Veterans Care Association Inc.
Care for Veterans, Families and their Supporters

Dear Senators

I seek your support and collaboration in improving the health and wellbeing of Australian Veterans. As an Army Chaplain, AFP Chaplain, RAR Association Chaplain and RSL welfare officer over the last 20 years, and 25 years as an infantry officer before then, I have been acutely aware of some gaps in the care of veterans, their families and those supporting them. There are better ways we could be dealing with the problems veterans face.

There are a number of health service providers treating illness in veterans, but there is much less being done in the area of promoting long term health and wellbeing. By the time veterans present themselves for treatment they invariably have developed multiple/complex health problems, but they rarely get comprehensive or holistic health support, but merely get one aspect addressed by a medical or psychological specialist who may not even ask about co-morbid conditions they may have, let alone arrange any pastoral care for them. The symptoms may be treated but the real person -the soul- still struggles with the deeper need for hope. Families struggle and don't understand why their veteran loved one experiences so many problems, despite being medicated and counselled, and the veteran is just not aware of the importance of proactively developing an intentional healthy and holistic wellbeing lifestyle.

I report this from having engaged with thousands of troubled veterans over many years. I have been diagnosed with PTSD myself, and subsequently have tried many therapies. My experience is that a multidisciplinary, comprehensive, body mind and soul treatment is required. Clearly we would not be having an Inquiry if our systemic measures in place were adequate. Medication and cognitive therapies alone are insufficient. Something is missing and the missing aspect for many veterans, especially when they transition out of the ADF, is an experience of "pastoral care" – having someone who takes an intimate concern for their case , offers them hope , and can guide them though the complex web of steps they need to rehabilitate. This may or may not involve helping the veteran with soul/spiritual matters as well as body and mind therapies. That said, the most significant aspect appreciated by the veteran is that they are embraced by a person or group who cares for them, helps them find hope, and will see them through all their challenges, no matter what the outcome, even if it is to be premature death. The need to experience mateship is fundamental in service life, but even more significant after military service. Effective "mates" who can pastorally care will inevitably be ex-service "wounded healers" who have negotiated similar problems already and can share their experiences.

In the veteran's military experience, the professional provision of pastoral care has normally been led by Chaplains, who in turn try to connect people in need with peer supporters. Most Service people have had very positive experiences of Service Chaplains who proactively seek out the wounded ill and inured, and ensure they are cared for. I have advocated for this extension into DVA services for some years, but DVA has not embraced Chaplaincy, let alone peer support, in their VVCS service delivery for ex-service people. This is despite the evidence of the US DVA successfully employing thousands of chaplains and pastoral carers, and every Australian hospital doing the same. Although ESOs appoint welfare officers, the current training of ESO welfare officers (and I am one myself), focuses mainly on administrative support to enable veterans to access DVA pensions or services, and no training is provided in pastoral care. In any case the ESO welfare officers themselves need pastoral support and affirmation from someone with expertise in his area. Bottom line is that too many veterans struggle after leaving the service because they do not experience being cared for.

Complicating this situation is that many veteran health matters do not emerge until after a person leaves the service. DVA has no record or connection with these people. Many veterans of recent conflicts seem

reluctant to engage our ESOs due to a generational gap, and are unaware of the wider range of possibilities for support and healing. Some have sought assistance by making a DVA claim but this seems to them to be an adversarial experience. Few have experienced holistic "care".

Some are caught in the mindset that they are "totally and permanently incapacitated" and are destined for a problematic life. The best practice early intervention therapies require a proactive promotion of health and wellbeing education to veterans and into the wider community especially to the extended family of veterans, where I have found family members, once aware and engaged, are able to assist the veterans into making healthier choices. We must do better in this area. We could start this by DVA embracing and offering contact with all veterans upon discharge, not just those who have successfully fought to get a claim accepted. A Veteran identity card would add dignity and honour the service of all veterans.

Veterans with pastoral care in support, will have less reliance on accessing scarce inpatient treatments and will develop more independence and resilience in future life. Clearly, earlier intervention and rehabilitation, minimises the development of acute and more serious health issues and a health system burden into the future.

In pondering and analysing this situation, I recently felt called to retire from Army to model and develop a service to address these needs. My vision is that we can raise the level of "Health and Wellbeing" in the wider veteran community by injecting pastoral care as a component of comprehensive holistic education and rehabilitation programmes that address the body mind and soul. I have established a volunteer support organisation called "Veterans Care" to model this, have written a book "Duntroon to Dili" on my own journey , give frequent talks, and collaborate with other peer support programmes like Trojans Trek and Mates4Mates.

Pastoral care through professionally trained and supervised peer supporters will have an exponential benefit in individuals, families and groups. The current paradigm of relying primarily on pharmaceutical medication and counselling is treating illness, but not addressing the "soul issues" of hope, identity and future purpose. The Chaplain or peer pastoral carer is able to assure the veteran of confidential treatment of their insecurities, their need to address guilt and reconciliation if needed, as well as help them to imagine new possibilities of life beyond their distress, or how to confront death with dignity.

The outcomes I am already seeing from this model are veterans who have implemented healthier lifestyle changes, and families that are more peaceful and hopeful from understanding their loved ones situation and pathways to rehabilitation. A number of ESO welfare officers have expressed appreciation for assistance in these matters, particularly with veterans with terminal illnesses that they considered were beyond their competence.

Your consideration and support for this additional support to veterans would be very much appreciated. The model proposed is simply replicating the support people received previously in service. The ADF, Police services and hospitals have endorsed this model of support for many years. If ESOs and DVA want to improve the health and wellbeing of veterans they should not exclude this element of veteran support. I would be pleased to provide any further information required.

Yours sincerely

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President of Veterans Care