

Senate Standing Committee on Foreign Affairs, Defence and Trade

Inquiry into Suicide by veterans and ex-service personnel – 6 February 2017

ANSWER TO QUESTION ON NOTICE

Department of Defence

Topic: Chain of Command engagement with the Medical System

Question reference number: 5

Senator Fawcett

Type of question: Spoken, asked on Monday, 6 February 2017, Hansard page 30

Date set by the committee for the return of answer: 24 February 2017

Question:

Senator FAWCETT: Evidence was presented in Adelaide about the lack of the ability of the chain of command to visit a soldier who is in an inpatient scenario, and some of my discussions with serving men and women at the non-commissioned officer rank give some validity to those comments that, once they have said to a soldier, 'Yes, go and report to your MO,' and they are off into that medical system, the chain of command is discouraged—even to the extent, I would argue, of prevented—from being engaged. At that senior NCO level and from the evidence that was provided, there is great concern that, without that continuity of contact and care, it is actually isolating the soldier in a very tangible way. I am just wondering: is there a formal Defence policy around that, or, in the light of the evidence that has been provided, can you provide clear directions so that both the medical fraternity and the chain of command know that there is nothing preventing and in fact they are encouraged to continue that contact?

Air Vice Marshal SMART: There is definitely no policy. In fact, that runs counter to our approach. We have certainly, over the last few years, as we have changed our model and matured it, looked at ways we can improve relationships between medical and command. We have actually developed a network, I guess, of what we call habitual relationships. In the old system there used to be the RMO and the CO, and we have hubbed a lot of that. What we have tried to do is say: 'Here is your doctor. They might not be a uniformed doctor, but part of their role is to remain engaged in command—and all levels of command, obviously, as well.' There is certainly no direction that they should not be involved. Everything we do is case by case, and a lot of it is the judgement of the individuals. We do have some members, of course, who do not want to see the chain of command or who do not even want to see a uniform—they will not even come on our bases—and we have to provide unique solutions for unique situations. But certainly there is no general policy. I will go back and look into that and see, if you have specific examples, how we can modify behaviours that might have developed in some areas.

Senator FAWCETT: If you could, take on notice what action you will take. In my role of chairing the other committee, I engage a lot with your senior NCOs and ask quiet questions, and the impression I have is that there is a strong perception that it is

not encouraged or is in fact prevented. I would be interested to know how you are going to try to counter that so that we can keep that connection with the chain of command—where the individual does not object; where they want it—so that it can happen.

Air Vice Marshal SMART: It would be useful, I guess, to know if there are particular areas that we can focus on, but certainly, thank you.

Answer:

Joint Health Command is committed to providing holistic, quality health services in a standardised and coordinated manner across the Australian Defence Force. This includes providing support to commanders to meet their welfare obligations for members who are ill, injured or seriously wounded.

A review of Defence and Joint Health Command policy has confirmed there is no policy that limits Command access to members whether they are inpatients in health facilities or under medical management as outpatients. Defence has established a number of policies, training and communication initiatives that specifically support the connection between members, their chain of command and the medical team. Command access to members who are inpatients is always subject to the consent of the Australian Defence Force member and the recommendations of the treating team at the relevant health facility.