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## **Walking Wounded Ltd Submission to the Senate Foreign Affairs Defence and Trade References Committee**

### **Inquiry into the mental health of Australian Defence Force (ADF) personnel who have returned from combat, peacekeeping or other deployment**

#### **Introduction**

1. Walking Wounded is a not-for-profit charity established in 2014 committed to supporting the psychological recovery and rehabilitation of returned Australian soldiers from contemporary operations. Its aim is to ensure a safe and healthy integration of wounded veterans back into the civilian community, through a range of support and counselling services. Our key focus areas are informal counselling, suicide prevention and intervention, as well as training and employment assistance.

2. Walking Wounded also incorporates the Families of the Fallen (Afghanistan) – those members of our community whose sons, brothers, husbands or fathers did not come home. Its aim is to help them with grieving processes through social involvement as a group.

#### **Aim**

3. The aim of this submission is to inform the Inquiry of Walking Wounded's experiences and interactions with contemporary veterans, and to make sound recommendations in order to better provide help to the veterans to whom much is owed.

#### **Discussion**

4. In its short time since inception, Walking Wounded has had limited client turnover in order to accurately provide data for the Committee (though the number is not insignificant). What follows is a distillation of the current and former experiences of the three former soldiers involved in the organisation. With a combined total of over 50 years' service, all three have served on operations with Army and have wide friendship and acquaintance circles, as well as experience working in ex-service organisations (ESO).

5. All agree that recognition and treatment of mental health problems among servicemen and women has improved markedly over the last 30 years. Life in the ADF will always require a certain robustness of outlook, and for many, an advanced degree of mental and physical toughness. But there is a growing sense, particularly among our younger veterans, that there is, and should be, no shame in seeking help for mental illnesses. This attitude is applauded and encouraged, and we believe it is the key to ensuring early and effective treatment for all veterans.



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***Comment on: the extent and significance of mental ill health and post-traumatic stress disorder (PTSD) among returned service personnel***

6. One of the recurring truisms with PTSD is that it manifests itself at different times for each different person, ie, its variable “gestation period” means that some may be affected soon after the relevant incidents and others may not be affected for years, or indeed at all. However, it is our belief, based on our own experiences, that almost all personnel who have been subjected to traumatic incidents or episodes, particularly those that occur in already stressful circumstances, will be affected to some degree.

7. Given the extent to which we believe mental ill health, including PTSD, will surface as the years pass, its significance can scarcely be over-emphasised. Tragically, this toll is often the most devastating to the member's family and friends. Once a Defence member leaves the service, the responsibility for overarching care falls foremost onto the individual and, if he or she is lucky, close family members. In the worst cases, this can lead to family break-ups and other unfortunate outcomes.

***Comment on: identification and disclosure policies of the ADF in relation to mental ill health and PTSD***

8. Early identification of possible mental ill health and PTSD has been an increasing priority within the ADF for some time. Walking Wounded acknowledges that many ADF leaders, both senior and junior, are motivated primarily by a sense of service to the nation and to the personnel within their care. These leaders are key to, firstly, identifying that the individual needs help and, secondly, to ensuring that the full weight of that assistance is brought to bear. Care for the individual within particular units, ships and bases can be first rate, especially in those formations where culturally, no stigma is attached to the seeking of mental health assistance, though good leadership is the secret – good leaders encourage, poor ones ignore.

9. Disclosure of these sorts of matters will always be fraught. The obvious necessity to protect individual privacy, balanced against the benefit of better public access to the figures surrounding PTSD and mental health issues is not easy and Walking Wounded is supportive of the ADF's recent efforts in this regard. However, more must be done to de-stigmatise PTSD and associated mental illnesses; fuller disclosure may be helpful.

***Comment on: recordkeeping for mental ill-health and PTSD, including hospitalisations and deaths;***

10. Record keeping has been one of the ADF's weak areas for some time. On the face of it, it would appear that ADF has all the systems in place to keep records accurately, efficiently and in a timely manner; however, human error, tiredness, inattention and carelessness often defeat even the best database or spreadsheet. Anecdotally, all soldiers have stories of how a particular incident was



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recorded badly or not at all, including events where injuries occurred. This often leaves the record incomplete and disjointed, particularly where operational imperatives take precedence. In addition, the retrieval of records pertaining to a specific incident some years in the past is often almost impossible, owing to personnel turnover and the reasons cited above. When an ADF member is no longer an ADF member, the task gains a further degree of difficulty. The ADF, quite rightly, are concerned with those still serving and, after discharge of the individual, hand over all responsibility to DVA for their care.

11. Our experience has shown that DVA works best when the individual (and his/her unit) has been assiduous in keeping records. Walking Wounded acknowledges that DVA has seen an increased workload in recent years and that it is not the “evil empire” that many ex-servicemen and women see it as – it is a human and therefore, imperfect, organisation. Its disclosure policies could certainly be improved (as could many of its other policies) and the fact that it has been unable to provide ex-service suicide figures is troubling – if not them, then who?

***Comment on: mental health evaluation and counselling services available to returned service personnel***

12. Like so many aspects of policy, ADF mental health evaluation screening has improved markedly over recent years. In the wake of incidents at ground level, there is often the will to provide help but, again, operational priorities may prevent this occurring to the best degree. The concept of the post-operational psychological screening (POPS) is good but can often be “gamed” by soldiers who are keen to go on leave, etc, rather than be delayed by admitting to stress disorders. While not widespread, there are many who feel that once they go on leave, they will return to normal. Sadly, we know this isn’t always the case.

13. Once soldiers have admitted a problem to themselves and sought help, assuming that enough health professionals are available, they are able to access treatment with relative ease. Once discharged, however, and dealing single-handedly with what they may feel is an unfeeling DVA bureaucracy, access to psychiatrists and psychologists may become somewhat more difficult. This may be due, in part at least, to the paucity of available professionals, particularly in rural and regional areas. Walking Wounded would like to see an increased ability for veterans to seek treatment from trained counsellors. Counsellors will often be more readily accessible and in some cases, may actually have some previous military experience – in fact, if a veteran is able to source a suitable counsellor, it will often be because of that shared experience. Many veterans become frustrated with having to explain the context and meaning of military terms and employments, as often happens when talking with a person who has no military experience. To this end, the benefits of encouraging veterans to gain counselling qualifications in order to help fellow veterans would seem to be self-evident.



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***Comment on: the adequacy of mental health support services, including housing support services, provided by the Department of Veterans' Affairs (DVA)***

14. DVA provides a very broad range of mental health support and it would be churlish to disparage these genuine and often difficult services; a glance at their website shows the assistance available. Walking Wounded believes that an expansion of their housing assistance may be possible, perhaps in concert with a review of the homelessness situation of some veterans (see below for additional comments). In particular, it should be possible to facilitate housing assistance for longer periods along the lines of services provided by other ESO.

***Comment on: the support available for partners, carers and families of returned service personnel who experience mental ill-health and PTSD***

15. Walking Wounded has some experience of the available support for partners, carers and families and is satisfied that DVA are well along the right track. Given our view that the burden of care will always fall on those closest to the veteran, it is obvious that as much assistance should be provided to them as is possible.

16. The Veterans and Veterans' Families' Counselling Service (VVCS) has continued to grow and adapt to changing circumstances and demographics and, while it has its challenges, we are confident that its direction is sound.

***Comment on: the growing number of returned service personnel experiencing homelessness due to mental ill-health, PTSD and other issues related to their service***

17. This appears to be an increasing problem, but understanding its extent is vital. Walking Wounded has seen some truly troubling statistics on veteran homelessness (eg, one in ten homeless people in Victoria may be ex-service – though this appears to be on the high side, it may be entirely correct), to the point where several self-help groups have been formed to address the problem. We would like to see a more holistic approach to the problem, perhaps under DVA's auspices, where the many charities concerned would be able to make more informed decisions on individuals who may be ex-service.

18. Homelessness does not just happen suddenly; it is often a descent through substance abuse, mental ill health and related ailments. If the first step is untreated mental illness, the last step may be homelessness, or worse.



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**Comment on:** *the effectiveness of the Memorandum of Understanding between the ADF and DVA for the Cooperative Delivery of Care*

19. Walking Wounded has unable to devote enough time to studying this document with care and is therefore unable to make a fuller comment. However, any principle of continuing cooperation is to be applauded.

**Comment on:** *the effectiveness of training and education offerings to returned service personnel upon their discharge from the ADF*

20. For servicemen and women, discharging from their particular service is always stressful, challenging and not a little unsettling, even for those who are separating in the best of circumstances after a happy career. For those leaving for medical or psychological reasons, perhaps unwillingly, it can be a devastating experience. Discharge entitlements from both the ADF and DVA are generous but can seem confusing; more should be done to streamline and simplify the offerings, particularly where there may be overlapping areas of responsibility.

## **Conclusion**

21. Walking Wounded welcomes this opportunity to provide input to the Senate Review and stands ready to provide amplifying detail if required.

## **Responsible Officer:**

Brad Skinner  
Executive Officer