

**Veterans Centre**

Sydney Northern Beaches

*Supporting Veterans and their Families*

## Submission by the Veterans Centre Sydney Northern Beaches to the Productivity Commission: Inquiry into transition from the Australian Defence Force.

### *Introduction*

The Veterans Centre Sydney Northern Beaches is an independent organisation providing support to current and former servicemen, servicewomen and their families, by advocacy (compensation and wellbeing assistance) and referrals to other organisations (government departments, private organisations, ex-service organisations (ESO) and community organisations) who can provide the needed assistance.

The Centre has been actively engaging with serving ADF members and their families, for over 3 years and has assisted over 70 medically discharging military personnel. Assisting these people is a team of full-time staff members and volunteers, some who have a lived experience of military life and some who do not. During this time the Centre has gained many insights to the frustrations of military families before during and after the transition process. The Centre's staff also see the crisis in former service families, which if identified before or during transition, could have been avoided.

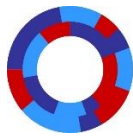
1. The barriers that prevent ESOs from effectively engaging with ADF members, the Department of Defence and Department of Veterans' Affairs to provide more effective support to ADF Personnel as they transition out of service.

The Centre has recognised several major factors through engagement with current and former servicemen, servicewomen and their families. These factors relate to the barriers created between ADF members and the effectiveness of government services.

The Australian Defence Force (ADF), like most military's around the world present a unique lifestyle and working environment. As an organisation, the ADF must be focused on their primary mission, 'maintaining the security of the nation.' At the unit level within military, this focus dominates through a highly structured and objective focused work environment. This culture and ethos tends to be counter productive to early intervention when personnel are struggling with physical and/or psychological health. Additionally, when these personnel are struggling, quite often unit commanders and peers are trained to take the initiative, push emotions to the side and achieve the objective. This training does not address recognising personal challenges, connecting with the individual and providing a warm referral. Frequently resulting in ineffective assistance in an untimely manner, despite it being from a very well-meaning peer.

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) creates 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.

However, the term 'veteran' is extremely varied in its meaning. The public considers veterans to be those who served in World War 2 and the Vietnam War. Comparatively, ADF members who have not deployed on operations, do not consider themselves to be veterans and therefore not eligible for many services. Department of Veterans Affairs and Advocates from ex-service organisations can also



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complicate this, as the different acts of Military Legislation define a 'veteran' differently. The result is general confusion with a ramification of personnel who haven't deployed, do not believe they are eligible for assistance. More they do not believe they are worthy of the assistance as, 'there are others worse off than themselves.' Unfortunately, there is little awareness in the veterans' community to change this thinking.

The veterans' community operates in silos, separated by geography, age and type of military role. After the Vietnam War the ADF was involved in some small-scale peacekeeping missions but it wasn't until the East Timor conflict that the ADF again deployed in significant numbers. This almost 30-year period of relative peace has created a generation gap between traditional ESOs and ADF personnel having recently served (since late 1990's). This is very apparent in the large traditional ESOs; for example, RSL sub-Branch memberships are in decline across the nation.

This lack of integration of younger service families into these ESOs has led to an influx of new ESOs across Australia. In 2016 the ESO Mapping Project identified over 3,500 organisations supporting veterans, this number is now believed to have grown to over 5,000. While many of these organisations and individuals are well-meaning, they do not have the resources and business knowledge to effectively implement and manage organisations. Most families (healthy or ill) leaving Defence are focused on family and career and apart from volunteering opportunities there are very few opportunities for employment and development within ESOs.

With the existence of so many ESOs, all with their own niche service and eligibility criteria, many people needing assistance become so overwhelmed they try to self-manage. In the pleather of services, the partners and families are generally forgotten about. This is astounding given the amount of research supporting how important the family unit is during rehabilitation. Another recent barrier has been the exposure of ex-service organisations mis-using publicly donated funds. This has created mistrust in the veterans' community and general public, which combined with service overwhelm, daunts those in need of assistance from reaching out.

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 personnel 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.

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 level 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 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.

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



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The ADF present a simplistic model for health services; if medical support is needed, present to the medical centre and whichever assistance is needed, it will be coordinated from there. Unfortunately, this same approach doesn't translate to DVA or the civilian health industry.

Rehabilitation services from DVA are generally very good, once the liability of conditions has been accepted. This acceptance of service related conditions can be a long and complex process for people struggling with conditions and are susceptible to being overwhelmed. Additionally, if a mate has had a bad experience, they are even less likely to engage.

**Establishing liability** with DVA should happen continuously throughout a service members career. This alone would prevent a lot of the stress medically discharging families face.

It is important to understand some military personnel will hide or down play their conditions to protect careers. Most are unwilling to face the shame of peers knowing. Hiding of their conditions can continue after transition to protect their new career or career prospects. Unfortunately, this leads to further complexities once in civilian life, unfamiliar environment and different stresses. The combination of this often results in appearance of mental health conditions post ADF service and if unaddressed, can deteriorate to crisis. Given this, it is very important to consider effective transitioning of mental health care into civilian life.

### 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.

Military life is unique, in many ways service personnel have an amazing support system which provides everything they need with little effort. This allows military to focus on the task at hand, to deploy on operations and achieve the set objectives. However, civilian life is quite the opposite, requiring people to conduct their own research and make their own decisions. Military life, transition and government organisations provide many initiatives which look great on paper however tend to provide little benefit. Perhaps this is due to the lack of consultation and involvement of those with a lived experience (health, transition and adapting to civilian life). The result, many families leaving military are ill prepared for civilian life and only discover what they need to know, when they need it.

Of the approximately 5,500 military personnel leaving the ADF each year, approximately 1,700 of these are medically discharged. This leaves a significant portion of former military members who potentially have services related injuries but not recognised by DVA. Linkage with the Department of Health's Primary Health Network and influential ex-service organisations could provide mutual referral processes to provide the necessary clinical and community support.

#### *Conclusion*

In conclusion, the Australian current and former servicemen, servicewomen and their families can face significant challenges during their military career, transition and in civilian life. A whole of life approach is needed, which makes collaboration between ADF, DVA, Government Health, ESOs, community organisations necessary to reduce, ideally prevent, the current crises.

Ben Webb, Centre Manager.

On behalf of the VCSNB Board.