

## **Additional Comments from the Australian Greens**

1.1 The Australian Greens support the vast majority of recommendations in the Chair's report. The Chair's report provides a valuable chronicle of the range and gravity of issues that the committee heard of during this inquiry. In providing these additional comments, the Australian Greens are seeking to build upon the recommendations included in the Chair's report.

1.2 The Australian Greens would also like to thank those who made submissions to the inquiry and participated in public hearings, particularly those veterans who were open about their experience with mental health problems. Being able to speak publicly about mental health requires courage and strength in any setting, let alone for veterans for whom the myth and expectation of infallibility can make it all the more difficult to be open about their state of mind. The Australian Greens hope that this inquiry and the committee report is another step towards ensuring that those suffering mental ill-health, including PTSD, are treated with the seriousness and respect they deserve, both within the defence establishment and in the civilian world.

### **Identification and disclosure of mental ill-health**

1.3 Identifying the prevalence of mental ill-health amongst veterans was the primary reference for this inquiry. Understanding the extent of the problem is central to government being able to provide proper assistance to veterans who are struggling with mental ill-health and associated problems such as homelessness.

1.4 The inquiry confirmed that there is a disparity between the figures provided by Defence and DVA regarding the prevalence of mental ill-health and associated problems, and the anecdotal evidence collected by veterans' advocacy and welfare groups. This reflects the difference in when and how Defence and DVA engage with veterans, and when and how veterans groups discuss these issues. By their nature, veterans' groups talk to veterans in more informal settings and, often, many years after terms of service. This allows for better detection of mental health problems that might be hidden or overlooked in formal settings; or that might arise many years after service.

1.5 The Australian Greens strongly support Recommendation 2 for the National Audit Office to fully investigate the scope and accuracy of record keeping regarding veterans' mental health. It is essential that the knowledge gap of Defence and DVA is properly understood and that any changes required are made to their data collection methods so that the most accurate picture of veterans' mental health be made available.

1.6 However, the Australian Greens believe that the committee report should have gone further in requiring Defence and DVA to provide an annual report to parliament so that the opportunity is provided for this issue to be tracked and interrogated each and every year.

## **Recommendation 1**

**1.7 That Defence and DVA report annually to the parliament on the ‘state of mental health’ of current and former ADF members including data on the rates of mental ill-health, homelessness, incarceration, suicidality, neurological conditions and any other issues or indicators relevant to instances of mental ill-health amongst defence personnel.**

### **Mental health services**

1.8 The inquiry heard disturbing evidence from veterans regarding the administration of the anti-malarial drug to ADF personnel. Allegations were made regarding the unethical administration of mefloquine to ADF personnel, particularly during ADF operations in Timor Leste.

1.9 Defence sought to allay the fears of veterans in a public statement issued on 30 November 2015. However, this public statement only provides figures about the rate of administration in the last five years, and obfuscates the issue of administration to veterans in Timor Leste. The public statement also fails to rule out that mefloquine was ever administered at levels above that now recommended by the Therapeutic Goods Administration; or that mefloquine was ever administered without the fully informed consent of ADF personnel.

1.10 The unanswered questions regarding the administration of mefloquine warrant further investigation. That similar issues have arisen regarding the administration of mefloquine to veterans of Australian allies gives further weight to the need for the issue to be further examined. The Australian Greens support the recommendation for the report of the Inspector General of the ADF to be published. However, without knowing the scope of the inquiry by the Inspector General, the Australian Greens feel compelled to clarify the extent of information that should be made public by Defence.

## **Recommendation 2**

**1.11 That Defence provide a full report to the committee on the administration of mefloquine and related anti-malarial drugs to ADF members, including the number of ADF members administered these drugs, their consent to this administration, and the dosage administered.**

## **Recommendation 3**

**1.12 That, pending the report to the committee by Defence, the matter of administration of mefloquine and related anti-malarial drugs to ADF members is the subject of further inquiry by the committee.**

1.13 The inquiry heard evidence on the emerging concept of moral injury, which refers to feelings of grief, shame and regret that might result from things seen or done during war. Moral injury seeks to describe the psychological, spiritual and cultural disconnect that veterans might have upon returning home. It is about reconciling that which happened in battle with that which is allowed in the civilian world.

1.14 This is not a new phenomenon. Stories abound of veterans who don't want talk about their war service because of how removed it is from the world they now inhabit. The potential benefit of formally acknowledging moral injury is that it

legitimises this experience, and, in turn, allows veterans to more openly discuss the difficulties they are having.

1.15 It should be made clear that while moral injury has been associated with chaplains, it is not inherently a matter of faith, and that the emerging study of moral injury is predominately clinical.

#### **Recommendation 4**

**1.16 That Defence and DVA formally recognise moral injury, and develop a program to help identify and treat veterans suffering from moral injury.**

#### **Barriers to accessing mental health services**

1.17 As is alluded to in the Chair's report, the barriers to accessing health services are legendary amongst veterans for all the wrong reasons. Claims processes are labyrinthine, assessment is often circuitous, and the underlying legislation is impenetrable to the layperson. Many veterans stumble at the first hurdle because they simply can't understand how to navigate the system. Although beyond the scope of this inquiry, an overhaul of veterans' legislation to make claims and appeals more legible and equitable is long overdue.

1.18 In the absence of simpler and fairer processes, veterans need assistance to navigate the system. Currently, DVA appears to be unable to provide the assistance necessary for all veterans to be able to identify and access the benefits that they are entitled to. Instead, veterans often rely on volunteer lay advocates.

1.19 The Australian Greens believe that every veteran should be appointed a paid liaison officer to provide them ongoing assistance in navigating access to mental health and other related services, including access to housing. DVA's Client Liaison Unit operates on a similar model, but is currently only available to those most in need.

1.20 Opportunity should be provided for veterans' groups, and lay volunteer advocates working for them, to provide these liaison services.

1.21 While a dedicated liaison officer would come at an additional cost to the federal budget, it would also provide an incentive for government and DVA to improve the legibility of their claim processes.

#### **Recommendation 5**

**1.22 That all former ADF personnel be assigned a liaison officer to provide a single point of contact to assist in identifying needs, and navigating the range of services available and associated processes.**

1.23 It is difficult to escape the conclusion that the system as it is currently operates is, in part, a result of budgetary constraints. Analysis done by the Parliamentary Library for the Australian Greens shows that, in real terms, expenditure by DVA on veterans' support services and payment outcomes has fallen more than 20 per cent in the last five years; and is now at the lowest level it has been since the turn of the century.

**Recommendation 6**

**1.24 That funding for mental health support services for current and former ADF members are provided on the basis of need and not be subject to any arbitrary budget cap.**

**Discharge, transition to civilian life, and veteran homelessness**

1.25 As noted earlier, the committee heard conflicting evidence from DVA and veterans' groups on the extent of homelessness among veterans. Irrespective, that any veteran gets to the point where they don't have regular shelter is an indicator that the system is failing to either identify or properly assist veterans with the most basic of needs. Geoff Evans, from Homes for Heroes, makes the salient point that all veterans that that program identifies as being homeless are suffering some form of mental ill-health, and that this ill-health has often progressed further that it would have had assistance been rendered earlier.

1.26 The Australian Greens believe that there needs to be an immediate injection of funding into programs addressing homelessness, such as Homes for Heroes. The Australian Greens also believe that the committee should further inquire into how such programs are able to be sustainably funded, with a particular emphasis on the RSL and other veterans' groups' capacity to call upon their reserves to provide further support for these programs.

**Recommendation 7**

**1.27 That the government provide an immediate injection of funding to Homes for Heroes so that the program can properly meet the needs of all homeless veterans.**

**Recommendation 8**

**1.28 That the matter of funding by the RSL and other veterans' groups to veterans mental health and homelessness services is the subject of further inquiry by the committee.**

**Senator Peter Whish-Wilson**