centres would support the development of the body of knowledge and new therapies in veterans’ mental health, provide a means to increase the number of appropriately trained mental health practitioners and provide veterans with the assurance that the treatment offered was focused on their needs.

It is important to note that the overwhelming majority of ADF members who transition to civilian life do so relatively smoothly and without major difficulty. However, for a small proportion transition can be a difficult and potentially dangerous time. Those whose transition is involuntary and on medical grounds, and those whose experience of trauma while in the ADF is exacerbated by stress experienced during transition, are most at risk. To address this, the committee has recommended assigning clear responsibility for transition to Defence and providing for a professional case management approach to support the transition process.

It is also important to recognise that those people close to transitioning ADF members may be on that journey with them and are often also the first line of support. For this reason the committee supports making transition training and support services more broadly available to the families of transitioning ADF members and providing this access beyond the ADF member’s formal separation.
Finally, I would like to record the committee’s appreciation to all those who made written submissions to the inquiry or who gave oral evidence at public hearings. It is not easy for most people to appear before a Parliamentary committee and it is particularly difficult when the evidence is about an individual’s personal experience. All who gave evidence to the Committee were motivated to improve the transition experience for those who came after them and the altruism and commitment of their effort is to be commended.

Senator Jim Molan AO DSC
Members

Joint Standing Committee on Foreign Affairs, Defence and Trade

Chair

Senator the Hon Ian Macdonald

(LNP, QLD)

(Chair from 11.9.18 to 6.10.18)

(Chair from 25.10.18)

Deputy Chair

Mr Nick Champion MP

(Wakefield, SA)

Members

Senator the Hon Eric Abetz (from 10.9.18)

(LP, TAS)

Dr Anne Aly MP

(Cowan, WA)

The Hon Kevin Andrews MP

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Ms Sharon Claydon MP

(Newcastle, NSW)

Mr Chris Crewther MP

(Dunkley, VIC)

Mr Michael Danby MP (from 12.2.18)

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The Hon Damian Drum MP (from 13.8.18)

(Murray, VIC)
Senator Mehreen Faruqi (from 14.9.18) AG, NSW
Senator the Hon Fierravanti-Wells (from 10.9.18) LP, NSW
Senator Alex Gallacher ALP, SA
Mr Craig Kelly MP Hughes, NSW
Senator Kimberley Kitching (from 15.2.18) ALP, VIC
Mr Andrew Laming MP (from 6.2.18) Bowman, QLD
Senator Malarndirri McCarthy (from 10.8.17) ALP, NT
Senator Jim Molan AO DSC (from 5.2.18) LP, NSW
Senator Claire Moore ALP, QLD
Mr Ted O’Brien MP (from 15.8.17) Fairfax, QLD
Mr Graham Perrett MP Moreton, QLD
Mr Rowan Ramsey MP Grey, SA
Senator the Hon Lisa Singh ALP, TAS
Senator Dean Smith (from 22.6.17) (Chair from 16.10.18 to 24.10.18) LP, WA
The Hon Warren Snowdon MP Lingiari, NT
Mrs Ann Sudmalis MP Gilmore, NSW
Ms Meryl Swanson MP (from 20.8.18) Paterson, NSW
Ms Maria Vamvakinou MP Calwell, VIC
Mr Andrew Wallace MP (from 4.12.17) Fisher, QLD
Mr Trent Zimmerman MP North Sydney, NSW
Former members

Senator David Fawcett (Chair) (12.9.16 – 10.9.18) LP, SA
(Chair to 6.9.18)

Senator Chris Back (12.9.16 – 22.6.17) LP, WA

The Hon Darren Chester (6.2.18 – 2.3.18) Gippsland, VIC

Senator Anthony Chisholm (14.9.16 – 10.8.17) ALP, QLD


The Hon David Feeney MP (15.9.16 – 1.2.18) Batman, VIC

Mr Andrew Hastie MP (14.9.16 – 4.12.17) Canning, WA

Senator Jane Hume (6.10.18 to 21.10.18) LP, VIC

Senator Chris Ketter (8.11.16 – 9.2.17) ALP, QLD

Ms Madeleine King MP (17.10.16 – 20.8.18) Brand, WA

The Hon Sussan Ley MP (6.2.18 – 28.8.18) Farrer, NSW

Mr David Littleproud MP (14.9.16 – 20.12.17) Maranoa, QLD

Senator Scott Ludlam (12.9.16 – 14.7.17) AG, WA

Senator Bridget McKenzie (12.9.16 – 5.2.18) Nats, VIC

The Hon Dr John McVeigh MP (14.9.16 – 20.12.17) Groom, QLD

Senator Deborah O’Neill (12.9.16 – 15.2.18) ALP, NSW


Senator Linda Reynolds CSC (12.9.16 – 10.9.18) LP, WA

Senator Lee Rhiannon (26.7.18 – 10.9.18) AG, NSW

Mr Bert van Manen (6.2.18 – 13.8.18) Forde, QLD

Senator Peter Whish-Wilson (9.8.17 – 26.6.18) AG, TAS
Mr Jason Wood MP (14.9.16 – 15.8.17)  
LaTrobe, VIC

Senator Nick Xenophon (12.9.16 – 1.12.16)  
NXT, SA
Defence Sub Committee

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Senator Jim Molan AO DSC *(from 5.2.18)*  
(LP, NSW)

*(Chair from 11.9.18)*

Deputy Chair

Senator Kimberley Kitching *(from 15.2.18)*  
(ALP, VIC)

*(Deputy Chair from 11.9.18)*

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(Menzies, VIC)

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Ms Sharon Claydon MP  
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Mr Michael Danby MP *(from 14.2.18)*  
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The Hon Damian Drum MP *(from 22.8.18)*  
(Murray, VIC)

Mr Craig Kelly MP  
(Hughes, NSW)

Senator the Hon Ian Macdonald *(ex officio)*  
(LNP, QLD)

Mr Ted O’Brien MP *(from 18.10.17)*  
(Fairfax, QLD)

Mr Graham Perrett MP  
(Moreton, QLD)

The Hon Warren Snowdon MP  
(Lingiari, NT)

Ms Meryl Swanson MP *(from 22.8.18)*  
(Paterson, NSW)

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Former members

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The Hon David Feeney MP Batman, VIC
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Senator Chris Back (to 22.6.17) LP, WA

The Hon Darren Chester (14.2.18 – 2.3.18) Gippsland, VIC

Senator David Fawcett (to 10.9.18) LP, SA

Mr Andrew Hastie MP (to 4.12.17) Canning, WA

The Hon Dr John McVeigh MP (to 20.12.17) Groom, QLD

Senator Deborah O’Neill (to 15.2.18) ALP, NSW

Ms Melissa Price MP (to 20.12.18) Durack, WA

Mr Rowan Ramsey MP Grey, SA
Secretariat

Mr James Rees, Committee Secretary

Colonel Colin Blyth, Defence Advisor (to 15.12.17)

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Terms of Reference

The 2016/17 Defence Annual Report (page 116) discusses the critical outcomes determined during the first 12 months of the process of transitioning out of Defence, in the section titled “Fit to fight and fit for life”. The report highlights increased collaboration between the Department of Veterans’ Affairs (DVA) and Defence since 2010 in the area of mental health support. The 2016/17 Department of Veterans’ Affairs Annual Report states that the transition from Defence is a priority for the Department of Veterans’ Affairs in the Secretary’s Review (page 4) and the Chief Operating Officer’s Review (page 7). DVA also reports on various transition programs (pages 36-65) and training for Ex-Service Organisations (ESOs) (page 39).

Despite increased collaboration and access to care, in the 2017 Senate Veteran Suicide inquiry concerns were still being raised about the model via which care is provided. Secondly, the role of ESOs—specifically their role in supporting this transition period—does not appear to be defined despite a new body of work by DVA to lift the standards of claims and pension support by ESO Advocates.

The Defence Sub-Committee of the Joint Standing Committee on Foreign Affairs, Defence and Trade will inquire into three specific areas relating to the discharge and transition to civilian life of men and women who have served in the ADF having regard to:

The barriers that prevent ESOs from effectively engaging with ADF members, the Department of Defence and Department of Veterans’ Affairs to provide more effective support to ADF Personnel as they transition out of service;

The model of mental health care while in ADF service and through the transition period to the Department of Veterans’ Affairs;

The efficacy of whole of government support to facilitate the effective transition to employment in civilian life of men and women who have served in the ADF; and

Any related matters.
In regards to point 2, the committee may consider:

Limitations of the current services being provided by the private and state health systems

Whether the waiting times and service limitations of the state systems, particularly mental health care, are acceptable for veterans needing treatment

Documentation of treatment response for PTSD and improvements of treatment outcomes, given the limitations of current evidence based interventions

The responsiveness of Defence and DVA to emerging international knowledge in the care of veterans and the advice of health professionals

The optimal structure and range of services that could be provided by a national network of clinics for ADF members and Veterans were a different approach adopted.
Abbreviations

ADF       Australian Defence Force
ACFID     Australian Council for International Development
ADSO      Alliance of Defence Service Organisations
COIN      Counter Insurgency
CTAS      Career Transition Access Scheme
DCO       Defence Community Organisation
DRCA      Safety, Rehabilitation and Compensation (Defence Related Claims) Act 1988
DVA       Department of Veterans’ Affairs
ESO       Ex-Service Organisation
ESORT     Ex-Service Organisational Round Table
GMRF      Gallipoli Medical Research Foundation
MRCA      Military, Rehabilitation and Compensation Act 2004
MRCC      Military Rehabilitation Compensation Commission
NCF       National Consultation Framework
PEAP      Partner Employment Assistance Program
<table>
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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>PMVEP</td>
<td>Prime Minister’s Veterans’ Employment Program</td>
</tr>
<tr>
<td>POPS</td>
<td>Post Operational Psychological Screen/ Post Operational Psychological Support</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RANZCP</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
</tr>
<tr>
<td>RSL</td>
<td>Returned and Services League of Australia</td>
</tr>
<tr>
<td>RtAPS</td>
<td>Return to Australia Psychological Screen/ Return to Australia Personnel Support</td>
</tr>
<tr>
<td>NATO</td>
<td>North Atlantic Treaty Organisation</td>
</tr>
<tr>
<td>VEA</td>
<td>Veterans’ Entitlements Act 1986</td>
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<tr>
<td>VSC</td>
<td>Veteran Services Commission</td>
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<tr>
<td>WW1</td>
<td>World War I</td>
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List of Recommendations

Recommendation 1

2.34 The Committee recommends that the Government:

- Regularly assess the transition process for quality and outcomes, including the Transition Seminars, information provided to members and their families, and delivery of that information;

- Assign Defence responsibility for managing transitioning personnel through to twelve months post-separation, or to completion of the individual’s assessment process with DVA if longer than twelve months; and

- Reduce the complexity of the legislative framework reporting on the outcomes for veteran support (VEA, DRCA, MRCA) with the objective of transitioning over time to a single system under a single Act.

Recommendation 2

2.54 The Committee recommends that the Government provide for:

- The establishment of professional, qualified case managers in Defence to handle the transition process for transitioning members of the ADF and assist them to liaise with DVA and other agencies; and

- The oversight of each individual’s transition by a senior officer within Defence who has responsibility for the successful transition of personnel.
Recommendation 3

2.70 The Committee recommends that the Government:

- Commission a study into the issues facing women veterans and women veterans’ families so that the Government and the departments of Defence and Veterans’ Affairs may better understand the issues facing women members of the ADF and women veterans, and provide the support necessary to ensure that women have the best chance of achieving a successful transition from military to civilian life;

- Develop a dedicated website for female veterans’ health needs;

- Increase the number of trained women advocates;

- Establish a women veterans health telephone advisory service; and

- Establish a women’s sexual trauma team, based on the model of the USA Veterans’ Affairs military sexual trauma service model.

Recommendation 4

2.82 The Committee recommends that the Government provide access to the full suite of transition training seminars to partners/spouses/family members so as to improve the likelihood of successful transition outcomes for veterans and their families.

Recommendation 5

3.40 The Committee recommends that the Government ensure that in cases where personnel are being medically discharged:

- Related claims are assessed by the Department of Veterans’ Affairs prior to the person’s medical discharge from Defence;

- Access to Medical Transition Fora be made available to all members of the ADF subject to a medical discharge;

- Access to Soldier Recovery Centres be available to all ADF members regardless of their location in Australia;
Complete individual medical records are made available to all transitioning personnel.

**Recommendation 6**

3.76 The Committee recommends that the Government provide for:

- Case management of all individuals transitioning out of the ADF;
- Where personnel are medically discharging, claims recognition by DVA prior to the individual’s medical discharge from the ADF;
- Access to Medical Transition Fora to all members receiving medical discharges based on the fora trialled in Brisbane and Townsville in 2018.

**Recommendation 7**

3.77 The Committee recommends that the Government provide the following to better support veterans’ mental health outcomes:

- A sustained funding model for veterans health research and education;
- Networked Centres of Treatment Excellence for veterans’ mental health, including treatment for PTSD;
- A coordinated strategy to improve treatment outcomes for PTSD;
- Post-graduate education in Veteran Health and Mental Health for healthcare practitioners registered with Defence and DVA; and
- Mandatory online veteran-specific training and professional development for clinicians and a register of clinicians for client information.

**Recommendation 8**

4.10 The Committee recommends that the following elements be included in the transition preparation package to improve outcomes achieved through the transition process:

- Providing a comprehensive training process during transition including cultural awareness training to enable transitioning personnel to re-
familiarise themselves with the cultural expectations of civilian life and employment;

- Providing training in resilience, self-awareness and self-reliance to prepare transitioning personnel for the different – civilian – environment they are entering, and for the different responsibilities that they will have in this environment compared to those in the military environment;

- Providing training in psychological first aid so that transitioning ADF members and their families will be more aware of the signs of psychological ill health in themselves and in others, and are aware of the steps to take in these circumstances to assist themselves or others.

**Recommendation 9**

4.22 The Committee recommends that the Department of Defence:

- Encourages ADF personnel to view their military career as one element in their broader career in the workforce, and to take a pro-active approach to obtaining the appropriate accreditation and training needed to meet their employment expectations and increase their employment options post-ADF; and

- Maintain a skills database for each ADF member, accessible by individuals post-separation.

**Recommendation 10**

4.34 The Committee recommends that the Government consider the provision of the following:

- Study assistance and scholarships to enable former ADF personnel to gain qualifications and retrain for a post-ADF career; and

- Government internships and employer wage subsidies to employers providing adult apprenticeships to veterans whose discharge is honourable but involuntary.
Recommendation 11

4.63 The Committee recommends that the Government consider the requirements of government and other health service providers at the federal, state and local levels for accurate information on the locations and needs of former serving members of the ADF, and:

- Provide for a question or questions in the Census about service in the ADF; and

- Provide identifiers in the Medicare Card Reference Number to indicate that an individual has prior service in the ADF and is entitled to medical care as a former serving member of the ADF.
1. Introduction

1.1 On Wednesday 30 May 2018 the Joint Standing Committee on Foreign Affairs, Defence and Trade resolved to inquire into and report on Transition from the ADF.

1.2 The terms of reference for the Inquiry are:

The Defence Sub-Committee of the Joint Standing Committee on Foreign Affairs, Defence and Trade will inquire into three specific areas relating to the discharge and transition to civilian life of men and women who have served in the ADF having regard to:

1 The barriers that prevent ESOs from effectively engaging with ADF members, the Department of Defence and Department of Veterans’ Affairs to provide more effective support to ADF personnel as they transition out of service;

2 The model of mental health care while in ADF service and through the transition period to the Department of Veterans’ Affairs;

3 The efficacy of whole-of-government support to facilitate the effective transition to employment in civilian life of men and women who have served in the ADF; and

4 Any related matters.

In regard to Point 2, the Committee may consider:

- Limitations of the current services being provided by the private and state health systems;
- Whether the waiting times and service limitations of the state systems, particularly mental health care, are acceptable for veterans needing treatment;
Documentation of treatment response for PTSD and improvements of treatment outcomes, given the limitations of current evidence-based interventions;

The responsiveness of Defence and DVA to emerging international knowledge in the care of veterans and the advice of health professionals; and

The optimal structure and range of services that could be provided by a national network of clinics for ADF members and veterans, were a different approach adopted.

### Conduct of the inquiry

1.3 The Committee announced the commencement of the inquiry by media release on 31 May 2018 and requested submissions from interested members of the public. Submissions were requested by 13 July 2018.

1.4 The Committee received 51 submissions from a range of government agencies, non-government organisations and individuals. Submissions are available on the Committee’s website.¹ A full list of submissions received is included at Appendix A.

1.5 The Committee held five public hearings in Brisbane, Melbourne, Adelaide, Sydney and Canberra. Transcripts from these public hearings are available on the Committee’s website.² A full list of public hearings and witnesses is available at Appendix B.

### Report structure

1.6 The report is divided into four chapters:

- The remainder of this chapter briefly introduces the concept of transition from service in the Australian Defence Force, and discusses the context of the inquiry;

- **Chapter 2** discusses the provision of effective support to former ADF personnel in their post-service lives (term of reference 1);

- **Chapter 3** discusses mental health care during and after ADF service (term of reference 2); and

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• Chapter 4 discusses whole-of-government support for the effective transition to employment for women and men post-ADF service (term of reference 3).

Context of the inquiry

1.7 The importance and priority attached to serving members transitioning from the ADF to civilian life have been highlighted in several government reports. The 2016/17 Defence Annual Report (page 116) discusses the critical outcomes determined during the first 12 months of the process of transitioning out of Defence, in the section titled “Fit to fight and fit for life”. The report highlights increased collaboration between the Department of Veterans’ Affairs (DVA) and Defence since 2010 in the area of mental health support. The 2016/17 Department of Veterans’ Affairs Annual Report states that the transition from Defence is a priority for the Department of Veterans’ Affairs in the Secretary’s Review (page 4) and the Chief Operating Officer’s Review (page 7). DVA also reports on various transition programs (pages 36-65) and training for ESOs (page 39).

1.8 Despite increased collaboration and access to care, in the 2017 Senate Inquiry into Veteran Suicide concerns were still being raised about the model via which care is provided. Secondly, the role of Ex-Service Organisations (ESOs) – specifically their role in supporting this transition period – does not appear to be defined despite a new body of work by DVA to lift the standards of claims and pension support by ESO Advocates.

1.9 In response to these concerns, a new parliamentary inquiry was established to examine the support provided to members of the ADF as they transition from active service to civilian life.

1.10 Specifically, the inquiry examined the efficacy of support services available to members of the ADF transitioning out of active service, particularly focussing on mental health care, employment pathways and the role of ESOs. The inquiry also examined whether there is adequate support for reservists and for regular personnel who transition to the reserves following full time service. The inquiry also considered whether the services provided adequately cater to the needs of women transitioning from the ADF to the extent that their experiences may be different from those of men.

1.11 The aim of the inquiry was to identify ways to improve services available to serving members transitioning from the ADF and ensure that they all have appropriate access to mental health care and employment opportunities,
including whether there could be a greater role for ESOs in providing ongoing support.

The term ‘transition’

1.12 The term ‘transition’ is used to describe the process of a member of the Australian Defence Force leaving their position with the ADF, and ‘transitioning’ back into civilian society. While this process appears from the outside as if it would be analogous to leaving one job for another, the military framework around the job, and the training and enculturation the individual has undergone during his or her military career, means that the process of leaving the military is more akin to migrating from a land with a language, history, system of leadership and bank of achievements, of which the people among whom they now live, are largely unaware.

1.13 The difficulty for the woman or man going through this process is multi-faceted. On the one hand, she or he could be leaving the service voluntarily, or for medical reasons, or through an administrative separation process, and may have views about the process itself, and the manner of their departure from the ADF, ranging from positive through to negative. The individual may need to move location to a different part of the country; seek employment; find accommodation; locate new health practitioners, and bring their spouse and/or children along on the journey. A reduction in income; difficulties in finding employment; the loss of contact with familiar friends and colleagues, can contribute to the tensions inherent in this time of change. The process of transition itself can be stressful to navigate, and those who have the most promising outcomes often have strong support systems around them in the form of partners, spouses, children, extended families, and friends.

1.14 For many leaving the services, a process of re-assessment of their military career takes place, and this consideration of their achievements, decisions, actions and losses, within the context of the whole of their life, may lead them to utilise counselling or other therapeutic services to ensure they remain engaged in maintaining all aspects of their health. In some cases, moral injury may be a factor, mental health issues including anxiety, depression, post-traumatic stress disorder (PTSD) and substance dependence may arise and require medical attention. These issues may colour how the individual sees their own service, and those associated with the ADF. More successful outcomes for individuals arise when they have some choice over leaving the ADF, and when they have had sufficient time
and information to assist them to prepare for their move from the military to the civilian domain.

1.15 Transition is a process which may take years, and be complicated by changes or difficulties in several aspects of life – employment, household income, accommodation, location, sense of identity, personal relationships, family relationships and psychological and physical health. Women have more difficulty finding employment, as do those transitioning for medical reasons.

**The term ‘veteran’**

1.16 The term ‘veteran’ has traditionally been used to describe those members of the Australian Defence Force who were deployed to serve in areas of operational conflict. The Department of Veterans’ Affairs attributes a particular meaning to the term when assessing claims for support, and includes those ‘who have continuous full time service with the Defence Force (Army, Navy or Air Force) of Australia during WW1 or WW2 or who were allotted for duty in an operational area after WW2’.3 In 2017 a Roundtable of Australian Veterans’ Ministers agreed that a veteran would be defined as any person who has served at least one day in the Australian Defence Force. A number of Ex Service Organisations (ESOs) indicated that they took the view that any person who had ‘worn the uniform for a day’ would be considered to be a veteran, and would be welcome to access their services.

1.17 It was acknowledged by a number of ESOs that some who have not served in areas of operational conflict, however, do not feel comfortable with applying the term ‘veteran’ to themselves, and do not believe that services and support provided for ‘veterans’ are for their use. This is in part due to the legal definitions applied under legislation by the Department of Veterans’ Affairs. The Committee takes the view that any woman or man who has served in the ADF is a veteran, and uses the term ‘veteran’ in this manner throughout this report. The terms ‘former member of the ADF’ or ‘former member’ are also used in this report.

**Outcomes of the report**

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1.18 This report looks at the support given to those transitioning out of the ADF, and considers two important areas which have shown to be problem areas for some, and into which the government has provided additional input in recent years – employment post-ADF service, and mental health care both during and after ADF service. The recent provision of access to free mental health care for all former members of the ADF, underlines its importance, and is an acknowledgement by the Government that the risks and traumatic incidents that one may be subject to in ADF service place members at a higher risk than do other occupations, of suffering an injury to their mental health.

1.19 The report considers the evidence provided at hearings and in submissions, as well as information from other sources, and makes recommendations on ways of improving outcomes in these areas.

Transition data

1.20 While transition from service is inevitable for most, there are several transition pathways out of the ADF. Between 1 January 2007 and 31 December 2017, a total of 70,675 people separated from the ADF. Voluntary transition, usually initiated by the ADF member, is how the majority of members leave the service, and 56 per cent separated from the ADF voluntarily. Another 13 per cent left for medical reasons, even though for some, they may not have wanted to leave. Nineteen per cent departed due to the end of their Continuous Full Time Service (CFTS) contract. The remainder, 12 per cent, were involuntary separations. These could be for a variety of reasons, including because retention is not in the service interest, that the individual is not suited to service; or for retirement reasons. Eighty two per cent of involuntary transitions occurred within the first five years of service. Of note is that the number of those who transition for medical reasons each year has been generally increasing since 2010 (521) to 2017 (144).4

1.21 Sixty one per cent of those who transitioned out of the ADF between 2007 and 2017 were from the Army, 23 per cent from the Navy and 16 per cent from the Air Force. Women made up 14 per cent of the total. Thirty seven per cent of those leaving had less than five years of service in the ADF. The Army separates the highest proportion for medical and involuntary reasons, and the Air Force and Navy have a higher proportion of voluntary

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4Transition Taskforce: Improving the Transition Experience, Department of Veterans’ Affairs and Department of Defence, 26 July 2018, pp. 28-31.
separations. Currently, between 5 500 and 6 000 members of the ADF leave the Services each year, and approximately 950 of that number are women.

Types of transition

1.22 The process of leaving the ADF is broadly similar but slightly different under the three main types of transition:

1. **Medical Transition.** May be initiated by a medical officer, a commanding officer, a DVA referral or a self-referral. Can be a difficult process for the person who wishes to continue in the ADF. The process of rehabilitation, attendance at a Transition Planning Session, participation in Transition Coaching, provision of formal advice to DVA, completion of a Transition Health Assessment and Transition Clearance Session can take from three months to three years, with transition from the ADF following completion of other steps such as Rehabilitation Handover from Joint Health Command to DVA. ADF Transitions follow up for 12 months following transition.

2. **Administrative Transition.** Initiated by the Service. The individual may attend an ADF Transition Seminar at any time prior to transition, may begin Transition Coaching, and access a Career Transition Access Scheme (CTAS) up to 12 months pre- and post-transition. A Transition Health Assessment and a Transition Clearance session take place; DVA are notified; ADF Transitions follow up for 12 months post-transition.

3. **Voluntary Transition.** Initiated by the ADF member. The rest of the process is the same as for Administrative Transition.

Process of transition

1.23 It should be acknowledged that for a majority of those leaving their ADF service, in particular those leaving voluntarily, transition is a relatively straightforward process:

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We believe that many transition well from the military without any problem at all: 80 per cent of them come out of the military, get a new career and live a healthy, happy life.\(^7\)

1.24 There can be a range of reasons that difficulties arise during transition, principally related to locating employment suited to the individual, maintaining a steady source of income, and providing a stable home base for oneself and one’s family. Nonetheless, the majority of the five and a half to six thousand individuals who leave their ADF service each year, do so without significant issues, and enjoy successful transitions back to civilian life. This report focuses on the issues, sometimes unexpected, encountered by the minority during their transition from military to civilian life, and ways that government may alleviate some of these difficulties.

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\(^7\) Ms Lynn Foster, Director, The Oasis Townsville, *Committee Hansard*, Brisbane, 27 August 2018, p. 31.
2. Providing effective support to ADF personnel in their post-service lives

2.1 This chapter considers:
- The transition process;
- Management of the transition process of each member of the Australian Defence Force;
- Ways that the Australian Government could better support the effective and successful transition of women veterans; and
- Ways that the Australian Government could better support spouses, partners and family members to enable more successful transition outcomes for former members of the ADF.

The Transition Process

2.2 Leaving one’s job in the Australian Defence Force (ADF), separating from the military, engaging in military to civilian transition, or transitioning from the ADF back to civilian life, can be a process which is challenging, difficult and unique. While entering the ADF and undertaking recruit training in one of the services is renowned for being physically tough and mentally challenging, the process of transitioning out of military service and back to a civilian life can produce challenges which are even more difficult to navigate.

2.3 Entering the military, ‘a process of cultural immersion’, is one in which ‘[c]ollective attitudes, practices, rituals, symbols are inculcated’,
transforming a civilian into a soldier, sailor, air-man or -woman and leading to ‘strong attachment, interdependence and behavioural conformity’.

2.4 Those entering the military are trained to fight, to kill and to destroy property. Different units within the military have been trained to undertake different tasks, have different cultural features, and pride themselves on that differentiation. There are many cultures and sub-cultures within the Australian military, serving as points of difference not only between the services, but within each Service. This strong sense of collective identity can pose challenges when mental health issues arise, and can also pose difficulties for external service providers delivering personalised care and support.

2.5 Australian military culture has been described as predictable and certain:

The Australian military culture is ordered and predictable. It is a secure scaffolding in which operations are designed and executed; it is predictable, hierarchical and certain. The transition from serving personnel to ex-serving personnel is much less so.

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3 Army, Navy and Air Force.


2.6 Positive features of military culture, including camaraderie, strength and loyalty, can at times lead to difficulties during transition, including delays in seeking professional assistance for psychological distress:

The key operational aspects of the military culture are camaraderie, intensity, elitism, and distinctiveness (Harris et al. 2013), driven by the processes of training and a shared fate. A consequence of this rigid culture is the pressure to be strong (not to fail or be weak), rigid and rational thinking, and an inability (or reluctance) to express emotions and limit options in a time of crisis (McKay et al. 2010). In the transition process this is undone, and there is often an inability to disengage (Yanos 2004) combined with psychological distress that impacts on quality of life and mental wellbeing (Karekla and Panayiotou 2011). The processes in help-seeking behaviour often involves apprehension and delays (Galdas et al. 2005). For the military, this holds far greater solemnity as the culture demands full capacity for active service and the transitions to civilian life are difficult for both the individual transitioning and the families that surround them.6

2.7 Mr Rob Manton, Director of Veterans South Australia told the Committee that transition is a ‘shared responsibility’:

The question of who owns the transition is important, but if we acknowledge that transition begins the day an individual enlists, and that every day served is a day closer to transition, it becomes clear that transition is a shared responsibility between the individual, their family, their commanders, the departments of Defence and Veterans’ Affairs, and the community.7

2.8 The term ‘transition’ is used to refer to the time when a member of the Australian Defence Force (ADF) leaves the ADF. While it may be said that the individual is leaving a job they have been employed to do, in fact their employer has provided them with an opportunity to be a member of an elite group of individuals, trained to defend the nation, who have taken part in sometimes dangerous missions with significant risk of trauma, and little concern for their own personal safety. It is a transition from one way of life to another. Transition involves a change in almost every aspect of life for many people – employment; household income; location; with loss of the source of identity, acceptance and pride in the military service, and loss of


7 Mr Rob Manton, Director, Veterans SA, Committee Hansard, Adelaide, 3 September 2018, p. 13.
the sense of membership of an elite group, the camaraderie of peers, the ease of a shared military history and set of values. The loss of these intangible benefits can have an enormous effect, particularly if the person had joined the ADF straight from education, and had not experienced independent life as an adult outside of the ADF.

2.9 Some of the more significant challenges of transition include finding a new purpose and a new identity:

Transition from the Defence lifestyle is currently an abrupt process, with little preparation for what will be faced in civilian life. The challenge of this process should not be understated; defining new purpose while undergoing a large change in identity. The skills and experiences military people can gain from Defence are significant and can greatly assist in civilian life. However, if their identity remains as a Defence member, they will struggle to communicate and engage without ever really integrating with society.8

2.10 An academic review of 18 qualitative and mixed methods studies of the experience of transition from military to civilian life found that ‘the psychological adjustment experiences of veterans reintegrating into civilian life following discharge from military service are characterised by extensive and multiple losses’.9 Veterans reported ‘they were impacted by the loss of military culture and community, identity and purpose which contributed to a difficult reintegration experience’ and the findings, which ‘were consistent across countries and contexts’, substantiate the importance of addressing the experience of loss for transitioning military veterans.10

2.11 Dr Madeline Romaniuk, Veteran Mental Health Initiative Lead, Gallipoli Medical Research Foundation, told the Committee that there is a significant difference between leaving the Defence Force voluntarily and receiving a medical discharge, and that more emphasis needs to be placed on educating ADF members about the psychological process that they will experience during transition:

A lot of the time, if you’re discharging voluntarily, it’s because you’re either sick of the job you’re currently in or you’ve got a better opportunity outside

8 Veterans Centre Sydney Northern Beaches, Submission 17, p.1.


and so you leave because you think of just the positives. If you’re discharging medically, often it’s a long arduous, difficult process that you’re just jack of by the end and you want to get out. What we’re missing is an understanding of the profound psychological experience that goes with changing from such an ingrained, all-encompassing system to not being in that anymore. We need to pay more attention to educating people about that before they leave.\textsuperscript{11}

2.12 The system of training recruits for active military service ‘deeply ingrains behaviour, belief systems, identity and expectations’:\n\begin{quote}
Currently the ADF spends weeks, months, and even years physically and mentally preparing members for the rigours of service. Recruit training, Corps training, and promotion courses, along with years of team-building and activities designed to imprint esprit-de-corps in every individual. This is a good and necessary thing – it builds the strength, resilience, and teamwork needed to fight and win on the battlefield. However, this is a process of acknowledged indoctrination. A process that deeply ingrains behaviour, belief systems, identity and expectations.\textsuperscript{12}
\end{quote}

2.13 The Queensland RSL has invested more than $1 million in the past 12 months in research into transition. This is part of a program of research into Defence-related medical, physiological and sociological issues in which RSL Queensland has invested more than $7 million over the past three years, primarily through the Gallipoli Medical Research Foundation. It is the largest ever study of Queensland Defence personnel and their families and aims ‘to better understand who the Defence families in Queensland are and the key needs and challenges that they face. It was necessitated in part because the Australian Bureau of Statistics data does not identify veterans and their families. The research identified those in the transition stage, which was defined as being from discharge until up to two years post-discharge, as the group with the highest needs.

2.14 One of the greatest challenges facing those transitioning is the drop in household income, from, on average, around $92 500 during service, to $75 500 during the transition. Younger members experience a more significant decrease in household income of 30 per cent to $65 000. At the same time expenses relating to housing, health and childcare needs increase because these are no longer covered or subsidised by the ADF. Unemployment among those transitioning in Queensland is four times higher than for the

\textsuperscript{11} Dr Madeline Romaniuk, Veteran Mental Health Initiative Lead, Gallipoli Medical Research Foundation (GMRF), \textit{Committee Hansard}, Brisbane, 27 August 2018, p. 9.

\textsuperscript{12} Mr A Thomson, \textit{Submission 8}, p.1.
general population, with 19 per cent actively seeking work. Of those moving from Defence to civilian employment, 62 per cent had difficulty in finding meaningful employment. In respect of Defence spouses, 61 per cent of in-service spouses struggled to gain meaningful employment, and 89 per cent of Defence spouses said that having a serving partner had severely or moderately affected their career, due to the demands of postings, and, when ADF members are deployed, raising their families as a sole parent.\textsuperscript{13}

2.15 Research into transition in Queensland found that two thirds of those who were discharged participated in the ADF transition programs, but that 81 per cent of those did not find the programs useful. It recommended reviewing the transition process, including training and information provision, and incorporating more input from those who have already transitioned. The research found that those who joined the ADF straight from school or while still living with their parents, that is prior to entering civilian life as an adult, did not have the experiences of adult life as a civilian to fall back on during transition, and were most strongly negatively impacted during their transition from the ADF. The RSL Queensland ‘believe that the inevitable process of transitioning out of the ADF requires a unified and complementary approach, with a focus on increasing the awareness, resilience and preparation of serving personnel and their families whilst early in service’.\textsuperscript{14}

2.16 Those who serve in the ADF are broadly ‘Type A’ personalities, who are used to leading and providing for others, and ‘provider anxiety’ arises in them when they transition from Defence and they feel unable to provide what their family needs. RSL Queensland is increasingly of the view that this underlies some of the mental health challenges within transitioning personnel.\textsuperscript{15}

2.17 The transition process can produce many unexpected challenges, even for those who have had smooth careers in the ADF, are voluntarily leaving the ADF, and who do not anticipate any major difficulty with their return to civilian life. The process of transition itself can place an overwhelming burden on the mental health of a transitioning Defence member, as well as on that of their relatives:

\textsuperscript{13} Findings of \textit{The Defence Family Research Project}, Commissioned by RSL Queensland, 2017, in RSL Queensland, Submission 27, p. 3.

\textsuperscript{14} Mr Scott Denner, State Secretary and General Manager Operations, RSL Queensland, \textit{Committee Hansard}, Brisbane, 27 August 2018, p. 6.

\textsuperscript{15} Mr Denner, RSL Queensland, \textit{Committee Hansard}, Brisbane, 27 August 2018, p. 6.
Legacy Australia has anecdotal information that many people leave the ADF with no civilian plan in place. They may be well adjusted personnel within the military environment and have no compensable conditions at the time of discharge. However some of them do not experience an easy transition to civilian life. Difficulty finding employment while expecting to maintain the same standard of living as experienced within the ADF can lead to depressive conditions. If the ex-service person starts to suffer mental illness, it is common for other members of the family to also suffer mental illness. The family situation spirals downwards and the sense of despair becomes overwhelming. Sometimes suicide is the outcome.\textsuperscript{16}

2.18 The Defence Family Research Project found that, while there were key needs at different stages of the Defence journey, those transitioning out of the military were experiencing the most challenging phase. Many were recruited at a young age and had adjusted well into the military way of life, which was often their first experience of employment. Transitioning out can be more difficult if it occurs abruptly or when the circumstances are outside a person’s control, as is the case with a medical discharge.\textsuperscript{17} The Defence Family Research Project found four main areas of challenge during transition:

1 \textbf{Unemployment}. Unemployment among those transitioning out is eight times higher than for the general population. Sixty two per cent report difficulty in finding meaningful employment, and only 16 per cent were in full time work. This has an effect on mental health, with 70 per cent of those unemployed experiencing depression. Discharged Defence members typically take six months or less to find appropriate, meaningful employment; 20 per cent take seven months or more, and 9 per cent take more than two years to find meaningful employment. Women who are transitioning out, and those medically discharged, take longer on average to find employment. Partners also experience employment issues, with 89 per cent saying that having a serving partner has moderately or severely impacted their career.

2 \textbf{Reduction in household income}. Median household income during service is $92 500, with significant additional support for household expenses, such as subsidised rent, medical expenses etc. During transition, the median household income drops to $75 500, with younger members experiencing a more significant drop to $65 000, while living


\textsuperscript{17} RSL Queensland, \textit{Submission 27}, p. 5.
expenses increase. Research showed that financial planning and advice and financial education were needed at this time.

3 **Impact on family life.** Relocations, social isolation, financial pressure in a single income household, mental health challenges, and the periodic absence of one’s partner are all challenges for those in Defence and their partners and family members. Eighty-three per cent of Defence personnel live in family households (compared to 72 per cent for the general population), and 34 per cent of those with children said that they needed family counselling. Families going through transition are more likely to experience this need.

4 **Physical and mental health.** Most Defence members have at least one medical or physical health condition that they attribute to their service, while many suffer from PTSD, depression, anxiety or other illnesses. Sixty per cent of those in the transitioning out stage need additional help with health or physical therapy, with the areas of greatest need identified as hearing loss, back pain, tinnitus and depression, while a smaller group reported issues with substance abuse, osteoarthritis and reflux. Mental health is a significant and recognised issue for Defence members and their families and can range from subtle issues to more significant PTSD. Evidence supports a link between mental health issues and substance abuse.\(^{18}\)

2.19 The challenges encountered during transition vary, but the consequences of an inability to adjust can be significant, and can present as financial issues, mental health issues, difficulties in finding and retaining employment, and family breakdowns. A combination of support from the ADF, DVA and ESOs can help ensure a smooth transition, and that each person has the best start to their post-ADF life.\(^{19}\)

2.20 A number of those who provided submissions to the inquiry highlighted the difficulties that can accrue when there is a perception that the discharge process has been handled in an insensitive manner:

- Transition may be working well for people who have done their 20-25 years and have time to plan an orderly retirement. It is not working for the young digger who is medically discharged. They feel they have been told “You are broken, get out!” This is not good enough.\(^{20}\)

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\(^{18}\) RSL Queensland, *Submission* 27, pp. 3-5.

\(^{19}\) RSL Queensland, *Submission* 27, p. 5.

As a veteran and a former serving member of the Royal Australian Air Force, I feel like I have been tossed aside on the scrap heap, useless and forgotten about by the organisation, (the Royal Australian Air Force, the Australian Defence Force – ADF), the Australian Government ... the same government that I worked for and gave my all for, including ensuring that I served wherever and whenever I was required to do so, without thought to the personal sacrifices of my life, my health and my family. I did this as I was proud to be a member of the Royal Australian Air Force, it was an honour to serve and protect the people of my country, and I thought I would be respected and looked after if anything bad ever happened to me. How naïve was I? Broken promises. That’s all I’m getting.  

The impact of this poorly managed and administered medical discharge resulted in a severe downward spiral of our family member’s mental health, with feelings of being abandoned, isolated and rejected by those who had previously been trusted while undertaking multiple operations serving Australia.

We have since heard from others who have suffered similar failures with their medical discharge experience. One medical discharge that is a failure is one too many.

2.21 For some, induction and other training while in the ADF has been so effective, that it is difficult to perceive the possibility that one’s transition out of the ADF could be less than successful. The EDiT Group gave a succinct summary of how some members of the ADF view transition while still in the ADF, and how that view changes after they have left:

Approaching Transition – After deciding to discharge, there is little to help them remove the façade that they are better than civilians. Defence provide some theory of what it will take to effectively transition, however there is no de-militarisation training. They hear the transition disaster stories and believe they happen because others aren’t as strong as they are.

Post-Transition – Only once they have personally experienced the transition, do they then begin to realise that this ‘transition thing’ is more complex than they gave it credit for. But at this point, they have missed the transition training offered during their service. Or if they did undertake transition training, the trainers didn’t relate the importance to what they were about to embark on and provide tools on how to address it.

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21 Ms Lowry, Submission 51.

22 Name withheld, Submission 49.

23 Ex Defence Integration Team (EDiT) Group, Submission 9, p. 1.
2.22 The departments of Defence and Veterans’ Affairs have taken steps to improve the experiences of ADF members and their families, including:

- Working together to implement the Government’s policy to ‘Support Veterans and their Families – Creating a Better Veterans’ Transition Process’;
- Collaborating on a Joint Transition Taskforce to identify opportunities to improve the transition process;
- Piloting new initiatives to deliver integrated approaches to transition services, including the Transition Health Assessment, the Special Operations Forces and case management pilots;
- Sharing information and increasing opportunities for DVA to engage with transitioning members to offer support;
- Better supporting medically transitioning members through a more connected rehabilitation system;
- Working together to improve the mental health and wellbeing support provided to members and their families during and after military service; and
- Conducting joint research to better understand veterans’ needs, particularly in relation to mental health.\(^{24}\)

**Coordinated management of transition**

2.23 The evidence before the Committee points to the need for a co-ordinated management of the transition process for all ADF members. Standardisation of elements of the transition process across the services would ensure that ADF members would know what they could expect during their transition. This would enable Defence to better manage those cases where support needs to be provided, and improve the quality of the transition experience for more departing ADF members. While around 80 per cent of the transitioning cohort each year do so apparently without significant issues, the 20 per cent who experience challenges, often have difficulties across several areas of life. Evidence before the Committee indicates that the reverberations from these difficulties can stretch years into the future, and can affect spouses, children, and other members of the extended family of the transitioning ADF member.

2.24 The Productivity Commission has proposed a number of recommendations in its Draft Report, *A Better Way to Support Veterans*, designed to lead to improved outcomes including improved work health and safety and injury

\(^{24}\) Joint Submission: Department of Defence, Department of Veterans’ Affairs, Submission 33, p. 2
provision; improved rehabilitation and transition supports; a simpler, fairer and more accessible system of compensation; more consistent claims assessment; a faster and simpler review process; and a better evidence base with which to inform the design and delivery of services.\textsuperscript{25}

2.25 The Commission has also proposed the establishment of a new independent statutory agency within the Defence portfolio, the Veteran Services Commission (VSC), to administer the veteran support system.\textsuperscript{26} It has proposed centralising responsibility for transition within Defence by establishing a Joint Transition Command, modelled on the existing Joint Health Command to improve coordination of transition and the continuity of rehabilitation, and give greater prominence to transition among serving members and within ADF hierarchy.\textsuperscript{27} While it agrees that responsibility for transition should lie with Defence it is the Committee’s view that the administrative arrangements to support transition would be best left to Defence to determine.

2.26 The Committee is broadly supportive of the approach proposed by the Productivity Commission because it clearly reposes responsibility for transition with Defence and ensures that resources will be available to meet this responsibility. Defence should have to report annually to Parliament, through the Defence Annual Report, on the transition process and the outcomes being achieved for transitioning members of the ADF. The United States of America has transition timelines and actions mandated in legislation to ensure compliance with transition policy.\textsuperscript{28}

2.27 The Committee is also supportive of reforms proposed by the Productivity Commission to the Veteran Support System as they would go a long way towards removing the anomalies and simplifying the system for the people it is intended to serve.


\textsuperscript{28}RSL New South Wales, Submission 47, p. 4.
Legislation

2.28 A number of submissions referred to the difficulties experienced by former members of the ADF in their applications to the Department of Veterans’ Affairs (DVA) for acceptance of their illness or injury as service-related, and disaffected with the outcomes. It was suggested that rationalising the three Acts (the Veterans’ Entitlements Act 1986 (VEA), the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA), and the Military, Rehabilitation and Compensation Act 2004 (MRCA)) into a single Act, would be beneficial. New Zealand has taken this approach and has one Act, the Veterans’ Support Act 2014. Our goal ought to be ‘[n]ew veteran related legislation that preserves veterans’ entitlements while simplifying the process under a single piece of legislation’. This is a conclusion also reached by the Productivity Commission. It would simplify claims and advocacy, require fewer advocates and save on staffing costs, decrease dependence on ‘the letter of the law’, and place more emphasis on ‘natural justice’.

2.29 The Productivity Commission recommended in its draft report issued for comment in December 2018, that the front end of the claims system be made simpler for clients, and noted two areas where there was scope to rationalise the three Acts covering claims:

- The initial liability process – moving to a single standard of proof for all types of service; and
- The review process – a single review pathway for all veterans’ compensation and rehabilitation decisions.

2.30 The Commission also recommends the simplification or removal of some payments, and substantial changes to compensation on the basis that ‘an

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29 The Oasis Townsville, Submission 13, p. 1.

30 Mr Rob Manton, Director, Veterans South Australia, Committee Hansard, Adelaide, 3 September 2018, p. 14.


injury is an injury’, with a single rate of compensation covering injuries, illness or death, regardless of the type of service.\textsuperscript{33}

2.31 The Commission noted that moving from three Acts to a single Act covering all veterans is the ultimate objective of simplification, an objective that resonates strongly with the submissions received by the inquiry. The Productivity Commission has proposed transitioning through two schemes over time, based on a modified VEA (Veterans’ Entitlements Act 1986) and a modified MRCA (Military, Rehabilitation and Compensation Act 2004) (incorporating DRCA [Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988]), which would become the dominant Act over time.\textsuperscript{34}

Committee Comment

2.32 While the Committee received a number of suggestions on ways to improve the transition process, the improvements instituted by the departments of Defence and Veterans’ Affairs over recent years need to be acknowledged. Soldier On noted the ‘significant improvement to the transition process for service personnel as they separate from the Australian Defence Force (ADF), over the past three-four years’. Soldier On identified the targeted employment initiative provided by government and other agencies, and greater access to mental health care through the expansion of Non-Liability Healthcare, as positive steps forward, whilst acknowledging that transition also includes social connections, community and family.\textsuperscript{35}

2.33 It is the Committee’s view that the reforms proposed by the Productivity Commission in its draft report deserve serious consideration by the Government although the structure of the administrative arrangements within Defence for managing transition should be a matter left to Defence to determine.

Recommendation 1

2.34 The Committee recommends that the Government:


\textsuperscript{35}Soldier On, Submission 11, p. 2.
Regularly assess the transition process for quality and outcomes, including the Transition Seminars, information provided to members and their families, and delivery of that information;

Assign Defence responsibility for managing transitioning personnel through to twelve months post-separation, or to completion of the individual’s assessment process with DVA if longer than twelve months; and

Reduce the complexity of the legislative framework reporting on the outcomes for veteran support (VEA, DRCA, MRCA) with the objective of transitioning over time to a single system under a single Act.

Management of the Transition Process

2.35 Transition can vary in difficulty for those with different experience in the military. Professor John Brewer and Dr Stephen Herron of the Senator George J. Mitchell Institute of Global Peace, Security and Justice, Queen’s University Belfast, have conducted research into the effects of counter-insurgency warfare on the reintegration of British land-based personnel. Counter-insurgency (COIN) warfare differs from conventional warfare in the army’s operational objectives and role, the nature of the enemy, and the higher levels of unpredictability and risk in the deployment:

This form of warfare intensifies the emotional labour involved, particularly in terms of trust, identity and stress.36

2.36 The study found that ‘[a]n over-identification with the army predisposes veterans to inability to cope in civilian life, with the special features in COIN intensifying over-identification, thus worsening the management of the transition back to civilian life’.37 Based upon the findings from their research and recommendations made to improve veteran health and wellbeing in the United Kingdom, Professor Brewer and Dr Herron made a number of recommendations to this inquiry, including the following:

Transition strategies need to provide practical and engaged support through interactive learning and mentoring;

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36 Professor John D Brewer and Dr Stephen Herron, Senator George J. Mitchell Institute of Global Peace, Security and Justice; Queen’s University Belfast, Belfast, Northern Ireland, Submission 6, p. 2.

37 Professor Brewer and Dr Herron, Queen’s University Belfast, Submission 6, p. 2.
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- Cultural awareness training is necessary for a return to civilian life, with self-reliance and self-responsibility taught as part of a broader process of cultural rehabilitation, and involving transitioning soldiers engaging with communities, employers and educational trainers;
- A ‘buddy’ scheme could be developed where a mentoring support worker is assigned to all transitioning soldiers, not just ‘at risk’ ones. A ‘buddy’ system could also be provided for families, with military families who have transitioned well, so that role models may provide practical demonstrations that successful transition is possible;
- Encouraging soldiers to view a military career ‘instrumentally’ rather than as an all-encompassing identity, which greatly assists the transition to civilian life, as ‘instrumentality’ is an important part of resilience; and
- ADF and voluntary sectors need to be proactive in dealing with veterans, rather than relying on veterans to initiate contact, as some may be unable to do so due to individual and societal pressures.\(^\text{38}\)

2.37 Professor Brewer and Dr Herron also stated that local support providers are often best placed to provide support for vulnerable personnel, and that co-ordination of the ADF and voluntary sector stakeholders at local and regional levels can provide better veteran support and share best practice.\(^\text{39}\)

2.38 A number of submissions raised the idea of providing more practical support during transition, in the form of a ‘buddy’ or ‘mentor’; more coordination of the ADF and voluntary ESO sector; or more proactive engagement with transitioning personnel. A number of comments also indicated a paucity of information provided at transition to individuals whose lack of preparedness only became apparent to them when they confronted the challenges of their new circumstances.\(^\text{40}\)

2.39 The Senate Foreign Affairs, Defence and Trade (References) Committee recommended in its August 2017 report ‘The Constant Battle: Suicide by Veterans’ that the Department of Veterans’ Affairs develop a two-track transition program for serving members leaving the ADF. Those identified as being in ‘at risk’ groups or requiring additional assistance should be able to access intensive transition services including:

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\(^\text{38}\) Professor Brewer and Dr Herron, Queen’s University Belfast, Submission 6, pp. 3-4.

\(^\text{39}\) Professor Brewer and Dr Herron, Queen’s University Belfast, Submission 6, pp. 3-4

\(^\text{40}\) Soldier On, Submission 11, pp. 7-8; Professor Brewer and Dr Herron, Queen’s University Belfast, Submission 6, p. 6; Mates4Mates, Submission 22, p. 9; RSL Victoria, Submission 26, p. 2; Shield Academy, Submission 23, p. 4.
• Claims case management;
• Healthcare, mental health and wellbeing support;
• Employment assistance programs;
• Social connectedness programs; and
• Health and wellbeing programs.\textsuperscript{41}

2.40 The Government’s response to this report, tabled on 24 October 2017, accepted this recommendation and agreed with the Committee that ‘serving ADF members who are “at risk” should be offered more intensive transition support services’.\textsuperscript{42} The Government identified a number of initiatives, including:

• Pilot projects underway or planned at the time of response (October 2017) that will inform the design of more intensive transition support services, for example a pilot project of enhanced transition assistance program for Special Forces members, that could be expanded to all ADF members if successful;
• A commitment of $4.0 million over two years to pilot a case management service for at risk veterans who may require intensive support immediately following discharge, to influence the design of future transition support services;
• A commitment of $2.1 million over four years to enable transitioning ADF personnel to access an annual comprehensive mental and physical health assessment by a general practitioner for five years post-discharge. This initiative is intended to increase the early detection and intervention of mental and physical health concerns during a time that can be an at risk period for the emergence of mental health conditions and increased risk of suicide;
• The introduction of a new Veteran Payment to provide vulnerable veterans, who have little or no financial support, with financial assistance until their claims for liability for a mental health condition are determined. This payment will also ensure vulnerable veterans have access to vocational or psychosocial rehabilitation and financial

\textsuperscript{41}The Constant Battle: Suicide by Veterans, Senate Foreign Affairs, Defence and Trade References Committee, August 2017, \url{https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report} > viewed 15 February 2019.

counselling. The Government committed $16.1 million over four years to this initiative.43

2.41 The challenges of transition vary in severity, but the consequences of an inability to adjust can present in an unpredictable mix including financial issues, mental health struggles, difficulty in finding and keeping employment, and family breakdowns.44

2.42 Only one in ten individuals leaving the ADF access services from DVA during the first year of their transition,45 but ultimately one in five veterans become known to the department.46 Soldier On said that it was important to note that this is not an indication that services provided by DVA are not ‘up to scratch’, but that individuals are not accessing them.47

2.43 Soldier On made the point to the Committee that ‘when people are transitioning out of service they don’t transition into a department’ but into the community. Soldier On observed that as people are not accessing the services available straight after leaving the ADF, ‘we do need to take a different approach’ and that flexibility of approach, which Soldier On has as an ESO, is needed so as to be able to individualise services for individuals who need that.48

2.44 Transition services are now focused on employment, health and wellbeing:

Transition services for members and their families are now focused on future employment and more meaningful engagement; financial stability; decisions on housing and relocation; support mechanisms; our new workforce model, so that those who are transitioning may also consider re-engaging in the range of more flexible employment options that we now offer; and, importantly, maintaining identity and connection. A key underpinning of our approach and our initiatives is the health and wellbeing of ADF members. This is critical


44 The Defence Family Research Project, Submission 27, p. 5.

45 Ms Melissa Russell, National Communications Director, Soldier On, Committee Hansard, Canberra, 16 November 2018, p. 3.

46 Mr Craig Orme, Deputy President, Repatriation Commission, Department of Veterans’ Affairs, Committee Hansard, Canberra, 16 November 2018, p. 26.

47 Mr Mathew Jones, Chief Executive Officer, Soldier On, Committee Hansard, Canberra, 16 November 2018, p. 3.

48 Ms Russell, Soldier On, Committee Hansard, Canberra, 16 November 2018, p. 3.
to ADF capability and to the individual members’ capacity to transition well to civilian life. We provide effective treatment and rehabilitation programs and services that are responsive to changing needs, which can vary from basic self-care to complex interventions, particularly when people face multiple problems and stresses. The aim is for people to return to work as soon as possible.49

2.45 Defence’s transition support includes ‘a strong focus on the first 12 months after leaving the ADF’ during which time Defence undertakes post-transition follow-up calls and surveys to determine the outcomes for transitioning ADF members, noting that these are important opportunities for the member and family to ‘link back’ with the ADF and access transition support services.50

2.46 Transition mentors or coaches speak with each person transitioning and discuss their transition plans, including employment, and whether training is needed to achieve their plans, including whether a lateral transfer between Army, Navy and Air Force may be an appropriate alternative to training for them. This is intended to ensure that each person transitioning has an employment plan, knows what they need to do to achieve that outcome, and can discuss this with the trained transition coach assigned to them by Defence.51

2.47 Of the 6 000 people who leave Defence each year, most would have a positive experience, but for some it is an involuntary process. Responses to those individuals, and their differing circumstances, need to be consistent and equitable, and need to be deliverable around Australia. DVA is looking closely at initiatives to meet these needs. DVA needs to provide mechanisms for service delivery to these people in metropolitan areas, but also in regional or remote Australia, and to deliver those services consistently to an accredited standard. When dealing with the 288 000 current clients of DVA, there needs to be an awareness that this number is likely to increase with the release of the veterans’ recognition card, and it is thought that there are 600 000 to 650 000 Australians who have served.52

49 Ms Justine Greig, Deputy Secretary, Defence People, Department of Defence; Committee Hansard, Canberra, 16 November 2018, p. 16.

50 Ms Greig, Committee Hansard, Canberra, 16 November 2018, p. 17.

51 Mr Paul Way, Director, General Defence Community Organisation, Department of Defence, Committee Hansard, Canberra, 16 November 2018, p. 24.

52 Mr Orme, Committee Hansard, Canberra, 16 November 2018, p. 26.
Defence has undergone a significant change in the last five to ten years in the ways that it sees transition. Transition now starts at enlistment, giving people a good understanding of what transition will mean for them, from their time of enlistment. Defence is doing more work in retention, retaining people and their capabilities for as long as possible. The Department of Veterans’ Affairs sees its role as empowering veterans with knowledge, with capacity and with support that puts them in control of their future and their destiny.53

Defence told the Committee that from January 2019 it would introduce a new needs-based transition support model to provide flexible, equitable access to transition support and employment support for all ADF members and their families. Defence is also implementing a new Intensive Employment program to assist members in identified at-risk cohorts, which is expected to be fully implemented by July 2019.54

In January 2019 Defence commenced a two year pilot of a Case Management Program providing intensive and supportive case management services for transitioning members requiring additional support. The dedicated case manager will provide clinical care coordination, help the ADF member identify life goals, determine needs and ensure that transition services provided are individualised, flexible, family inclusive and recovery focused. The pilot is to include up to 200 participants, of whom 80 to 100 will be transitioning members.55

The complexities of the transition process mean that the transitioning ADF members and their families need to be handled with respect, professionalism and care. Assigning a professional case manager to each transitioning person would enable them to better navigate the system, with someone knowledgeable enough to help them make decisions that are best for them in their circumstances. A mentor, someone who has already transitioned, would also be a helpful contact for the transitioning member in the initial stages. Ensuring that responsibility for managing the transition to a successful conclusion is handled by a senior officer in Defence ensures that the individual’s career within the ADF has been professionally managed from its start to its conclusion.56

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53 Ms Greig and Mr Orme, Committee Hansard, Canberra, 16 November 2018, p. 36.
54 Ms Greig, Committee Hansard, Canberra, 16 November 2018, p. 17.
55 Department of Defence, Submission 33.1, Q.1 (ii), p. 3.
56 Name withheld, Submission 49, p. 3.
Military Transition Support Officers have been introduced with the intention of preparing ADF members for transition from early in their career, and of providing support from recruit training through the continuum of an ADF member’s career.\textsuperscript{57}

**Committee Comment**

The Committee understands that since July 2017, ADF members and their families who cease permanent service have been provided with comprehensive transition support through unlimited access to transition coaching which has a strong focus on securing civilian employment. This support includes ADF member and Family Transition Seminars; access to one-on-one support from career development practitioners; post-transition follow-up by phone and electronic survey; and assistance to access documentation.\textsuperscript{58}

**Recommendation 2**

The Committee recommends that the Government provide for:

- The establishment of professional, qualified case managers in Defence to handle the transition process for transitioning members of the ADF and assist them to liaise with DVA and other agencies; and

- The oversight of each individual’s transition by a senior officer within Defence who has responsibility for the successful transition of personnel.

**Supporting Women Members of the ADF during transition**

Encouraging women to serve longer in the ADF is necessary to ensuring female participation levels are improved and women reach senior levels in the ADF. Initiatives such as the Total Workforce Model encourage members to serve longer by enhancing career options and encouraging flexibility, allowing individuals to balance their military careers with personal obligations. When comparing median length of service, women have consistently served for less time at separation than men, across each Service and rank group. The median time in service for both women and men is

\textsuperscript{57}\textit{Department of Defence, Submission 33.1, Q.3., p. 8.}

\textsuperscript{58}\textit{Department of Defence, Submission 33.1, Q.1., p. 2.}
greater in officer ranks than in other ranks. During the eleven years between 1 January 2007 and 31 December 2017, a total of 70,675 people left the ADF, with 14 per cent (or almost 9,900) of that number being women.

2.56 The following statistics show median lengths of time in service for both women and men across each of the three services:

- **Air Force:**
  - **Women-** Officers: 10.4 years; Members of Other Ranks: 8.8 years
  - **Men-** Officers: 18.7 years; Members of Other Ranks: 12.9 years

- **Navy:**
  - **Women-** Officers: 9 years; Members of Other Ranks: 6.9 years
  - **Men-** Officers: 14.2 years; Members of Other Ranks: 7.9 years

- **Army:**
  - **Women-** Officers: 10.8 years; Members of Other Ranks: 3.7 years
  - **Men-** Officers: 13.7 years; Members of Other Ranks: 6.3 years

2.57 The *Women in the ADF Report 2016-17* found that overall, the rolling separation rates for women and men are very similar, at 8.8 and 9.1 per cent respectively. The overall separation rates of women and men within each of the services are also similar. For both Army and Navy women and men, there was a notable difference between rank groups, with Other Rank separation rates higher than that for officers. Separation rates in the Air Force were similar for women and men overall, and across rank groups. Separations can be categorised as voluntary, involuntary, age retirement and training separations. Most separations across all three services for women and men were voluntary. Involuntary was the second most common type for

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60 Transition Taskforce: Improving the Transition Experience, p. 28.

61 *Women in the ADF Report 2016-17*, Department of Defence, 17 May 2018, p.52, Information from *Table 10: ADF permanent Force (Service Category 7), median time in service, by gender and rank group (on separation)*, 2016-17
both the Navy and Air Force, while the second most common type of separation in the Army was during the training period.\(^62\)

2.58 Among those who separate voluntarily, the main reason reported by both women and men in 2016-17 is that they wanted to make a career change while still young enough to do so. Both women and men reported that low job satisfaction contributed to their decision to leave, and that they had concerns about the impact of job demands on family and personal life. Better career prospects in civilian life were attractive to both women and men. Women were more likely to have been influenced to leave by low morale in their work environment, a general dissatisfaction with Service life, and issues with day-to-day management of personal matters.\(^63\)

2.59 The Navy and Air Force recorded significantly lower retention of women than men after taking paid maternity or parental leave. This difference in retention between women and men has increased over time. The Army showed approximately equal proportions of retention for men and women after taking periods of paid maternity or parental leave. Women who remained in the ADF after childbirth were, on average, more often officers than other ranks. The varying nature of work demands across the three services could make the transition from maternity or parental leave back to work more or less compatible with the addition of childcare responsibilities.\(^64\) The data indicates that women members are more likely to be in a recognised relationship with another ADF member across all ranks and services.\(^65\)

2.60 Using the same methodology as the Australian Bureau of Statistics to analyse pay differences between the genders, the average ADF woman is paid 7.1 per cent less than the average ADF man. This is a lower gap than the Australian national pay gap of 15.3 per cent, but on par with the public administration and safety industry pay gap of 7.1 per cent. Women occupy fewer well-remunerated occupations and ranks in the ADF, which is a structural factor causing the total difference in pay between men and women, rather than a systemic difference in salaries across gender. The gap is also influenced by women’s lower average length of service and lower seniority. Defence is addressing these factors with initiatives to increase the


\(^{64}\) Department of Defence, *Women in the ADF Report 2016-17*, p. 53.

overall female participation rate, and by supporting women by facilitating longer careers, and offering flexible work and career pathways.\textsuperscript{66}

2.61 After transition, women are more likely than men to transfer to the Reserves with the intention to render further service, and are more likely to render Reserve service, which indicates that women use a transition to the Reserves as a way to access flexible employment.\textsuperscript{67}

2.62 US veteran Sarah Maples wrote that the gender bias women experience in the US military and afterwards differs, and that the traditionally masculine behaviours women in the military are expected to adopt, mark them out as different in civilian life:

\begin{quote}
… In multiple surveys and anecdotes, both women who are serving and women who have served repeatedly list gender bias as an issue, though the way it manifests itself differs during and after their time in the military.

The military doesn’t just urge women, it requires them—especially if they want to succeed—to view themselves on the same playing field as their male counterparts. They are also expected to behave and perform in traditionally masculine ways—demonstrating strength, displaying confidence in their abilities, expecting to be judged on their merits and performance, and taking on levels of authority and responsibility that few women get to experience.\textsuperscript{68}
\end{quote}

2.63 Losing their military identity is not always something that women veterans want to do, even though the traditionally male values which they have absorbed in their military service, are not always helpful to them in returning to a civilian identity:

\begin{quote}
What civilians do not realize, what women veterans often do not even realize, is that they might appear to be like other women, but they aren’t operating on the expectations traditionally applied to women. Behaving at odds with these traditional expectations is often a significant drawback in the ability of women veterans to fit-in in the workplace, in the dating world, in the female civilian community, in society in general. …
\end{quote}


Complicating matters is that, while I and other women veterans make efforts to assimilate, we are often reluctant to completely lose the identity we developed in the military, particularly if it means assuming traditional gender roles. The idea that the male standard is the normal one has become so ingrained during service that women veterans don’t realize they’ve absorbed the spoken or unspoken message that adding “female” to something diminishes it.  

At the Female Veterans Policy Forum on 10 October 2017, Ms Liz Cosson, then DVA Chief Operating Officer and now Secretary of DVA, indicated that ‘recognising the unique needs of female veterans’ was part of the work underway in 2017-18. The Forum considered the following significant challenges impacting female veterans:

a. **How do we grow the Australian community’s respect for female veterans?**; and

b. **How might we improve service access to respond to the specific health needs of female veterans?**

The Forum provided an opportunity for participants to develop potential solutions to address these significant challenges affecting their community:

c. **How do we grow the Australian community’s respect for female veterans?**

Discussion of this question reflected the following elements:

- Respect is important;
- Female veterans don’t always feel that the Australian community understands their experience or respects their contribution to Australian military service;
- When the experiences of female veterans are not understood and respected, female veterans may feel less valued or isolated.

The following ideas and solutions were put forward to address the issue:

i. Establish an ‘I am a Veteran campaign’;

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70 Female Veterans Policy Forum, 10 October 2017, p. 6.
ii. Generate awareness through community events, such as promoting female veterans at the Australian War Memorial’s Last Post services;

iii. Appoint a national female veteran ‘champion’;

iv. Increase the presence of female veterans in ESOs, by increasing the number of female advocates and placing more women in decision-making roles.

d. How might we improve service access to respond to the specific health needs of female veterans?

Discussion of this question reflected the following elements:

- DVA provides a range of health services, but female veterans are less likely to access these services, and perceive them to be predominantly focused on men’s health needs;
- Female veterans experience misdiagnoses of female-specific health issues;
- Issues around continuity of care can significantly impact ongoing treatment for female-specific health and wellbeing issues such as fertility and IVF;
- It is important that messages on the non-tolerance of sexual trauma and domestic violence are communicated through all levels of the military.

- The following ideas and solutions were put forward to address the issue:
  i. Increase number of trained female health advocates;
  ii. Increase advocates and DVA delegates’ knowledge of female specific health needs, and the impact of service on these needs;
  iii. Increase the awareness of available services for female veterans through websites and promotional campaigns;
  iv. Develop a dedicated website for female veterans’ health needs;
  v. Establish a dedicated military sexual trauma team based on the USA Veterans Affairs military sexual trauma service model;
  vi. Establish a female health telephone advisory service. 71

71 Female Veterans Policy Forum, 10 October 2017, pp. 9-19.
2.66 Ms Maples stated that women in the US military can feel overlooked compared to men, and that women veterans can continue to hold themselves to the standards they measured themselves against in the military:

Military women often cite that they feel slighted in comparison to their male counterparts, that they don’t get the same promotion opportunities or the same recognition. This is not surprising—they are competing on standards that were designed and built by men to bring out the best in men. The fact that women are competing against those standards at all is hugely important. After leaving the service, they don’t realize that they often continue to view themselves under those same metrics. They expect, for example, to be afforded the same respect as their male counterparts-veteran and civilian... 72

2.67 Ms Maples also stated that US women veterans can feel that their work during their service is not seen and acknowledged as that of their male counterparts is, and that negative experiences including sexual harassment and sexual assault are likewise repudiated, denying them their achievements. Women veterans are also more likely than civilian women to become homeless, and to commit suicide:

The perceived invalidation of a woman’s service can also feel as if her experiences during or related to her service, to include combat, service-connected disabilities, and sexual harassment/assault, are also invalidated. In the past, many women either didn’t take advantage of resources available to veterans or found that available resources didn’t take into account the unique needs of women veterans. Today, women veterans are still facing a number of challenges, including being three to four times as likely as their civilian women counterparts to become homeless and 2.5 times more likely to commit suicide [Figures quoted relating to the United States].73

2.68 Women who have been members of the military in the US have access to a dedicated unit treating women who have suffered military sexual trauma and combat trauma. The Women’s Recovery in Supportive Environment or


RISE will initially treat 15 women veterans who have experienced sexual trauma through an eight week program, and will also treat women with substance use disorders and vocational rehabilitation needs. The Texas Veterans Commissioner Women Veterans Program Manager Anna Baker said that there are times when ‘depending on how extreme the trauma may have been, that women don’t feel safe in an environment with men’ which is why having a separate facility specifically for women ‘is so beneficial to help them heal and rebuild trust’.

While there is insufficient information on the factors that affect women during their transition from the ADF, a study commissioned into the issues facing women veterans and women veterans’ families to determine their transition needs, their health and welfare needs, and their employment needs would give the Government a better understanding of how it can provide women ADF members and their families with the best chance of a successful transition, and of fulfilling lives and careers after their military career has ended. The Committee was interested to see the recommendations for change suggested by the Women Veterans Policy Forum, and while noting that the Forum is intended to advise government on better ways to support women veterans, accepts that the lack of these recommended resources has an effect on the health of women veterans which would be significantly improved if they were available.

**Recommendation 3**

The Committee recommends that the Government:

- Commission a study into the issues facing women veterans and women veterans’ families so that the Government and the departments of Defence and Veterans’ Affairs may better understand the issues facing women members of the ADF and women veterans, and provide the support necessary to ensure that women have the best chance of achieving a successful transition from military to civilian life;

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- Develop a dedicated website for female veterans’ health needs;
- Increase the number of trained women advocates;
- Establish a women veterans health telephone advisory service; and
- Establish a women’s sexual trauma team, based on the model of the USA Veterans’ Affairs military sexual trauma service model.

Supporting Family Members during ADF member transition

2.71 Transition does not solely impact upon the ADF member leaving their service, but impacts upon their partner and family members as well:

…Transition impacts the whole family and all are required to adjust to a different way of living. It is imperative that support services are available to the entire family and that longevity of support is provided. While it is encouraging that both Defence and DVA are starting to focus on the next 12 months post-transition, the process itself takes far longer. At Soldier On, we often see issues arise in our participants well after 12 months post transition.76

2.72 Defence Families of Australia, the official federal government advisory body which advocates for and represents families of current serving ADF members, states in its submission that ADF members rely upon their families for emotional support throughout their service, and even more so at transition. Emotional support can play a major role in how well a member transitions, and in their future success, and families need to be in a position of strength to support the transitioning member.77

2.73 The Defence Community Organisation (DCO), on behalf of the Navy, Army and Air Force, offers a broad range of services to help Defence families manage the military way of life. Through the DCO’s Partner Employment Assistance Program (PEAP), partners can apply for funds in each posting location to access a range of employment-related initiatives. Access to PEAP had not been available to partners transitioning from Defence, despite this being a time when assistance is often required. Such assistance is even more important in the case of a medical discharge, when the partner may become the main breadwinner.78 However, from January 2019, the Department of

76 Soldier On, Submission 11, p. 3
77 Defence Families of Australia, Submission 12.
78 Defence Families of Australia, Submission 12.
Defence has extended access to the PEAP to assist partners of medically transitioning members to become ‘job ready’.

2.74 Defence Families of Australia suggested that the DCO could play a greater role in preparing and educating families for transition, including by encouraging families to attend counselling sessions with the social work team, and for personalised facilitation and planning for transition. A transition education program could be developed and delivered to families at Transition Seminars, or facilitated throughout the year. In parallel to the support offered to transitioning members for 12 months post-transition, families could also access DCO support services for up to 12 months post-transition. The first 12 months post-transition is when families are most likely to encounter relationship and family issues, and it is important that they can access a familiar and relevant service to help them successfully navigate this difficult time.

2.75 In *Lifting the Lid on Transition: The families’ experience and the support they need* released in October 2018 (a tri-Service research project by the Naval, Army and RAF Families Federations in the United Kingdom), six ‘elements’ of transition were found to be required for families, in addition to the Service leavers’ employment: housing, health, education and children, employment, finances and wellbeing. Several conclusions were drawn from the data, which was gathered through an evaluation of services, an online survey and case study interviews:

- Families in transition can be positioned along a continuum of vulnerability;
- It is never too early to plan for leaving the Armed Forces: unexpected doesn’t have to mean unplanned;
- Families want to be involved in their Service leaver’s transition;
- Existing in-Service resettlement support could be utilised to support families;
- New transition support could be developed specifically for families;
- Further research needs to be done to better understand specific cohorts of families, such as Foreign & Commonwealth families and those whose Service leaver is being medically discharged;
- The language of ‘transition’ and ‘resettlement’ is important and affects attitudes to leaving the Armed Forces;

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79 Heaver, L; McCullough, K. and Briggs, L; *Lifting the Lid on Transition: The families’ experience and the support they need*, October 2018, Naval Families Federation, Army Families Federation and Royal Air Force Families Federation; United Kingdom, p. 4.
The impact of support interventions needs to be measured.  

2.76 Themes which emerged from the research include the following:

- Transition requires a shift in culture to better appreciate the breadth of transition and the need to engage with it earlier in a Service leaver’s career;
- Families’ awareness of the importance of advance planning needs to be raised;
- There is a need for an education piece to cover transition entitlement and processes;
- The ‘softer’ aspects of transition need to be better recognised as they have a significant impact;
- The marketing of support services needs to be reviewed to make them more accessible;
- The Armed Forces Covenant should be leveraged to support families in transition;
- Support to families must be tailored to their specific needs; and
- Families must embrace their own personal responsibility for successful transition.

2.77 These findings from the UK suggest that access to the full suite of transition training seminars for partners, spouses and other interested family members would ensure that information on issues likely to arise during transition, including those issues which may negatively affect them, was available to both the transitioning member and their family. This would help ensure that the relevant, critical, required information for the best transition outcome for the whole family is accessible to someone other than the service leaver in the family, increasing the likelihood of a successful transition outcome.

2.78 The provision of family psychological education initiatives would be timely to ensure that families have knowledge of the indications of psychological ill-health, and are aware of the steps to take to access help for the veteran or themselves if needed.

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80 Heaver, L; McCullough, K. and Briggs, L; Lifting the Lid on Transition: The families’ experience and the support they need, October 2018, Naval Families Federation, Army Families Federation and Royal Air Force Families Federation; United Kingdom, p. 4.

81 Heaver, L; McCullough, K. and Briggs, L; Lifting the Lid on Transition: The families’ experience and the support they need, October 2018, Naval Families Federation, Army Families Federation and Royal Air Force Families Federation; United Kingdom, pp 4-5.
2.79 Legacy advised that the provision of case histories to the Department of Veterans’ Affairs of those being involuntarily separated prior to transition could ensure that ‘the family is disadvantaged to a lesser degree’, also recommending that the family is involved in the transition process in all involuntary transitions, so that they may be better prepared for all possible outcomes:

Members who are being involuntarily separated have known and well documented case histories which could be transmitted to DVA before transition. At transition their condition should be accepted and compensation provided immediately, to ensure that the family is disadvantaged to a lesser degree. Such action in not having to submit claims after transition and enduring delays in payment would be far less stressful on the family. Additionally, the family should be involved in the transition process in all involuntary separations. Often in such circumstances the service member can be confused and in a stressful state, missing important information or required actions. The family will often become the carer in the most difficult circumstances and the advantage of the family being aware of services available and the circumstances around the separation will be better prepared for possible outcomes and take appropriate steps to avoid some situations.\(^{82}\)

2.80 Legacy also provides assistance to families in difficult circumstances where the veteran’s claim is not accepted by DVA, or where the veteran does not accept that they have a condition requiring treatment:

Legacy frequently experiences being approached by families who have left the ADF and the veteran either does not have a condition that is compensable by DVA or does not acknowledge they have a condition at all. We see the family in some level of crisis where the veteran is not functioning and may be abusing alcohol or drugs or there is family breakdown due to financial pressure when the veteran is unable to find employment. These are not matters that DVA is able to address no matter what level of reforms they introduce.\(^ {83}\)

2.81 Ensuring that family members have a good understanding of how the compensation process works is especially important in cases of medical discharge, as the ADF member may be so engaged with the effects of their health issues that they are unable to retain vital information pertaining to other elements of their transition. Family members may include partners, spouses, children, parents, siblings, grandparents, aunts and uncles or other

\(^ {82}\) Legacy, Submission 25, p. 2.

\(^ {83}\) Legacy, Submission 25, p. 2.
members of the service person’s extended family who are interested in their wellbeing.

**Recommendation 4**

2.82 The Committee recommends that the Government provide access to the full suite of transition training seminars to partners/spouses/family members so as to improve the likelihood of successful transition outcomes for veterans and their families.
3. Mental Health Care During and After ADF Service

3.1 This chapter considers:

- Stigma still attached to mental health issues;
- Mental health care available while in ADF service and during transition;
- ‘Continuity of care’;
- ‘Evidence-based care’;
- The need for veteran-specific training and networks;
- The importance of research into PTSD and the improvement of treatment outcomes;
- The responsiveness of Defence and DVA to emerging international knowledge in the care of veterans; and
- Ways that a national network of clinics could work, were a different approach adopted.

Context

3.2 Military personnel are usually expected to be significantly healthier than the general population, and military recruitment policies exclude people with a range of existing illnesses. As stated in the ADF Mental Health Prevalence and Wellbeing Study 2010:

Mental health and wellbeing in a military environment is unique. The military is an occupation where personnel are selected, trained and prepared to face adverse, stressful and potentially traumatising situations. To meet these
demands, an approach that focuses on strengthening resilience and enabling recovery is essential (ADF, 2010).¹

3.3 The 2010 ADF Mental Health Prevalence and Wellbeing Study, which interviewed up to 49 per cent of ADF members, found that one in five met criteria for a 12 month mental disorder (ADF, 2010). Personnel in lower ranks, and those in the Army service, were identified as at-risk sub-groups of ADF personnel. The level of exposure to trauma was found to be associated with levels of post-traumatic stress disorder (PTSD) and depression, regardless of whether those were deployment-related.

**Stigma of Mental Illness**

3.4 The 2010 ADF Mental Health Prevalence Study² found that while the prevalence of mental disorders in the ADF was similar to those in the general Australian population, anxiety disorders rated highly, particularly among females, and affective mood disorders such as depression rated highly among males. While the study found that 17.9 per cent of ADF members sought help for stress, emotional, mental health or family problems, barriers to ADF personnel disclosing a mental health concern included:

- Fear that they would be treated differently (27.6 per cent);
- Concern that their career would be adversely affected (26.9 per cent);
- Deployment capacity would be reduced (36.9 per cent).

3.5 It is common for mental health issues to be unacknowledged, or concealed by an individual for a number of reasons related to the stigma still attached to the need for assistance in dealing with an issue affecting psychological health. Within the services, an individual may not want to let their team-

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mates down, may not want to risk losing their job or even their career, and may even avoid seeking professional assistance by relying on their friends for support:

It is also important to recognise the military environment which attracts a certain type of person; those who are willing to be exposed to the harsh realities of military life. These experiences (training and operational deployment) create strong bonds of mateship and trust between individuals which creates several complications. Firstly, no-one wants to let their mates down and will hide their struggles; secondly, admitting to physical or psychological conditions can mean removal from the team and end of careers; thirdly, well-meaning mates providing inappropriate assistance cause further withdrawal from needed professional treatment; finally, the word of peers carries a lot of weight, which leads to a few trusted providers being overwhelmed with work.4

3.6 Legacy referred to the strong continuing stigma attached to reporting mental health issues:

There are cultural issues that creates a barrier for Defence personnel to report any injury or disease. They fear discharge, being thought less of, or being vilified if they report anything. There is a huge barrier in reporting mental health issues where there is a fear that Defence will no longer think they are capable of fulfilling their duties. The mental health stigma is still very much alive and well.5

3.7 Dr Romaniuk, Veteran Mental Health Initiative Lead at the Gallipoli Medical Research Foundation, gave evidence that there is a ‘stigma of injury’ attached to both physical and psychological injury, a sense that ‘now you’re not really part of the team’, and that people ‘become inadvertently stigmatised and ostracised from the group because of the stigma of injury and mental health’.6 Her research established that the stigma of physical injury comes about because when a person goes on medical leave they are not replaced, so other members of the team have to ‘chip in’ and do the work of the injured person, which ‘builds a bit of resentment of the person who is unwell’. This makes the injured person’s rehabilitation more difficult:

So that culture of being ostracised then has a greater impact on that person’s ability to rehabilitate, because not only are they dealing with a psychological

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4 Veterans Centre Sydney Northern Beaches, Submission 17, p. 1.
6 Dr Madeline Romaniuk, Veteran Mental Health Initiative Lead, Gallipoli Medical Research Foundation (GMRF), Committee Hansard, Brisbane, 27 August 2018, p. 11.
or physical injury but they’re dealing with their own team sort of turning on
them as well.\(^7\)

3.8 While there is psychological support available in the military, ‘there’s always a stigma attached’ to accessing it:

... I think there is a kind of harden-up, toughen-up attitude which in many respects they take on themselves and they choose to take on sometimes because they want to keep deploying because they actually like their job.
There are supports available, but to take that extra step, put your hand up and go through that is potentially an internal barrier.\(^8\)

3.9 How well an officer understands, notices and responds to an emerging mental health condition is important:

... Some people were looked after brilliantly and had a positive experience... the upper levels of rank and command get it – they understand – but there are people in the middle section who don’t get it. Maybe they have their own prejudice against mental health or whatever and so it will depend on who that person’s direct line manager is. That makes a big difference to how they’re going to be looked after.\(^9\)

**Moral Injury**

3.10 Most transitioning ADF members will leave a highly structured environment in the military where they are surrounded by like-minded people with similar experiences, and with a sense of purpose, achievement, and camaraderie. ADF service may also involve survival in threatening environments, enduring physical, psychological and emotional trauma, and complex encounters with ‘moral injury’.

Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress their own moral and ethical values or codes of conduct.

Within the context of military service, particularly regarding the experience of war, “moral injury” refers to the emotional and spiritual impact of participating in, witnessing, and/or being victimized by actions and behaviours which violate a service member’s core moral values and behavioural expectations of self or others. Moral injury almost always pivots

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\(^7\) Dr Romaniuk, GMRF, *Committee Hansard*, Brisbane, 27 August 2018, p. 11.

\(^8\) Dr Romaniuk, GMRF, *Committee Hansard*, Brisbane, 27 August 2018, p. 14.

with the dimension of time: moral codes evolve alongside identities, and transitions inform perspectives that form new conclusions about old events.\textsuperscript{10}

Moral injury may be indicated in the following examples in war:

1 Using deadly force in combat and causing harm or death to civilians, either knowingly but without alternatives, or accidentally;
2 Giving orders in combat that result in the injury or death of a fellow service member;
3 Failing to provide medical aid to an injured civilian or service member;
4 Returning home from deployment and hearing of the executions of cooperating local nationals;
5 Failing to report knowledge of a sexual assault or rape committed against oneself, a fellow service member, or civilians;
6 Following orders that were illegal, immoral, and/or against the Rules of Engagement (ROE) or Geneva Convention;
7 A change in belief about the necessity or justification for war, during or after one’s service.\textsuperscript{11}

3.11 The consequences of moral injury can be serious distress, depression and suicidality.\textsuperscript{12}

3.12 Moral injury ‘complicates’ both the development and the treatment of PTSD:

... These nuances of the type of trauma you’re exposed to and how you respond to that trauma in the moment make a big difference in terms of people who go on to develop PTSD and who will respond best to treatment. A lot of the difficulties we’re now seeing with veterans is that, along with transition issues, there’s a mixture of what we’re calling ‘moral injury’ as well as PTSD. That moral injury really complicates the development and treatment of PTSD – and it’s based on those fundamental issues of taking life, not taking life and that sort of thing.\textsuperscript{13}

Mental Health Care during Transition


\textsuperscript{13} Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 13.
3.13 The first twelve months after separation are critical for mental health, and there is a need for the departments of Defence and Veterans’ Affairs to work closely together, as well as for an ‘holistic and tailored approach’ to transition:

While the Department of Defence and the Department of Veterans’ Affairs (DVA) both indicated greater levels of collaboration between the two agencies in their latest Annual Reports, there is an ongoing need to work more collaboratively with external agencies as when individuals, and family, transition from the ADF, they do so into the community. Recent findings in the Mental Health and Wellbeing Transition Study: Mental Health Prevalence report indicates that the first 12 months after separation from the ADF are a critical time for one’s mental health, particularly young men aged between 18-24. The transition process however is a much longer journey, and this was also reflected in the report. It also showed that not all that separate from ADF get or seek support from DVA, with only one in 10 individuals seeking, or are able to access, veteran healthcare services. This highlights the need for a holistic and tailored approach that can adapt to the diverse needs of all veterans.¹⁴

3.14 The Committee heard that there are four key limitations on the current model of mental health care after transition from the ADF:

1. There is no clear determination as to which government body is responsible for managing the health and wellbeing of transitioned personnel, and consequently there is a gap in the care, and no handover process from the military health system to the civilian or Veterans’ Affairs health system;

2. There is currently a focus on the practical and occupational facets of transition, but a lack of weight given to the psychological adjustment required during transition;

3. There is a lack of mental health care providers in the community who have an understanding of the unique military system and culture and adequate training in gold-standard therapies; and

4. Service personnel reportedly have no control during a medical discharge process, which can be extremely detrimental.¹⁵

3.15 The same research resulted in the following observations:

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¹⁴ Soldier On, Submission 11, p. 1.

¹⁵ Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 8.
• Early screening and assessment to detect those most at risk of poor transition is vital to prevent mental health deterioration;
• A case management approach could facilitate the handover process and ensure coordination of health care, and navigation of the services offered by ESOs in the community
• ‘The difference between military and civilian culture and adjusting to this forms a vital component of the transition process’;
• ‘...the experience of leaving the military and reintegrating back to civilian life can be characterised by significant loss’;
• ‘Transitioning personnel appear particularly vulnerable to the loss of important facets prominent in military culture, which include structure, support, camaraderie and community. In addition, many experience identity loss, which is further compounded by the difficulty reconstructing their self-concept as a civilian.’;
• ‘...a substantial proportion will also experience a significant loss of purpose and meaning upon returning to civilian life. This perceived void of not contributing to an important collective cause appears to subsequently impact motivation to fully engage in civilian activities after service.’;
• ‘It’s vital that future models of mental health care acknowledge and address this experience of loss and facilitate methods to adjust to such loss for the transitioning personnel.’; and
• ‘The lack of military cultural competence and appropriate training by mental health providers can be really detrimental to transitioning personnel and lead to increased dropout rates, unreliable and inconsistent attendance in therapy, and worsening of mental health symptoms.’

3.16 The central outcomes and findings of this research include:

• A reliable and valid psychometric assessment tool to determine psychological and cultural readiness for civilian life by identifying key areas of need for personnel prior to discharge;
• Tracking progress following discharge is necessary;
• A reintegration training program is necessary; and
• Military cultural competency education and training for clinicians, case managers and public servants and civilian employers (already being implemented through an RSL program) is necessary.

16 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 8.
17 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 9.
3.17 The DVA Transition and Wellbeing Research Program found that one in five ADF personnel who have transitioned have suicidal ideation, plans or attempts in the previous 12 months, which is consistent with the research performed by the Gallipoli Medical Research Foundation, and their experience in clinical practice, that ‘those first five years out of transition, is a really risky, crucial period for people’.\(^{18}\)

3.18 One form of assistance which is proving effective is a platform called Doctors on Demand, which allows healthcare providers to join the platform and communicate with patients online through teleconferencing.\(^{19}\) This can be helpful for transitioning military personnel who are moving location, as it is accessible regardless of geographic location. It is also especially applicable for younger veterans, who are accustomed to using online platforms to access a variety of services.\(^{20}\)

**Medical discharges**

3.19 Dr Paula Dabovich noted the evidence in the Mental Health Prevalence and Pathways to Care studies, mentioned in a number of submissions to this inquiry, which highlight rates of mental health disorder that occur during transition, and low rates of engagement with evidence-based care.\(^{21}\) Dr Dabovich stated that transition is ‘an extremely complex, challenging and often distressing time for service personnel, especially those who are young and discharged on medical grounds’.\(^{22}\) Issues of distress around transition are not unique to Australia, and this is a problem ‘particularly acknowledged in the USA and Canada’.\(^{23}\) A literature review found that ‘much of the transition research today is uncoordinated and descriptive’, which ‘makes it difficult to synthesise and develop practical systems of care that may otherwise help better support veterans through transition’.\(^{24}\)

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18 Dr Romaniuk, GMRF, *Committee Hansard*, Brisbane, 27 August 2018, p. 10.

19 Mr John Martin, Chief Executive Officer, Doctors on Demand, *Committee Hansard*, Brisbane, 27 August 2018, p. 16.

20 Mr Martin, Doctors on Demand, *Committee Hansard*, Brisbane, 27 August 2018, p. 16.

21 Dr Paula Dabovich, Adjunct Senior Lecturer, School of Public Health, University of Adelaide, *Committee Hansard*, Adelaide, 3 September 2018, p. 23.

22 Dr Dabovich, *Committee Hansard*, Adelaide, 3 September 2018, p. 23.

23 Dr Dabovich, *Committee Hansard*, Adelaide, 3 September 2018, p. 23.

3.20 The current medical discharge process is identified as one of the four key limitations on the current model of mental health care [See Chapter 2, ‘The Transition Process’]: ‘Service personnel reportedly have no control during a medical discharge process’ which can be ‘extremely detrimental’ leading to transitioning personnel becoming ‘despondent’ and losing ‘any sense of self-efficacy or belief that they can shape their own health or future’: 25

In order to help those medically discharged take ownership of their future and life outside of the military, a sense of control is vital in the protection of self-efficacy and a healthier adjustment to civilian life. 26

3.21 Legacy Australia noted that those at higher risk of self harm can include people involuntarily discharged or given a medical discharge for either a mental health issue or a serious physical illness or injury. 27

3.22 The RSL Queensland noted that suicide rates, which are lower for serving ADF personnel than for the general Australian population, ‘spike’ among a particular group of people transitioning from the ADF – those being discharged for a medical reason. There is a ‘really significant increase’ in this group, and the reason is that this group have not made the decision to leave the ADF, the decision has been made for them. Mr Denner said that we need a ‘laser-like focus’ on this group to better understand them and provide them with the support they need. Mr Denner also acknowledged that ‘society more broadly needs to talk about mental health; it’s not an ADF-only issue’. 28

Recent Improvements to Medical Treatment Outcomes

3.23 There are signs that things are improving:

I think DVA have come a long way. They reach in before people are transitioning out of Defence. They definitely do a wonderful job of picking up the people that are medically separating.

3.24 Mates4Mates has attributed the apparent reduction in the suicide rate of former ADF personnel to the work that ESOs are doing, and to the ‘improvements in DVA claims processing that have come into play over the

25 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 8.
26 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 8.
27 Mr Connor, Legacy Australia, Committee Hansard, Canberra, 16 November 2018, p. 6.
28 Mr Scott Denner, State Secretary and General Manager Operations, RSL Queensland, Committee Hansard, Brisbane, 27 August 2018, p. 6.
last 12 months – Non-Liability Health Care, the immediate access that was brought in earlier this year [2018].

Medical Transition Fora

3.25 Access to Medical Transition Fora is something which a number of submitters have stated that they would have liked to have had during their transition in recent years. The ADF has conducted a trial of specialised Medical Transition Fora in Brisbane and Townsville, which was to be completed at the end of 2018. It intended to implement the specialised Medical Transition Fora generally if the trial is successful.

Access to Soldier Recovery Centres

3.26 Access to Soldier Recovery Centres run by the Army was mentioned by more than one submitter as an element which would have made a positive difference to their transition experiences. While technically access to Soldier Recovery Centres is currently available to members of all three services, and the Joint Defence and DVA submission to this inquiry has confirmed this, there can be practical difficulties in gaining access for ADF members not located on Army bases. The ADF has been attending to this issue and has stated that access is now available across the services, and the Committee endorses this development.

Obtaining Medical Records

3.27 A number of submitters mentioned the difficulties that they experienced obtaining their medical records on leaving the service. During service, notes made by medical practitioners may be sparse, including for members who may have suffered injuries, illness or wounds while on active duty overseas. While adequate for military purposes, sparse medical records can lead to difficulties for individuals when seeking to obtain support from DVA for injuries received in the line of duty while on active service. Several submitters have suggested that an individual’s complete medical records should be provided to them on transitioning out of the ADF.

3.28 The ADF has indicated that the presentation of an individual’s complete medical records, is now part of the Transition process, and the Committee endorses this practice.

Non-Liability Mental Health Care

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29 Mr Watson, Mates4Mates, Committee Hansard, Brisbane, 27 August 2018, p. 25.

30 Joint Department of Defence and DVA submission, Submission 33, p. 16.
3.29 Access to non-liability mental health care for both serving and former ADF personnel recognises the dangerous nature of the work that members of the ADF are called upon to do, and the real risks to them of sustaining a significant psychological injury in the course of that work. The recent provision of non-liability mental health care for both serving and former ADF members enables individuals to seek medical care for psychological issues, no matter how much time has passed since they left their service. It also recognises and is a response to the fact that service related mental health issues may not manifest until much later and may be triggered or exacerbated by the extremes of treatment. No other country has put in place non-liability healthcare for mental health for veterans.31

**Managerial support**

3.30 One submission highlighted the impact that an unsympathetic manager can have on the experience for a member exiting with a medical discharge:

The level of assistance to the medically discharging and/or transitioning members at the Defence workplace is solely reliant on the calibre of the Command. If they are unsupportive and endeavouring to find the swiftest exit for their wounded injured and ill member, it can be a distressing time for the member and family. Many of the officers and middle management lack empathy and understanding and are ignorant towards the discharging member’s conditions. The officers are not qualified to know, or care, how to provide support to a wounded, injured and ill colleague in the workplace, often times reacting negatively to their mental health state or reactions to triggers and stresses being experienced in the workplace. The term ‘Welfare Officer’ is misleading when the person in that role is not qualified, with limited ‘welfare’ experience or understanding.32

**Evidence from the Departments of Defence and Veterans’ Affairs**

3.31 For those leaving the ADF due to medical reasons, retirement or other reasons, Defence ‘assists’ with planning to ensure a smooth reintegration into civilian life through connection to relevant government and community support and exploring opportunities for maintaining wellness and obtaining meaningful engagement’. Since July 2018 Defence has been running the specialised Transition for Employment program which provides medically transitioning ADF members who have complex circumstances, with an

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31 Air Vice-Marshall Tracy Smart, Commander Joint Health, Department of Defence and Surgeon General, Australian Defence Force; *Committee Hansard*, Canberra, 16 November 2018, p. 21.

32 Name withheld, *Submission 49*, p. 5.
enhanced level of support in finding and maintaining meaningful employment, and in building up skillsets to use beyond their transition.³³

3.32 About 900 or 950 people per annum are medically discharged from the ADF.³⁴ The veterans’ compensation and veterans’ support system is integrated into the whole of the Australian community and health sector. It consists of Australia’s universal healthcare system plus what the Department of Veterans’ Affairs provides to veterans.³⁵

3.33 In 1918 the Repatriation Department – now the Department of Veterans’ Affairs – was formed, and military hospitals were built around the country to provide lifetime healthcare for military veterans. Citizens who did not have military service had to pay for their own healthcare, and so veterans were in a relatively privileged position within Australian society, having their healthcare provided free of charge for the rest of their lives. With the establishment of Medicare, the Australian healthcare system changed, and Australia now has a universal healthcare system. With the reducing number of veterans accessing repatriation hospitals, the expense of maintaining a separate healthcare system for veterans became too high, and by 1995 the Department of Veterans’ Affairs had transferred the repatriation hospitals to the state and private healthcare systems. DVA has agreements with all Australian State and Territory Governments to provide treatment and care to eligible members of the veteran community in the public hospitals. Veterans now can access healthcare in their local area, through their local General Practitioner, accessing local services and local specialists. DVA claims that access to healthcare for veterans is actually stronger in the decentralised public/private system that the DVA funds, for the 288 000 clients of the department.³⁶

Committee Comment

3.34 The Committee acknowledges the recent initiatives by both the Department of Defence and the Department of Veterans’ Affairs, which have made significant improvements in the elements of the transition experience for

³³ Ms Greig; Deputy Secretary, Defence people, Department of Defence, Committee Hansard, Canberra, 16 November 2018, p. 16.

³⁴ Rear Admiral Brett Wolski, Head, People Capability, Department of Defence; Committee Hansard, Canberra, 16 November 2018, p. 18.

³⁵ Mr Craig Orme, Deputy President, Repatriation Commission, Department of Veterans’ Affairs, Committee Hansard, Canberra, 16 November 2018, p. 19.

³⁶ Mr Orme, Committee Hansard, Canberra, 16 November 2018, p. 19.
personnel. A number of witnesses to the inquiry, and submissions received, identified issues such as difficulties in getting copies of their medical records after leaving Defence, which no longer ought to be the case. These initiatives include service personnel being handed their medical documents on leaving the service; already being linked into DVA when they transition out; receiving a DVA number on recruitment; having access to non-liability mental healthcare; and the provision of a DVA White Card to all personnel.

3.35 However, it is apparent that the integration of the Repatriation Hospitals to the general hospital system has meant that veterans no longer have access to a service that is focused specifically on their needs, and that because of that focus, had developed particular expertise in the treatment of veterans. The establishment of networked centres of excellence would address this deficiency.

Continuity of Care

3.36 Continuity of care has been cited by academics/experts as important to the successful treatment of mental health issues. It has been suggested that continuity of care could be achieved by merging of the health care systems of the ADF and DVA. A number of practical considerations prevent this from taking place. One is that while the ADF has medical practitioners who are employed or recognised for treating ADF personnel, the DVA has quite a different system in which it pays service providers for treatment. In their joint submission to this inquiry, the departments of Defence and Veterans’ Affairs commented on their collaborative work, and continuity of care:

The Departments will also continue to collaborate on research, programs and initiatives to strengthen mental health resilience, increase awareness and early recognition of mental health problems, improve access to care and strengthen continuity of health care arrangements where these are required. This particularly applies to the crucial period during which ADF members transition from military service into civilian life. Defence is committed to providing flexible health support to transitioning military members, including those who need to transition at short notice for medical or compassionate reasons.37

3.37 Defence and DVA also noted that Recommendation 5 of the Senate Inquiry into Suicide by Veterans and Ex-service Personnel recommended ‘the Department of Defence and the Department of Veterans’ Affairs align arrangements

37 Joint Department of Defence and DVA submission, Submission 33, p. 6.
for the provision of professional health care’. This issue is being addressed by both departments:

DVA is a key stakeholder in the Next Generation Health Services project, in which Defence is establishing new supply arrangements for health services. This will include a network of health providers that are Defence aware and that support continuity of care for serving and transitioning members.38

3.38 Soldier On told the Committee that it has recent examples where continuity of care worked well. In those cases, a complex case coordinator in DVA ensured that those individuals received the continuity of care that they needed on leaving the ADF, and that this care continued to be accessible to them when they transferred to DVA. There was the potential for these cases to ‘slip through the gaps’ if the additional support needed had not been provided, or if the individual transitioning did not think they needed that support and would not agree to accept it, or if the need was not identified early enough.39

3.39 It is the Committee’s view that assigning Defence clear responsibility for managing these issues, and the adoption of a case management approach to transition, would help to address continuity of care comprehensively and permanently.

**Recommendation 5**

3.40 The Committee recommends that the Government ensure that in cases where personnel are being medically discharged:

- Related claims are assessed by the Department of Veterans’ Affairs prior to the person’s medical discharge from Defence;

- Access to Medical Transition Fora be made available to all members of the ADF subject to a medical discharge;

- Access to Soldier Recovery Centres be available to all ADF members regardless of their location in Australia;

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38 Joint Department of Defence and DVA submission, Submission 33, p. 29.

39 Mr Shane Greentree, National Psychology Services Director, Soldier On, Committee Hansard, Canberra, 16 November 2018, p. 1.
Complete individual medical records are made available to all transitioning personnel.

Veteran-specific Training and Networks

3.41 Evidence from a number of Ex-Service Organisations, and others, pointed out the importance of service providers, including medical professionals, but mental health professionals in particular, having knowledge of Defence culture and the veteran experience. The risk, if health care providers do not possess an adequate understanding of the environment from which former members of the ADF are transitioning, is that veterans are less likely to either seek out, or remain in treatment. The high drop-out rates of veterans in psychological treatment for PTSD bears out this hypothesis.40

3.42 An understanding of ‘the unique relationships (and the personal impact of them) forged in service … which relate to identity, are critical for those working with veterans during the sensitive period of transition’.41 A focus on the primary mission, ‘maintaining the security of the nation’, dominates the highly structured and focused work environment of the ADF, and the culture tends to be counter-productive to early intervention when personnel are struggling with physical or psychological health issues. It is important to understand that some military personnel will conceal health conditions, physical and psychological, because they do not want their peers to know and judge them as weaker, and to protect their careers. Such behaviour can continue after transition to protect their new career or career prospects, which can further complicate health issues in the unfamiliar environments and different stresses of civilian life.42

3.43 The ‘rules’ of Defence culture need to be well understood by clinicians in order to maintain effective therapeutic relationships with patients with ADF experience:

The deeply imbedded and persistent training which military personnel receive to become effective soldiers, sailors and airmen and airwomen, creates sets of behavioural, social & moral ‘rules’ which are strictly adhered to, often long after they have transitioned … Unless clinicians know that these rules exist

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40 Soldier On, Submission 11, p. 7.
41 VAC and VHAC (South Australia), Submission 16, p. 4.
42 Veterans Centre Sydney Northern beaches, Submission 17, pp. 1, 3.
and understand the context from which many veterans operate, they will have little hope of developing positive therapeutic relationships with veterans...⁴³

3.44 The superficial coverage of PTSD in some clinical psychology programs and in the training of psychiatric registrars means that the next generation of therapists are not well prepared for the challenges of practice with clients who have ADF experience.⁴⁴ In South Australia, recognition of the value of health care professionals with knowledge of the particular issues inherent in injuries arising from military service has lead to the development of an education module for all employees of South Australian Health, to help them better understand the needs of service personnel and veterans. A South Australian group of private psychiatrists has also formed the Closing the Gap Trauma Group, who have decided to inform themselves on issues specific to veterans and military personnel. There is some concern that an insufficient number of mental health specialists within the Joint Health Command means that it is not well placed to lead clinical development in this area.⁴⁵

3.45 While there have been major improvements in the quality of mental health care available to ADF personnel in the last twenty years, the same could not be said of mental health care available for veterans. The closure of the Repatriation General Hospitals has led to the outsourcing of mental health care for veterans, which has generated problems for two reasons:

- The significant decline in public mental health care quality and standards of care in Australia in recent years, with many clinicians expressing concerns about the lack of availability of resources and their inequitable distribution; and
- The risk that care will be provided by practitioners who lack the knowledge of military-specific issues and problems. The emphasis on outsourcing assumes that the required expertise and standards of care exist in the community, which may not be the case.⁴⁶

⁴³ Acting Chair, quoting Mates4Mates submission, Committee Hansard, 27 August 2018, Brisbane, p. 27.

⁴⁴ Professor A McFarlane, Centre for Traumatic Stress Studies, University of Adelaide, Submission 32, p. 11.

⁴⁵ VACS and VHACS (South Australia), Submission 16, p. 6.

⁴⁶ Professor A MacFarlane, Centre for Traumatic Stress Studies, University of Adelaide, Submission 32, p. 4.
3.46 The DVA is reviewing the incentives and compliance requirements for professionals to undertake veteran-specific online training (July 2018), however it is difficult for veterans to discover whether a provider has undertaken such training. Developing a register which veterans can access to find out which providers have completed the DVA training modules, or making it mandatory for DVA funded providers to complete the modules, would provide veterans with the confidence that these service providers understand their unique situation, and would assist with the development of a strong therapeutic relationship which can result in the veteran continuing to engage with the health care.\(^{47}\)

3.47 The Committee is in favour of the creation of a cohort of psychological healthcare professionals who have completed training in veteran-specific issues. Making this information available to veterans, through a register of professionals with veteran-specific qualifications, would benefit veterans and enhance their prospects of a successful transition. The establishment of networked treatment centres of excellence, appropriately located near concentrations of ADF personnel and veteran populations, would also support the development of professional knowledge and expertise.

**Research into PTSD and the Improvement of Treatment Outcomes**

*Effects of military service*

3.48 The Transition and Wellbeing Research program studied the entire Defence Force in 2010, including all of the Middle East veterans, and looked at a cohort before and after deployment. In 2015 it followed up all the people who had left the Defence Force since 2010. It also revisited those who had participated in the 2010 study who remained in the Defence Force, a cohort for whom they had pre- and post-deployment measures. One of the findings in relation to transition has been that the maximal rates of disorder are not at the point that a person leaves the ADF, but that disorders progressively emerge in the years after leaving the ADF. The effects of exposure to combat don’t manifest immediately, but may emerge over a very long time.\(^{48}\)

3.49 Another finding from the research was that of the cohort of people transitioning out of the ADF, about 20 per cent of the cohort measured between 2010 and 2014 were medically discharged, and 33 per cent of the


\(^{48}\) Professor McFarlane, *Committee Hansard*, Canberra, 16 November 2018, pp. 9-10
cohort were ‘expressing significant psychological distress’. Of that transitioning cohort, approximately 6,000 persons per year, 75 per cent ‘have a lifetime prevalence of some kind of mental health disorder’. Just less than 50 per cent – over 46 per cent – have a 12 month prevalence of a mental health disorder. Both of those figures ‘are much higher than the general population’.

3.50 Why those figures are so high might be explained by the fact that this cohort of people, former members of the ADF, ‘have greater exposure to trauma and human suffering’. That exposure ‘directly correlates to the amount of mental illness that’s going to eventuate’. While the ADF has measures in place to psychologically screen people prior to going overseas (RtAPS) and on their return (POPS), the tools can only assess the information that is provided by the service member:

… Even if they’ve got problems, there are many reasons for them to not disclose them so that they’re deployable with their mates or so that they can get the extra benefits that they get from deploying, not just financial but status-wise.

3.51 The 33 per cent of the transitioning cohort who were experiencing psychological distress were experiencing issues such as anger, anxiety, poor sleep, relationship problems, using more alcohol and drugs. Of the 75 per cent of the transitioning cohort who have a lifetime prevalence of a psychological or psychiatric disorder, most will have either an anxiety disorder, of which one is PTSD; a depressive disorder; or substance abuse – alcohol or drugs. Lifetime prevalence rates in the general community are about 49 per cent as opposed to 75 among those who have transitioned from

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49 Dr Khoo, Fellow, The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Committee Hansard, Melbourne, 31 August 2019, p. 11.
50 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 11.
51 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 11.
52 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 11.
53 Return to Australia Psychological Screen/ Return to Australia Personnel Support (RtAPS)
54 Post Operational Psychological Screen/ Post Operational Psychological Support (POPS)
55 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 12.
56 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 14.
57 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 14.
the ADF. The prevalence study had found that there was no difference in rates of psychiatric illness between non-deployed and deployed populations – so no difference in the prevalence of psychiatric disorder among people who were in the military, whether or not they had deployed. Dr Khoo noted that ‘it is now irrefutable in international literature and understanding in military and trauma populations that the greater the exposure to trauma, the greater the mental health outcomes, the mental health disorder that results’.

Sources of trauma

Professor McFarlane told the Committee that the 2010 study examined the source of trauma within the ADF, and the study showed that ‘a multiplicity of issues’ was at the source of the trauma suffered by ADF veterans. The first element Professor McFarlane identified, was that ‘childhood trauma is overly represented in people who join the Australian Defence Force’, although he did not support screening for childhood trauma at recruitment. The second element is accidents, such as motor vehicle accidents and training accidents, which also place peoples’ lives and health at risk. There is also that group of people who are at risk of trauma due to their combat exposure.

Professor McFarlane noted that the 2010 data did not show that those within the Defence Force who had been deployed had worse trauma than those who had not been deployed, but noted that the effects of deployments were showing among those who had left the defence force – ie those who returned from deployment and had difficulties tended to leave the Defence Force, and that’s when they are at risk of being affected by the trauma.

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58 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 18.
59 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, pp. 14-15.
60 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 15.
61 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 11. In relation to screening for childhood trauma, Professor McFarlane said that one of the values of military service was to provide opportunities for people from difficult backgrounds, and that it would be better to recognise that these issues exist for some people and to have mental health services within Defence that can be responsive to challenges that may arise for affected people.
62 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 11.
63 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 11.
3.54 An extremely high proportion of the deployed force ‘have been exposed to one or other of those stressors or multiple stressors’ and that another aspect of military trauma which is different from civilian trauma is that ‘it’s very rarely a one-off; it’s usually multiple and cumulative’.\(^{64}\) There is a difference between being deployed as a commando or as a cook for example, and that special forces are more highly trained, more psychologically ready and are seen as a more resilient population. However the risk factors around trauma come down to two main factors, which are issues around the trauma, and issues around the individual. Special forces soldiers could be expected to have a higher prevalence of mental health issues because there is greater cumulative exposure, notwithstanding that they are a more highly trained and resilient workforce.\(^{65}\)

3.55 In considering the question ‘how do we produce soldiers who are resilient enough to deploy into war zones and still live in our society at the end of it?’, Dr Khoo proposed the following:

- Resilience training;
- Better recruiting;
- Research into personality types that would predispose people to trauma, a genetic predisposition;
- Screening - talking to recruits about their childhood more, because a difficult childhood can lead to greater rates of PTSD as an adult\(^ {66} \);
- Preparing serving ADF members better and trying to be preventative rather than reactive;
- Improved support services at the time members are traumatised;
- Encourage people to self-identify trauma related psychological problems earlier.\(^ {67} \)

3.56 The effects of trauma, regardless of whether it is acquired in military service or otherwise, are cumulative and need to be managed. The Australian military is now placing people on shorter deployments of six to seven months in Afghanistan because this length of time is more protective of the mental health of those serving, even though from a military perspective, it

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\(^{64}\) Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 16.

\(^{65}\) Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 16.

\(^{66}\) Although the Committee notes the view put by Professor McFarlane on screening and the provision of mental health services within Defence.

\(^{67}\) Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 17.
would be optimal to deploy people for longer periods of time to build relationships to achieve certain aims. Professor MacFarlane said that limited duration of deployment is an important issue, and that NATO mandates it by law. He also observed that US troops have longer deployments, which is probably one of the reasons why they have poorer mental health.  

**Experience of loss**

3.57 A review conducted of 18 qualitative and mixed methods studies of the experience of transition, found that the experience of transition is ‘characterised by extensive and multiple losses’ for individuals. Impacts on veterans included ‘the loss of military culture and community, identity and purpose’ and were consistent across countries and contexts. The findings underline the importance of addressing the experience of loss for transitioning ADF personnel.

3.58 There is a complex range of experiences which can lead to service personnel acquiring Post Traumatic Stress Disorder (PTSD) and suicidal ideation during their service. The effects can be exacerbated by the ‘profound loss’ that may occur during transition when ADF members leave and many aspects of their life are changing at the same time:

... you have a group of people who are affected by their service because of their service. They’ve been deployed and they’ve been exposed to traumas, and that might leave them with PTSD, depressive disorders, anxiety disorders, suicidal ideation, moral injury et cetera. So there’s that group that then will go on to discharge because of that injury. Those people may have had suicidal ideation before they left and may have it after. Then you have another group of people who may not have had any mental health conditions before they left. And then I believe that, because this period of profound loss occurs, where they’re losing everything that we’ve already talked about, in addition to having problems with their DVA compensation or getting appropriate health

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68 Professor McFarlane, *Committee Hansard*, Canberra, 16 November 2018, p. 12.


care et cetera... financial, family stress... it’s a major adjustment process. For some people I think that feeling of being overwhelmed and that feeling of hopelessness then can lead to suicidal ideation.72

Mental health services

3.59 Issues with treatment of veterans are that the services needed are not necessarily readily available in the community, and there needs to be more oversight of, and strategy and planning for the specialist medical services needed by veterans.73 It doesn’t help that the mental health system is grossly underfunded and, as a consequence over the last forty years or so, standards of care in the Australian mental health system have decreased.74

3.60 Two reports released in 2018 by the departments of Defence and Veterans’ Affairs indicate that almost 50 per cent of those in transition ‘become psychologically symptomatic of disorder’75 yet only 25 per cent of those who are unwell ‘were engaged in evidence-based care that might otherwise improve their long-term health and occupational outcomes’.76 Dr Dabovich found that the lack of an overarching framework for an understanding of the process of transition has contributed to a lack of understanding of the loss of selfhood experienced by those transitioning, in particular those leaving on medical grounds, and reduces the ability of the system to shape services to meet the needs of veterans.77 Further research into the transition from military to civilian life would inform the provision of the most effective support to ADF personnel as they transition from ADF service, and help to ensure that mental health services in the community are able to provide for clients with previous military experience.

3.61 Another factor is that the devolution of the repatriation hospitals from the DVA has led to a loss of clinical expertise and personnel as well as researchers and epidemiologists within the department. This is not the case in other veterans’ health systems. For example, medically qualified personnel are employed in the administration of veterans’ affairs in Canada, the US and the UK. Canada and the US also employ a number of health

72 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 10.
73 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 10.
74 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 14.
75 Van-Hoof, Lawrence-Wood, Hodson et al, 2018; quoted in Dr Dabovich, Submission 18, p. 1.
76 Van Hoof, Lawrence-Wood, Hodson et al, 2018; quoted in Dr Dabovich, Submission 18, p. 1.
77 Dr Dabovich, Submission 18, p. 2.
professionals within their defence forces, and develop programs in their defence forces which are then replicated in the veterans’ community. The DVA is not as responsive as it could be to developments in international knowledge, because the organisation does not include people who are part of these international networks.

3.62 Despite several attempts, the DVA has not shown interest in receiving briefings by Professor McFarlane on the findings of the Transition and Wellbeing Research Program and their significance, and he believes this is in part due to the lack of medically qualified personnel in the department.

3.63 There are difficulties with ensuring that the quality of care that people are currently receiving is commensurate with evidence-based guidelines, because the care is dispersed, and people are making their own arrangements in an unstructured manner. A disincentive for specialists, including psychiatrists, is that DVA has frozen the remuneration to psychiatrists, and so some will not see veterans because they know they will be paid less, and there are onerous reporting and administrative requirements. Specialists who do see veterans are: those who will continue to see them regardless because they have a special interest in them; young inexperienced psychiatrists who are trying to build a practice but do not have the appropriate skills or experience to meet veterans’ needs; or psychiatrists who cannot keep a client load for whatever reason.

3.64 The RANZCP indicated in their submission to the inquiry that they see the following areas as priority areas in relation to mental health treatment of serving and formerly serving personnel:

- DVA engagement with certain sub-groups of veterans, in particular younger, contemporary veterans;
- Persistent problems with the structure and delivery of health care for veterans in Australia;
- A lack of clinical knowledge within DVA and the ADF; and
- Limited funding and coordination for research on veteran mental health.

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78 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 10.
79 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 14.
80 Professor McFarlane, Committee Hansard, Canberra, 16 November 2018, p. 9.
81 Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 18.
82 Royal Australian and New Zealand College of Psychiatrists (RANZCP), Submission 21, p. 1.
Centres for Treatment Excellence

3.65 The establishment of a network of Centres for Treatment Excellence, which were also specialised research clinics, would allow for the development of a knowledge base or approach to the treatment of veterans with mental health issues, particularly for those patients who have not responded well to established therapies. An additional benefit of centrally located services would be the capacity to train doctors in military and veteran issues, and conduct longitudinal research.\(^{83}\)

3.66 The RANZCP submitted that one of the reasons for having Centres of Excellence was to make sure that there is a high standard of quality of care.\(^ {84}\) It made the following suggestions to improve the quality of care to veterans:

- A strategy to support and encourage ongoing clinical services for veterans;
- Review by DVA of their engagement with contemporary veterans in various groups, especially with younger client groups in transition;
- Greater roles and responsibilities for psychiatrists and clinical experts in both ADF and DVA; and
- Funding for research, especially for the Transition and Wellbeing Research Program which published two pieces of research in 2018.\(^ {85}\)

3.67 The Committee considers that the Government should move to establish such a network as a matter of priority.

3.68 The RANZCP recommended that specialist centres be placed where there are concentrations of veterans, so in the capital cities and near major bases such as in Townsville. The RANZCP is advocating that more specialists, particularly psychiatrists, are employed, as well as specially trained clinicians embedded in the DVA, either working there or in advisory capacities.\(^ {86}\)

Evidence-based government policy

3.69 The RANZCP recommended that the Government continue to fund the Transition and Wellbeing Research Programme and support further longitudinal research on veteran mental health through a national research

\(^{83}\) Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 19.

\(^{84}\) Mr Snowdon, Committee Member, Committee Hansard, Adelaide, 3 September 2018, p. 4.

\(^{85}\) Dr Andrew Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 11.

\(^{86}\) Dr Khoo, RANZCP, Committee Hansard, Melbourne, 31 August 2019, p. 20.
program. This should include a commitment to acting on the findings of the funded research. The Committee supports the need for such research to inform government planning in providing for the current and future needs of former members of the ADF.

**Emerging treatments**

3.70 It was suggested to the Committee that the DVA should be more flexible in considering emerging interventions in the treatment of PTSD and other military-related psychological issues. Some newer and emerging treatments do not yet have an extensive evidence base, but Veterans’ Affairs agencies in the United States, Canada, and the United Kingdom have been open to funding pilot programs to explore these types of initiatives, such as Equine Assisted Learning or Adventure Based Therapy.

**Peer support**

3.71 Peer-to-peer support can also be a very important part of achieving good health during transition. The RANZCP said that peer support – using people who have had the life experience and a journey that’s similar – ‘is key in moving forward’. Dr Romaniuk described peer support as ‘a vital and important component’ in transition, but also indicated the importance of ensuring that those veterans who wish to be peer supporters are robust enough to handle the challenges. Mates4Mates also recommended more investment in formalised training for veterans so that they may provide meaningful peer support.

**Productivity Commission Report**

3.72 The Productivity Commission noted that ADF members are recruited and trained to be physically and mentally resilient, and that although they are exposed to particular mental health risks, including trauma, separation from family and frequent relocations, they also benefit from the protective factors of a strong sense of purpose, camaraderie, and easy access to health care while in service. These protective factors fall away during transition, and

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87 Royal Australian and New Zealand College of Psychiatrists (RANZCP), *Submission 21*, p. 1.


89 Dr Khoo, Fellow, *Committee Hansard*, Melbourne, 31 August 2019, p. 21.


recent research has indicated that transition itself is a risk to health and wellbeing, with changes in employment, finances and other adjustment issues potentially leading to relationship conflict, mental health and substance abuse problems. Rates of mental illness among veterans is high, and the suicide rate for male veterans under the age of 30 years is 2.2 times that of Australian men of the same age, with those transitioning out of the ADF in the previous five years reporting high to very high levels of psychological distress.\textsuperscript{92}

3.73 The Commission observed that ‘DVA’s current mental health strategy is not adequate … and needs urgent updating’, saying that DVA needs to focus more on demonstrable outcomes, promote access to high-quality mental health care, and facilitate coordinated care for veterans with complex needs. In addition, DVA ought to identify the needs of family members and develop appropriate responses.\textsuperscript{93} The Commission recommended that the current (2013-2023) Veteran Mental Health Strategy be updated due to recent policy changes (such as non-liability access) and research findings on emerging needs.\textsuperscript{94}

\textbf{Committee Comment}

3.74 The Productivity Commission’s draft recommendation that the Australian Government recognise that Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and that this responsibility may extend beyond the date of discharge, resonates with the Committee and the evidence it has received. The ADF is in continual contact with all ADF personnel while they prepare for and make their transition from the ADF. DVA will have immediate contact and some responsibility only for those ADF personnel transitioning from the ADF with DVA recognised conditions. The Productivity Commissions has proposed a ‘Joint Transition Command’ within Defence to consolidate existing transition services in one organisation and take responsibility both for preparing


members for, and assisting them with, their transition to civilian life. It is the Committee’s view that the administrative arrangements for managing transition should be left to Defence to determine.

3.75 The Repatriation Hospitals provided veterans’ health services in an environment that understood and was responsive to veterans’ needs. To veterans, the Repatriation Hospitals were, and were seen to be, theirs. While it is not practicable to re-establish that system, the importance to veterans of places where they could expect to receive treatment in an environment that understood them and the nature of their condition cannot be overstated. However, the establishment of networked Centres of Treatment Excellence for veterans’ mental health is achievable and would address the need to: develop the body of knowledge and new therapies in veterans’ mental health; increase the number of appropriately trained and experienced mental health practitioners; and provide veterans with the assurance that the treatment offered would be focussed on their needs and an understanding of their backgrounds and circumstances.

Recommendation 6

3.76 The Committee recommends that the Government provide for:

- Case management of all individuals transitioning out of the ADF;
- Where personnel are medically discharging, claims recognition by DVA prior to the individual’s medical discharge from the ADF;
- Access to Medical Transition Fora to all members receiving medical discharges based on the fora trialled in Brisbane and Townsville in 2018.

Recommendation 7

3.77 The Committee recommends that the Government provide the following to better support veterans’ mental health outcomes:

- A sustained funding model for veterans health research and education;

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Networked Centres of Treatment Excellence for veterans’ mental health, including treatment for PTSD;

A coordinated strategy to improve treatment outcomes for PTSD;

Post-graduate education in Veteran Health and Mental Health for healthcare practitioners registered with Defence and DVA; and

Mandatory online veteran-specific training and professional development for clinicians and a register of clinicians for client information.
4. Whole-of-Government Support for Effective Transition to Employment for Women and Men Post-ADF Service

4.1 This chapter considers:

- The need for cultural awareness training as part of the process of preparing ADF members for transition;
- Career planning;
- ADF culture;
- Ways that the Australian Government could support the post-ADF employment of veterans and their families;
- The Ex-Service Organisation space; and
- The information needs of government to best meet the needs of former members of the ADF.

Cultural Awareness Training

4.2 Each individual leaving the service is ‘going to experience a set of losses’ which can include a sense of purpose, identity, and camaraderie or group cohesion.¹ ‘At the moment it seems, and from what I’ve been told, it’s quite a shock. No-one’s actually sat them down, and they’ve never really thought

¹ Dr Madeline Romaniuk, Veteran Mental Health Initiative Lead, Gallipoli Medical Research Foundation (GMRF), Committee Hansard, Brisbane, 27 August 2018, p. 9.
about it’. 2 ‘It’s about mentally preparing people for change, and that’s already going to help people on the other side’. 3

4.3 It is important to help people to find another purpose:

... once we’re mentally preparing people, then we start talking about: ‘Okay, now that you’re prepared for at least thinking about another purpose, let’s work out what that purpose might be.’ And there are a lot of different strategies that mental health clinicians, social workers and OTs [Occupational Therapists] can use which help tap into people’s sense of purpose, what their core values are and what jobs, activities or experiences might be feeding into those core values. 4

4.4 Research in the UK has shown that a good transition outcome needs cultural awareness training:

Part of the process in successful transition requires ex-service personnel to re-familiarize themselves with the cultural expectations of civilian life so as to reclaim the cultural awareness that is associated with civilian life. The ‘institutional self’ that the army – as a ‘total institution’ – requires, can deplete the skills and cultural awareness needed to live again as a civilian. Cultural awareness training might usefully form part of the preparation the MOD in the UK and similar bodies in other nations makes for a return to civilian life. 5

4.5 Self-reliance and self-responsibility are also important factors in the transition to civilian life, and these skills need to be taught as part of a broader cultural rehabilitation process:

Cultural awareness training is necessary for return to civilian life as a preparation for retirement that is then supported and reinforced from within and across the voluntary sector. Self-reliance and self-responsibility in the transitioning soldier must be taught as part of a broader process of cultural rehabilitation into civilian life and such training should involve transitioning soldiers going out and engaging with communities, employers and educational trainers. 6

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2 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 9.
3 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 9.
4 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 9.
5 Professor John D Brewer and Dr Stephen Herron, Senator George J. Mitchell Institute of Global Peace, Security and Justice; Queen’s University Belfast, Belfast, Northern Ireland, Submission 6, p. 2.
6 Professor Brewer and Dr Herron, Queen’s University Belfast, Submission 6, p. 3.
4.6 Cultural awareness training has been described as a sticking point during transition:

In the initial stages of their military career, veterans are told how good they are and how much better than civilians they are. All their training exercises and deployments confirm their understanding of this concept. [...] 

At some point they will begin to think about re-joining the ranks of the civilians and this concept of what a civilian is like then seems hard to reconcile. However, most approach it assuming they will go into the commercial workplace and prove themselves to be better than their civilian counterparts. [...] 

After deciding to discharge, there is little to help them remove the façade that they are better than civilians. Defence provide some theory of what it will take to effectively transition, however there is no de-militarisation training. They hear the transition disaster stories and believe they happen because they aren’t as strong as they are. [...] 

Only once they have personally experienced the transition, do they begin to realise that this ‘transition thing’ is more complex than they gave it credit for. But at this point, they have missed the transition training offered during their service. 

4.7 It has been suggested that more information on ‘civilian living and employment standards’ may assist people at the point of transition:

[...]transitioning Defence personnel require a greater understanding of civilian living and employment standards so they can make an informed decision regarding their departure from the Australian Defence Force. 

4.8 More emphasis on the experience of loss and other stresses that may be experienced during transition, and the potential effect they may have on mental health, needs to be included in transition preparation programs. They should also include information on, and guidance on how to navigate, the different cultural environment former ADF members can expect in civilian workplaces. While most ADF personnel successfully negotiate their transition to civilian life, more preparation on what to expect will assist everyone and should help some avoid the consequences of failing to prepare adequately for significant change.

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7 EDiT Group, Submission 9, p. 1.

8 Townsville Enterprise Limited (TEL), Submission 10, p. 1.
In view of the importance of mental health in achieving a good transition outcome for ADF members and their families, access for family members to accredited training in areas such as Mental Health First Aid Training and suicide awareness, and training in how to respond in crisis situations has been recommended and the position is supported by the Committee. Training in these critical areas will provide family members with increased confidence in their abilities to assist their transitioning ADF family member to connect with the support they need sooner, improving the chances of a good transition for each member of the family.

**Recommendation 8**

The Committee recommends that the following elements be included in the transition preparation package to improve outcomes achieved through the transition process:

- Providing a comprehensive training process during transition including cultural awareness training to enable transitioning personnel to re-familiarise themselves with the cultural expectations of civilian life and employment;

- Providing training in resilience, self-awareness and self-reliance to prepare transitioning personnel for the different – civilian – environment they are entering, and for the different responsibilities that they will have in this environment compared to those in the military environment;

- Providing training in psychological first aid so that transitioning ADF members and their families will be more aware of the signs of psychological ill health in themselves and in others, and are aware of the steps to take in these circumstances to assist themselves or others.

**Career Planning**

Appropriate career coaching or mentoring support early in the transition process is important to increase the likelihood of veterans securing employment and having positive civilian workplace experiences.

Employment is a restorative psychological process, which can improve self-

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10 Mastes4Mates, Submission 22, p. 9.
esteem and have a positive effect on mental health and wellbeing.\textsuperscript{11}
Businesses also need to be more aware of the benefits of employing veterans, and the attributes and skillsets which they can bring to the workplace.\textsuperscript{12}

4.12 Encouraging ADF personnel to consider their lifetime career plans, and the steps they need to take to identify and attain their goals, will help them to view their military careers as an important part of their working life, but as one part among many. This will help them to acknowledge that they may have skills and abilities that they are not using or developing in their military careers, which can help them in their later transition to civilian life.\textsuperscript{13}

4.13 Encouraging recruits to plan how and when to start acquiring the skills and qualifications needed to be competitive in the post-ADF workforce will help them to acknowledge that their ADF training is not necessarily the only training that they will need to complete in order to ensure that they can be competitive in the civilian workforce among civilian job seekers.

\textit{Skills Database}

4.14 It has been proposed that Defence maintain a database of members’ skills, updated with the skills they have gained when they complete each course of training. The database would need to be accessible by former members of the ADF after transition, so as to provide access to their records for educational institutions for purposes such as Recognition of Prior Learning, as well as for members to provide to employers.\textsuperscript{14}

\textit{Culture Within the ADF}

4.15 Service personnel have a high quality support structure while they are in the ADF and it enables them to focus on the task at hand and to achieve military objectives. Civilian life is less structured, with individuals required to take responsibility for, and manage a wider range of issues.

4.16 Dr Romaniuk described the culture in the military as one where ‘everything’s done for you’ and suggested that a case managed approach when leaving the military would help to smooth the path of transition:

\textsuperscript{11} Mates4Mates, \textit{Submission 22}, p. 9.
\textsuperscript{12} Mates4Mates, \textit{Submission 22}, p. 9.
\textsuperscript{13} Professor Brewer and Dr Herron, Queen’s University Belfast, \textit{Submission 6}, p. 3.
\textsuperscript{14} Mr L Arnould, \textit{Submission 4}. 
The other important thing to mention is that, when you’re in the military, everything’s done for you. They really cultivate a culture of dependence. But then, once you put in your discharge, that’s all on you. So DVA are there, but they have to go to them – they have to reach out and go to that service. They’re not tapping someone on the shoulder and saying, ‘Hey, you’ve got an appointment now.’ I think that’s an issue, because if you’re cultivating a culture of dependence then you have to then help with that process, which is why I think a handover/case-managed process would sort of mitigate that. The flipside to that is to change the culture of dependence from the beginning, but I’m not sure that would be an appropriate way to go.\(^{15}\)

4.17 Dr Paula Dabovich, in discussing transition effects on those engaged in clinical care, commented that government may wish to consider some of the impacts of an individual’s service, which can have an effect on their engagement with support services:

What the ADF and DVA may need to more fully consider, are the ways in which service necessarily impacts an individual’s ability to relate to (and thereby trust and tolerate) those outside the ADF, and how this impacts on an individual’s relationship with themselves. A lack of trust in, or tolerance of, self and others, impinges on an individual’s personal sense of identity and agency (sense of self) during MCT [military to civilian transition], which in turn, impacts an individual’s willingness to engage support services …\(^{16}\)

4.18 The Victorian Minister for Veterans requested that the issue of cultural attitudes within the ADF towards serving personnel who begin the transition process be addressed, as he noted that ‘ESOs in Victoria report feedback that serving personnel perceive an attitudinal change towards them after submitting discharge papers, resulting in them feeling that the process is adversarial’.\(^{17}\)

4.19 While initial recruit training is about creating a high functioning member of the military team, and one who is willing to sublimate their own needs for the ‘collective cause’, research has shown that those who have a better transition back to civilian life are those with a supportive spouse who ‘takes on the role of orienting them to the civilian world again’:

During my interviews, a lot of people talked about the initial recruit training and what happens during that recruit training – the idea that you get broken

\(^{15}\) Dr Romaniuk, GMRF, *Committee Hansard*, Brisbane, 27 August 2018, p. 10.

\(^{16}\) Dr Paula Dabovich, Adjunct Senior Lecturer, School of Public Health, University of Adelaide, *Submission 18*, p. 3.

\(^{17}\) The Hon John Eren MP, Minister for Veterans (Victoria), *Submission 7*, p. 2.
down and built back up to be a functioning members of the military. A lot of people talk about that as indoctrination in a positive sense, where you’re really letting go of yourself as an individual and your individual needs for the betterment of your team and the good of the collective cause.

At the same time, with that culture in the military, because it’s all-encompassing, you’re really told what to do all the time. … When you leave, you don’t have a Medicare card and you don’t have a GP. How do I go about doing that?’ It’s all up to you, and there’s no-one there saying, ‘Oh, you’ve got to do this and you’ve got to do that, and this is how you go about that process.’ Sometimes there is someone like that, if a veteran is lucky enough to have a supportive spouse. Another aspect of my research demonstrated that those who do better are generally people with a supportive spouse who then takes on that role of orienting them to the civilian world again and helping them through those very basic things that were all taken care of in the military.18

4.20 The RSL Queensland is engaged with Downer EDI (mining services) and Saab (aerospace) to produce a program of cultural training so that their staff have a better understanding of the culture that former ADF personnel bring from the ADF, because the corporations are experiencing a high ‘churn’ rate among transitioning members, who leave after a few months when they realise that they don’t subscribe to the different values of the organisation. RSL Queensland identified the cause of the high ‘churn’ rate as cultural – former ADF members are accustomed to the ADF culture, and not having a strong attachment to the corporate culture, may choose not to remain in a job if they find it does not align with the cultural values formed during their time in service.19

4.21 Within the ADF, and within each of the three services, there are numerous sub-cultures. With the degree of difference between the workplace cultures of an Air Force pilot stationed in Australia, an Army infantryman on deployment in Afghanistan and a Navy sailor posted on board ship for six months of the year, it is impossible to generalise about the culture within the ADF, and how well or otherwise it prepares people for civilian life. There are numerous examples of people from each of the services who have voluntarily left the ADF and successfully transitioned into careers of their

18 Dr Romaniuk, GMRF, Committee Hansard, Brisbane, 27 August 2018, p. 12.
19 Mr Scott Denner, State Secretary and General Manager Operations, RSL Queensland, Committee Hansard, Brisbane, 27 August 2018, p. 4.
choice. The impacts of the Defence culture are not universal, but will affect some people more strongly than others.

**Recommendation 9**

4.22 The Committee recommends that the Department of Defence:

- Encourages ADF personnel to view their military career as one element in their broader career in the workforce, and to take a pro-active approach to obtaining the appropriate accreditation and training needed to meet their employment expectations and increase their employment options post-ADF; and

- Maintain a skills database for each ADF member, accessible by individuals post-separation.

**Australian Government Employment Support**

4.23 The largest ever study of Queensland Defence personnel and their families found that in the two years after leaving the ADF, 19 per cent of former ADF members were actively looking for work. For the majority, their household income, which drops during transition, later recovers to the level it was while in service. However ‘for a fairly sizable minority it appears that that average household income never gets back to where it was whilst they were serving’. For some this is due to retirement, and is not an issue as the income reduction is expected at that time, however RSL Queensland found that one of the key reasons for this drop in income is ‘the significant underemployment of Defence spouses’, and the finding that 89 per cent of spouses of currently serving members said that the service of their partner had moderately or significantly impacted on their employment.

4.24 There has been some success with programs such as the RSL Employment Program and the Prime Minister’s Employment Initiative, which had ‘taken longer to get going than many would have wished’ but is ‘starting to show a few green shoots’. Larger organisations such as Westpac and mining company Downer EDI, are actively looking for people from the defence

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20 Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 2.
21 Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 3.
22 Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 3.
23 Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 4.
sector, and some are engaging recruitment personnel whose role it is to look for potential employees among those transitioning from Defence, because they recognise the skills that a person transitioning from the ADF can bring to a role. Because the ADF is constantly training people, former ADF personnel are used to taking on new knowledge very quickly, and this is a skill that some employers find very valuable.\textsuperscript{24}

4.25 In addition to government and ‘big business’ employers, there have also been significant successes in employment of veterans with small businesses:

\ldots As we’ve mentioned in our submission, while things like the Prime Minister’s Veterans’ Employment Awards, which we held this year, recognise the higher end of town in a lot of those cases, the success stories of smaller recruiters-such as Ironside Recruitment, who we’ve had a partnership with over time who focus on the individual and do place into smaller opportunities-are significant. \ldots The majority of people transition from the ADF into very fulfilling and incredible careers, because they are provided with a broad range of skill sets at a very young age that their contemporaries are not.\textsuperscript{25}

4.26 Prior to transition, approximately 40 per cent of ADF members have found full-time employment, 13 per cent wish to study, and about 25 per cent indicate that they will be looking for work post-transition.\textsuperscript{26} From January 2019 an intensive employment program commenced, targeting early leavers and those with known risk criteria, to improve the likelihood of their securing employment post-transition. This program includes those leaving aged 18 to 24 years of age, and takes a more needs-based approach.\textsuperscript{27}

4.27 About 900 or 950 people medically discharge from the ADF each year, and about 600 in the 18-24 years age group leave early – that is, they leave before completing their initial minimum period of service. These younger people face youth unemployment issues when they transition out, as they generally have few or no skills due to having only spent a short time in the ADF. Both these groups – those medically discharging, and younger leavers under 25

\textsuperscript{24} Mr Denner, \textit{Committee Hansard}, Brisbane, 27 August 2018, p. 4.

\textsuperscript{25} Mr Watson, Mates4Mates, \textit{Committee Hansard}, Brisbane, 27 August 2018, p. 24.

\textsuperscript{26} Ms Justine Greig, Deputy Secretary, Defence People, Department of Defence; \textit{Committee Hansard}, Canberra, 16 November 2018, p. 17.

\textsuperscript{27} Ms Greig; \textit{Committee Hansard}, Canberra, 16 November 2018, p. 17.
years of age, will receive extra support in transitioning and gaining employment.\textsuperscript{28}

4.28 Women and men in transition are looking for the same sorts of things – financial security, employment, housing, health stability, spouse employment, children’s schooling. Once those things have been achieved, they can move forward with the rest of their life.\textsuperscript{29}

4.29 The new flexible way of looking at service through the ADF Total Workforce Model, which allows people the flexibility to choose to work a certain number of days per week or per fortnight, or a certain number of weeks per month or months per year, is requiring a significant cultural change within the ADF, but also enables members to try out work in a non-ADF environment, and perhaps commence their transition planning while still employed by the ADF.\textsuperscript{30}

\textit{Experience in the United States of America}

4.30 The United States of America has a higher proportion of citizens who have served in the forces, and ‘the culture of the society appears to be much more embracing of the service of veterans and their families’, with ‘a belief amongst citizens in that country that they actually have a responsibility to actively engage with ex-service people’ and so employers ‘[are not just] prepared to open the door; they’re actually going out there and actively looking for them’.\textsuperscript{31}

\textit{Study assistance}

4.31 It is not uncommon for young US troops to be studying towards a degree while they are deployed, but in the Australian context commissioned officers are more likely to be studying towards a tertiary degree. Those in ordinary ranks often leave the ADF with a Certificate III or IV in a technical competency.\textsuperscript{32} In the United States, service in the armed forces ‘is far more of an engine of social mobility than it is in Australia, so there’s perhaps a

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\textsuperscript{28}Rear Admiral Brett Wolski, Head, People Capability, Department of Defence; Committee Hansard, Canberra, 16 November 2018, p. 18.

\textsuperscript{29}Mr Orme, Committee Hansard, Canberra, 16 November 2018, p. 25.

\textsuperscript{30}Ms Greig, Committee Hansard, Canberra, 16 November 2018, p. 25.

\textsuperscript{31}Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 4.

\textsuperscript{32}Mr Denner, Committee Hansard, Brisbane, 27 August 2018, pp. 5-6.
\end{flushleft}
slightly different cultural perspective’. A key difference between the Australian and United States’ educational contexts is that the cost of tertiary education in the United States can be far more expensive than it is currently for domestic students within Australia, something addressed by the benefits available to US Defence members under the GI Bill.

4.32 Wandering Warriors which provides mentoring, skills training and academic education funding for former members of the special forces, supported a recommendation that funding be provided for academic qualifications for those leaving the military, as is done through the GI Bill in the US.

4.33 The Committee sees value in providing additional support to transitioning members of the ADF who would like to gain a tertiary qualification, as this can help them to gain skills and qualifications which are in demand by employers, and enhance their employment prospects post separation. There is also merit in considering the provision of employment subsidies to those whose separation is involuntary but where discharge is not related to poor performance or misconduct.

Recommendation 10

4.34 The Committee recommends that the Government consider the provision of the following:

- Study assistance and scholarships to enable former ADF personnel to gain qualifications and retrain for a post-ADF career; and

- Government internships and employer wage subsidies to employers providing adult apprenticeships to veterans whose discharge is honourable but involuntary.

Ex-Service Organisations

4.35 Ex-Service Organisations (ESOs) play an important role in the support structure for transitioning ADF personnel. ESOs provide advocacy services to support veterans in navigating often complex DVA claims and entitlements processes; deliver physical rehabilitation, psychosocial and vocational support services; and provide support not currently funded by

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33 Mr Denner, Committee Hansard, Brisbane, 27 August 2018, p. 6.
34 Ms Foster, The Oasis Townsville, Committee Hansard, Brisbane, 27 August 2018, p. 32.
DVA, but important for successful transition and reintegration into civilian life. ESOs generally are more than the ADF or DVA in terms of the types of support they can offer and how quickly they can adjust service offerings based on feedback from veterans. The majority of ESOs are structured on a model for ‘veterans supporting veterans’, utilising the proven value of peer support to assist ADF members during transition. For a veteran who is struggling, the benefit of an ESO is that generally the people working in an ESO, and the ESO itself, have the same values and culture as the transitioning member, and this camaraderie can help the transitioning member to trust the organisation.

4.36 In 2016 the Aspen Foundation report *Ex-Service Mapping Project – Final Report* identified approximately 2,780 ESO and ESO-like organisations around Australia. The report highlighted the complexity of the ESO space, and identified the large number, variety of locations, and differing levels of skill and services as potentially a barrier to the effective and efficient engagement with ESOs. This presents a challenge to the Departments of Defence and Veterans’ Affairs in selecting the appropriate ESOs with whom to engage on collaborative projects. The situation is also challenging for individuals leaving the ADF and seeking services during their transition.

4.37 Defence families and stakeholders have described the ESO landscape as overcrowded, complex and inconsistent, leading to confusion and angst for Defence families, and further complicating the transition process.

4.38 The RSL NSW identified the lack of a single point of contact for ESO service delivery, and the absence of consistent standards, quality assurance and accreditation as having ‘contributed to a highly fragmented ESO ecosystem that can be difficult for government to deal with, and daunting for individual veterans new to the sector’.

4.39 DVA has a National Consultation Framework (NCF) of forums for ESO consultation and knowledge sharing, but that this body does not have the

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authority to make decisions or to provide coordination of services.\textsuperscript{41} The RSL NSW suggested that major ESO service providers collaboratively explore ways to improve Defence, DVA and ADF member engagement with the ESO sector, and recommended the creation of a peak body of professional ESO service providers, as a joint venture of major ESOs.\textsuperscript{42} A peak body, created as a separate legal entity following the model of the Australian Council for International Development (ACFID) in the international aid sector, could be responsible for accrediting ESO service providers based on a record of an ESO’s meeting specified requirements and standards. Accreditation could be a condition of DVA funding under the BEST grants program, with the relationship between the peak body and DVA formalised under terms set out in a memorandum of understanding. This would create barriers to the entry of new ESOs, as well as to the continuation of small existing ones, and would ‘contribute to the defragmentation of the ESO sector which is in the best interests of veterans and veterans’ families’.\textsuperscript{43} Mates4Mates also recommended the introduction of a formalised accreditation process.

4.40 Several submissions\textsuperscript{44} referred to the benefits that a higher degree of structure within the ESO space could bring. Suggestions for achieving this include:

- Establishing a means of formal accreditation within the ESO sector so as to provide confidence for stakeholders and clients;
- Creating a register of ESOs for the use of current and former members of the ADF, and the Departments of Defence and Veterans’ Affairs;
- Establishing a Peak Body of ESOs, to improve cross-sector governance and quality assurance;
- Establishing one-stop shops to enable veterans and their families to understand and access services, reducing stress, and improving health and wellbeing outcomes;

\textsuperscript{41} RSL NSW, \textit{Submission 47}, p. 2.
\textsuperscript{42} RSL NSW, \textit{Submission 47}, p. 2.
\textsuperscript{43} RSL NSW, \textit{Submission 47}, p. 2.
Training and employing professional case managers to provide veterans with a single point of contact to co-develop comprehensive outcomes focused plans;

Reviewing and updating ADF and DVA directives on engagement with ESOs; and

Encouraging service providers to focus on achieving outcomes through more strategic funding approaches.

4.41 Mates4Mates made three main comments in evidence to the inquiry:

- The ESO space is very cluttered;
- The limited access and availability of ESO information at transition services; and
- In-service access and stigma associated with accessing ESO services while still in uniform.45

4.42 A number of ESOs complained that it was difficult to gain access to ADF Transition Centres and Transition Seminars, and that access was determined on an ad hoc basis dependent upon personal contacts, rather than on a broader department-wide policy of engagement with ESOs.

4.43 Some ESOs referred to difficulties in informing current serving members of the services that they offer. Mates4Mates found that one of the most effective ways for them to do that was through on-base Soldier Recovery Centres. Soldier Recovery Centres have been very receptive to engaging with ESOs, as they see benefit for the wounded, injured and ill members, especially those on a medical discharge pathway. This approach allows for the seamless transfer of a member to the support of a Mates4Mates Family Recovery Centre on medical discharge.46

4.44 The emergence of professional ESOs which proactively engage with ADF members is having a positive effect on spreading awareness of the best ways to approach transitioning from the military:

In conclusion, the barriers are numerous and ingrained with a longstanding methodology; firstly, ADF display reluctance to collaborate with ESOs, perhaps rightly so; secondly, the majority of ESOs are reactive, waiting for people to come to them and the levels of competence for services provided is questionable. This leaves the defence personnel and their families in an awkward position, entering a new life without knowing how to utilise/translate the skills they have to civilian life. However, professional


46 Mates4Mates, Submission 22.
ESOs are emerging who are proactively engaging current personnel and younger former service personnel through peer groups. This is growing in its effectiveness as word spreads through the enlisted ranks beginning to bridge the transition gap, through awareness of how to move on from military and integrate with civilian life. After all, those who have this transition experience are more suited to support and educate those considering taking this step.\textsuperscript{47}

4.45 Notwithstanding the large number of ESOs currently in existence, there is not much overlap between them:

I was just going to add: there’s a common thing that people say about how there are 3,600 ESOs in Australia and how can you attempt to work with all of them? There are a lot of organisations out there, but there are very much a smaller number that are actually out there every day providing services. The overlap between the ESO community isn’t as big as people think it is. We don’t do what RSL does and we don’t do what Legacy does. What we could do very well if we could come together in a holistic, wraparound model, in conjunction with DVA and Defence, is ensure that it is all coordinated and there are no gaps. For example, at Soldier On we specialise in employment and transition. We’ve got 119 companies that are signed up to our program, so that’s a real strength of ours. But we don’t do advocacy. Instead we refer individuals and their families to RSL and Legacy where there’s advocacy involved. I think that’s going to be a real driver for change when it all gets coordinated.\textsuperscript{48}

4.46 Soldier On also said it had previously spoken of the development of a peak body for ESOs, or an overarching committee. The Alliance of Defence Service Organisations (ADSO) has a number of organisations under its umbrella, and intends to provide a stronger voice on issues impacting the conditions of current and formerly serving members of the ADF, but is not a peak body as such. If it was decided to create a peak body, this would take a long time to do so.\textsuperscript{49}

4.47 Research has found that many ‘felt overwhelmed by the well-meaning but uncoordinated approach of ESOs’.\textsuperscript{50} These issues ‘negatively impact the motivation for veterans to use ESOs, and this is evidenced by the statistic

\textsuperscript{47} Veterans Centre Sydney Northern Beaches, \textit{Submission 17}, p. 2.

\textsuperscript{48} Mr Mathew Jones, Chief Executive Officer, Soldier On, \textit{Committee Hansard}, Canberra, 16 November 2018, p. 4.

\textsuperscript{49} Mr Jones, Soldier On, \textit{Committee Hansard}, Canberra, 16 November 2018, p. 5.

\textsuperscript{50} Dr Dabovich, \textit{Committee Hansard}, Adelaide, 3 September 2018, p. 23.
that 70 per cent of those transitioning don’t engage with them’.51 This is worsened by ‘the perceptions of competition or factions between ESOs, all of which represent the antithesis of service ideology, which is ultimately underscored by a sense of unity’.52 Dr Dabovich recommended that a way to effectively support the development and utilisation of ESOs is to ‘consider them within a broader transition framework, perhaps underscored by public health principles’, of which an important element would be ‘a level of coordination at national and state levels that may have a capacity to monitor, support and … critically analyse their effectiveness’.53

4.48 Given the organic nature of growth in ESOs and their broad range of aims, it is unclear how formal accreditation or a register would work in practice. ESOs are, in the main, voluntary organisations and it is a dynamic sector. Beyond imposing the governance requirements that are an obligation of all non-profits it is hard to envisage how the Government could effectively regulate the ESO space to ensure better outcomes for veterans. Matters such as the establishment of a peak body or accreditation are matters best left to the ESO sector to navigate. The Government should continue its focus on improving the management of transition for ADF personnel and the provision of support to veterans and their families; while the ESO sector should be left free to provide additional support whenever individual ESOs determine they can facilitate an ADF member’s transition or support the needs of veterans and their families.

**Government cooperation with ESOs**

4.49 The departments of Defence and Veterans’ Affairs currently engage with and promote ESOs by a number of means, including the following:

- The *Engage* website provides a common entry point or ‘one-stop shop’ that is accessible electronically through a number of platforms. It provides access to a range of websites allowing current and former ADF members and their families to search for information, support and services from Government agencies, not-for-profit service providers, ESOs and charities. ESOs are encouraged to advertise their employment services for ex-ADF members there by registering as a service provider.

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51 Dr Dabovich, *Committee Hansard*, Adelaide, 3 September 2018, p. 23.

52 Dr Dabovich, *Committee Hansard*, Adelaide, 3 September 2018, p. 23.

• The 13 ADF Transition Centres promote ESOs and the services and benefits they provide, ‘without prejudice’.
• The 23 two-day ADF Transition Seminars conducted annually, at which ESOs are welcome to set up as stall holders. A video overview of ESOs and the services they provide is presented at each seminar ‘to provide consistent messaging of the benefits of ESOs’.
• A pilot of Medical Transition Forums in Brisbane and Townsville, containing an enhanced focus on the information and support services delivered by ESOs to members and their families.
• Soldier Recovery Centres established by Army on a number of Defence bases, at which ESOs work in partnership with Defence to deliver programs and information to assist with the rehabilitation or transition of ADF members.
• ESO events and activities promoted by Defence to ADF members and their families through a variety of social media platforms including DCO’s Facebook, Twitter and Instagram accounts, and the DCO website.
• DVA formally engages with a range of ESOs through national, state and territory forums under the National Consultative Framework. This framework is designed to facilitate effective communication between the veteran and ex-service community and DVA and includes the Ex-Service Organisational Round Table (ESORT), the younger Veterans – Contemporary Needs Forum, the National Aged and Community Care Forum, the Female Veterans Forum and the Veterans’ Families Policy Forum.
• In recognition of the complex veteran legislative environment, DVA funds the training of ESO advocates in compensation and welfare through the Advocacy Training and Development Program.
• Welfare Training focuses on providing the skills to assist veterans, their dependants and former serving members to access the wide variety of community services that are available, and Training for Compensation focuses on developing the skills required to assist the veteran community and former serving members of the ADF.
• DVA uses social media to communicate with the veteran community, their families, ESOs and other stakeholders.
• Ex-Service Organisation Round Table (ESORT) meetings are coordinated and managed by DVA, and act as the main forum for dialogue between the Department of Veterans’ Affairs, the Military Rehabilitation Compensation Commission (MRCC), the Repatriation Commission, and the leadership of the ESO and Defence communities. ESORT also provides advice on how government can better facilitate a common
approach to veteran and ex-service issues given the multiplicity of ex-service organisations which are not necessarily united in their common concerns.

- Under the auspices of the Prime Minister’s Veterans’ Employment Program (PMVEP) DVA has undertaken research to assist in the design of the Ex-Service Organisation Industry Partnership Register. A similar facility has been made available through the Department of Defence’s Engage portal.\(^54\)
- Defence is working with several ESOs to enhance the support services provided for transitioning members, including with RSL QLD, RSL Vic, Soldier On and Mates4Mates.\(^55\)

4.50 Defence and DVA consider that there is a significant amount of engagement with ESOs, which supports and facilitates engagement with individual ADF members and their families.\(^56\)

**Committee Comment**

4.51 The ESO landscape is broad, varied and complex. Some ESOs act as a ‘hub’ where former members of the ADF and their families may find information on transition services, referrals to welfare services, healthcare professionals, and employment search services. Some ESOs provide a service to people in their local area, for example providing advocacy services. Others such as the RSL have a nationwide network, with varying local arrangements.

4.52 A number of those who made submissions to this inquiry suggested various ways to bring more order to the ESO sector. One method suggested was to establish a means of formal accreditation within the ESO sector, so providing more confidence to stakeholders and clients; another was to establish a Peak Body of ESOs, and so improve cross-sector governance and quality assurance. One suggestion was that a stronger service provider focus on outcomes could be achieved through more strategic funding approaches. It was also suggested that ADF and DVA directives on engagement with ESOs be reviewed and updated.

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\(^{55}\) Joint submission by the Department of Defence and Department of Veterans’ Affairs, Submission 33, pp. 14-20.

\(^{56}\) Joint submission by the Department of Defence and Department of Veterans’ Affairs, Submission 33, p. 20.
4.53 The number and proliferation of ESOs is an indication that the Departments of Defence and Veterans’ Affairs may not be covering all the aspects of transition optimally. Such large numbers of people should not need help to negotiate a system that is fit for purpose. The Committee acknowledges however the advances that have been made in recent years in the approaches of the Departments of Defence and Veterans’ Affairs to transition.

4.54 While it is apparent that there is a lack of order among the wide variety of ESOs, changes such as those suggested need to largely come from within the sector itself.

**Information Needs of Government**

4.55 There have been calls to include questions on the next Census on previous military and operational service, both to gain a better appreciation of the distribution of veterans across the nation, and to enable state and local government to better target programs to meet the needs of former ADF members moving after leaving the ADF.

4.56 The Department of Veterans’ Affairs keeps data on only those former members of the ADF who have chosen to contact them and make a claim. There is currently no source of information on the number and distribution of the veteran population throughout the country. It has been proposed that given the reactive nature of DVA service provision, funding could perhaps be better distributed to communities based on accurate data relating to age, family situation and distribution of the veterans’ community. Including questions in the Census on previous military and operational service would provide accurate data on the number and distribution of veterans within our communities.

4.57 State and Territory governments have requested data on where transitioning ADF members are settling so that they may better plan for and provide health, welfare and employment services to meet the needs of their residents. The lack of this data hinders the ability of state and territory governments to effectively plan programs and services to adequately meet the needs of all of the veterans who have transitioned to civilian life in their local areas. The Western Australian government has noted the increased cooperation between the Department of Defence and the Department of Veterans’ Affairs and the Early Engagement Model, and hopes that this will lead to regularly sharing data with the states and territories to enable policy
development and service provision.\textsuperscript{57} It also noted that if the Commonwealth were to share separation data with the states and territories, this would enable the development of policies that promote and encourage the employment of veterans.\textsuperscript{58}

4.58 Veterans SA, the South Australian government agency responsible for matters affecting the veteran community in South Australia, told the Committee that the South Australian ‘Valuing our Veteran’ community data collection project aims to have every government department ask the service status of individuals when they first present, and includes government departments managing social issues such as health, mental health, homelessness, education and corrections. This information will provide the government with as accurate a picture as possible of the veteran community in South Australia, which will inform the state government’s decision making.

4.59 The Department of Veterans’ Affairs told the Committee that in the last few years it has focused on developing the data to tell ‘the real story’ of veterans. It has been announced that a veteran identifier is under active consideration with a range of other questions for the 2021 census. The Premier of South Australia wrote to the Australian Statistician requesting that a question on who has had military service be included in the next census.

4.60 Veterans SA also suggested that providing veterans with a Medicare card with a ‘V’ embossed on it to denote ‘veteran’ would enable medical service providers to know that they are dealing with a veteran client. This would assist state government health service providers to identify early whether a patient is a veteran and enable them to quickly establish whether the patient was covered by the DVA.

4.61 Placing a marker for prior military service on Medicare cards would make this information quickly and easily accessible to health care providers and hospitals, so that they can better treat patients with military service, using funds dedicated at state and territory level especially for the treatment of this cohort. An advantage of this method of alerting health care providers to the status of the recipient as a former member of the ADF, is that the individual would not need to take any action or initiate any particular request with the service provider.

\textsuperscript{57} Western Australian government, \textit{Submission 34}, pp. 3-4.

\textsuperscript{58} Western Australian government, \textit{Submission 34}, p. 2.
4.62 The Committee welcomes the interest that State and Territory governments are demonstrating in the welfare of veterans living in their jurisdictions and their concern to ensure that their obligations to veterans under the health agreements with DVA are met. The care of veterans is a responsibility shared by all levels of government and the Australian community. The Commonwealth Government should support other levels of government as much as possible by ensuring that appropriate information on veterans is available to support decision making.

Recommendation 11

4.63 The Committee recommends that the Government consider the requirements of government and other health service providers at the federal, state and local levels for accurate information on the locations and needs of former serving members of the ADF, and:

- Provide for a question or questions in the Census about service in the ADF; and

- Provide identifiers in the Medicare Card Reference Number to indicate that an individual has prior service in the ADF and is entitled to medical care as a former serving member of the ADF.

Senator the Hon Ian Macdonald
Senator Jim Molan, AO DSC
Chair
Chair
Joint Standing Committee on Defence Sub-committee
Foreign Affairs, Defence and Trade
A. List of Submissions and Exhibits

1. Mr Marcus Fielding
2. Mr Andrew Hocking
3. Confidential
4. Mr Lee Arnould, Ludus Codicis
5. Mr Ken Foster OAM, Vietnam Veterans Association of Australia
6. Dr Stephen Herron, Queens University Belfast
7. The Hon John Eren MP, Victorian State Government
8. Alex Thomson
9. Mr Paul Smith, Ex Defence Integration Team!
10. Townsville Enterprise Limited
11. Soldier On
12. Defence Families of Australia
13. The Oasis Townsville Limited
14. Gallipoli Medical Research Foundation
15. Soldier.ly Pty Ltd
16. Veterans' Advisory Council SA
17. Veterans Centre Sydney Northern Beaches
18. Dr Paula Dabovich
19. Ms Amanda McCue
20. Confidential
21 The Royal Australian and New Zealand College of Psychiatrists
22 Mates4Mates
23 The Shield Academy
24 Confidential
25 Legacy Australia Incorporated
26 Returned & Services League of Australia (Victorian Branch) Inc
27 Returned and Services League of Australia QLD
28 Queensland Government
29 Mr Shaun Matheson, The ARK of Veterans
30 The RAAC Corporation
31 Defence Force Welfare Association
32 Professor Sandy McFarlane, Adelaide University Centre for Traumatic Studies
32.1 Supplementary Submission to submission 32
33 Department of Defence and Department of Veterans' Affairs
   • 33.1 Supplementary Submission to submission 33
34 Western Australian Government
35 Luke Rix, WithYouWithMe
36 Ms Jacqui Van de Velde
37 Rev Murray Earl
38 Dr Maddy Romaniuk
39 Doctors on Demand
41 RSL & Services Club Association
42 The Association of Totally and Permanently Incapacitated Ex-Service Men and Women - South Australian Branch
43 BAE Systems Australia
44 APM Workcare
45 ACT Government
46 Confidential
47 RSL NSW
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B. Public hearings

Monday, 27 August 2018 - Brisbane

Returned & Services League of Australia (Queensland Branch)
- Mr Scott Denner, State Secretary and General Manager, Operations

Gallipoli Medical Research Foundation
- Dr Madeleine Romaniuk, Veteran Mental Health Initiative Lead

Doctors on Demand
- Mr John Martin, Chief Executive Officer

Mates4Mates
- Mr Troy Watson, Chief Executive Officer

The Oasis Townsville
- Ms Lynn Foster, Director

LtCol Brett Carey (ret)

EDIT Group
- Mr Terry McNally, President

Wandering Warriors
- Mr Robert Brett, Chief Executive Officer

Friday, 31 August 2018 - Melbourne

Mr Colin Richard Armstrong - Teleconference
Mr Michael John Busby - Teleconference

The Royal Australian and New Zealand College of Psychiatrists
  ▪ Dr Andrew Khoo, Fellow

Mr Marcus Fielding

Carry On (Victoria)
  ▪ Mr Colin Wardrop, Executive Officer

RSL VIC
  ▪ Brigadier Michael Annett, CSC, Chief Executive Officer

The Ark of Veterans
  ▪ Mr Shaun Matheson, Founding Director

Monday, 3 September 2018 - Adelaide

The Hospital Research Foundation
  ▪ Mr Paul Flynn, Chief Executive Officer

Plympton Veterans Centre
  ▪ Mr Graham Rudd, Senior Advocate

Veterans SA
  ▪ Mr Rob Manton, Director

Totally and Permanently Incapacitated Association of South Australia
  ▪ Mr Leon Eddy, President

Dr Paula Dabovich

Friday, 5 October 2018 - Sydney

Vietnam Veterans Association of Australia Inc
  ▪ Mr Kenneth Foster, National President

The Shield Academy
  ▪ Mr Dallas Hodgetts, Founder and Director
  ▪ Mr Marcus Zeltzer, Director
The Royal Australian Armoured Corps Corporation (RACC)

- Mr Noel McLaughlin, Chairman
- Mr Peter Rosemond, Advisory Board Member

Soldier.ly

- Mr Chris Rhyss Edwards, Chief Executive Officer

Returned and Services League, NSW

- Mr Andrew Condon, Member

WithYouWithMe

- Mr Andrew Dudgeon, Board Member
- Mr Tom Larter, Australia and New Zealand Chief Executive Officer

Veterans Centre Sydney Northern Beaches

- Mr Benjamin Richard Webb, Centre Manager
- Jacqui Van de Velde-Gilbert
Friday, 16 November 2018 - Canberra

Soldier On

- Mr Shane Greentree, National Psychology Services Director
- Mr Mathew Jones, Chief Executive Officer
- Ms Melissa Russell, National Communications Director

Legacy

- Mr Robert Connor, Director

University of Adelaide, Centre for Traumatic Stress Studies - via Skype

- Professor Alexander McFarlane, Director

Department of Defence

- Ms Justine Greig, Deputy Secretary, Defence People
- Mr David Morton, Director General, Health Policy, Programs and Assurance, Joint Health Command
- Air Vice-Marshal Tracy Smart, Commander Joint Health; and Surgeon General, Australian Defence Force
- Mr Paul Way, Director, General Defence Community Organisation
- Rear Admiral Brett Wolski, Head, People Capability

Department of Veterans' Affairs

- Mr Craig Orme, DSC, AM, CSC, Deputy President, Repatriation Commission