

## Submission

### Inquiry: Suicide by veterans and ex-service personnel

#### Terms of reference – items e. f.

Thank you for the opportunity to provide a submission relating to the inquiry into suicide by veterans and ex-service personnel.

In relation to the Terms of Reference items e. f., I present the following and urge the committee's consideration of these immediate needs.

1. **A transition support plan** - that considers retraining and supporting ex service personnel to integrate back into the community is vital. There is significant investment in training and conditioning service personnel to operate as needed effectively, without question, as part of a unit, to get the mission done and to rely on each other. We understand from ex service personnel (and as an ex service member myself in more peaceful times, many years ago) the transition has a significant impact on ones emotions, identity and view of the world, particularly those that have experienced trauma (either primary or secondary).
2. **A commitment to invest in evidence based solutions** - Understanding a transition support program will require investment and changes to legislation, I position that this committee has an opportunity to look at a number of options and urge consideration of a new approach. Rebuilding pre service capability, resilience and coping skills as well as supporting experiences of PTSD or STS and related conditions, in a safe, non-judgmental environment for ex service personnel will have greater impact and support integration and reconnection with family and the community rather than isolating, being ostracized, unsupported and bombarded with forms, information and pressures in a world that is no longer familiar.
3. **Review of the current legislation** – A review of the legislation is required to reflect a more contemporary approach to mental health and trauma recovery. It is proposed the legislation requires the immediate consideration of a wider group of qualified, registered Mental Health professionals to support ex service personnel eg. A registered clinical counsellor, mental health practitioner, is unable to support veterans under the current legislation. Further, the legislation needs to factor future best practices as science and clinical practices evolve.
4. In relation to **other considerations to prevent veteran and ex-service person suicide**, I urge the committee to investigate best practice models, to understand first hand what's working, what's not working and invest in programs that are supporting ex service personnel to successfully integrate into their families, the community and creating a sense of community outside of the service environment. This means investigating in nontraditional approaches to more effectively support the facilitation of targeted interventions. The USA have an exemplar of this in action which you may view using the following link:  
<https://www.dropbox.com/s/pjzbhe7lvmhk6b/Eagala-Military%20Services-WEB.mov?dl=0>  
It is worth noting, there is a growing body of evidence attesting to the efficacy and outcomes of this model working with ex-service personnel that are experiencing PTSD and other related experiences and it is worth considering there are a number of practices in Australia that can assist.

*Thank you*