Royal Commission Update – Sydney Day 13 – 16 February 2022

RSL References

Positive:
NA

Negative:
NA

General Summary

- Systemic approach to reform emphasised during Zero Suicide Framework discussions
- Extensive and emotional lived experience testimony

Witness List for 17 February

- Ms Gwen Cherne – Lived Experience
- Ms Deborah McKenner – Lived Experience
- Mr Bruce Hunter (McKinsey & Co) – Expert Witness

9:00am – Dr Edward Coffey MD – Ms Sue Murray OAM – Zero Suicide Framework

Zero Suicide Framework:

- Six dimensions of quality care: safer, effective, patient-centred, timely, efficient and equitable
- Perfect depression care = no deaths by suicide – not just limited to those with depression, but whole of system approach
- This 'Zero Suicide Framework' requires the goal of 'zero suicide' to be committed to by an entire system, that system to operate in a 'just' fashion (safe, encourages striving for protection, allows mistakes to be made so improvements can be made), and good systems engineering – designing systems that reduce the risk of suicide
- This focus needs to be beyond just the health system – community systems engineering is also needed
- The system has been effective where utilised – also focuses on recovery elements

Importance of data and monitoring:

- Data and monitoring helps identity where processes can be improved, allows for systemic and cultural reform
- Data is critical for understanding problems – must be collected, analysed and applied to program and service design – i.e. evidence-based practice
- Realtime data analysis can help services to intervene during suicide crisis points

- Can't use old information to improve current systems – need 'good enough' data to make changes on the run

Leadership and Systems:

- Decision to prevent all suicide drives change – needs commitment from leadership across all systems, which helps to reduce stigma and increase help seeking
- Need to have a connected system and continuity of care – helps reduce impact on Emergency Depts
- This sort of systemic care reduces resources i.e. resources required for one acute care bed can fund community care for 40 people, and reduce resources expended by police, community orgs etc.
- Need to ensure there is a support network that surrounds the person in crisis

For DVA and Defence:

- Must commit to 'Zero Suicide' framework, engaging all networks, not just health – although Defence also needs to better engage health system for Defence members
- Need to build suicide prevention systems, which requires cultural and quality improvement – current system of blame and retribution is not effective for care
- Departments need to adopt evidence-based practices, including the use of data
- **Note:** Encourage the building of social networks among Veterans – has been shown to reduce suicidality amongst USAF Veterans – building broad and connected networks (family, friends, ESOs, hobbies, sports) is a protective factor
- Peer networks are important, as are formal and informal forms of leadership
- Create linkages between networks so that those affected don't always have to retell a retraumatising story – can be challenging across jurisdictions
- DVA and ADF leadership needs to commit to make a 'Zero Suicide' framework work

11:15am – Ms Bonny Perry – Ms Kamaia Alexander – Lived Experience

- Multiple services from 1987, deployed to Afghanistan in 2013
- Had 3 separate personalities – military, family, friends
- Following deployment, was a changed man – wife contacted unit for mental health help and none was given
- Was suicidal before returning from deployment – taken to base hospital for 30 mins and given anti-depressants, then sent home
- On limited duties next 2 years – lost self-worth – PTSD diagnosed in 2014, contributing to risk taking behaviour or bouts of depression and inactivity – became controlling, anxious, unable to relax
- Felt as leader he didn't want to lose anyone – became a micromanager and took on responsibility – felt let down by Senior NCOs and Officers
- Attempted suicide 8 times in 3-year span, with multiple hospitalisations – ADF knew and didn't respond to red flags
- Family affected – on eggshells, daughter present at 3 attempts, wore partner down, no sleep – both got counselling, but organised themselves – DCO offered one session (per lifetime) for family

2:00pm – SY2 – Anonymised Witness – ex-Serving Member of ADF

- Believes military service ruined his life – drugs, alcohol, gambling, prescription meds and ongoing mental health issues
- Abused as a child – didn't reveal and wasn't asked during recruitment – culture of covering up injury or trauma
- Sexually abused by instructor during training – process hearing was held, with minor charges against the officer, but nothing substantive – later investigated by Commonwealth Ombudsman, IGADF, MPs and SENPRO, who found the incident was not serious enough for investigation

- Deployed in 2011 – 'mixed base' ADF/ANA, where there had previously been 'green on blue' attacks
- Was drugged and sexually assaulted by ANA members – investigated post-Service, told it was the ADF's problem anymore, and that he should go and see Open Arms
- Professional work was satisfactory, but everything else about service and deployment was not
- Undertook a junior leadership course – instructor's behaviour was unsatisfactory
- Best friend was KIA - multiple friends and comrades committed suicide around him – took its toll – started drinking and doing drugs – 'trauma was losing mates' – no support offered during this time
- On discharge, received large lump sum compensation payment (with help from advocate) from DVA – paid in lump sum, despite psychologist writing to DVA of problems with drinking, gambling and drugs – lost $130,000 within 24 hours on gambling
- By 2020 had nothing left – had sold ADF medals – attempted suicide multiple times, causing him to lose his house
- Was awarded 'Australia's Greatest Mate' by Mates4Mates in late 2010s, has met a partner and had a child, which helped him turn his life around
- Saw psychiatrists briefly in ADF – tickbox exercise with higher rank – sees psychiatrist currently with DVA funding
- Emphasises the importance of care during anniversaries
- Believes veterans enjoy giving back to their community – thought there may be an opportunity to introduce an activity for Veterans to engage in every month i.e. a blood drive on the 25th of every month
- Believes DVA claims take too long to process and sufficient support from ADF and DVA is not available