

NSW Government Submission

Royal Commission into Defence and Veteran Suicide

April 2022



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Executive Summary

The NSW Government welcomes the opportunity to make a submission to the Royal Commission into Defence and Veteran suicide.

NSW Government preliminary submission to the Royal Commission

A large amount of research has been conducted over recent years to examine issues of mental health and suicide prevention amongst current and ex-serving Australian Defence Force members. To address these issues, the Department of Veterans Affairs has already commenced reforming the way it provides services, with a stronger emphasis on welfare, more support at transition and improved communication with veterans. However, veterans continue to be at significant risk of adverse welfare outcomes, and more could be done to ensure that support services are focused on the lifetime wellbeing of veterans and their families. While it is important to acknowledge that the Commonwealth Government has legislated responsibility for veterans, the NSW Government is also working to ensure that mainstream services such as health, education, transport, and housing are appropriate for veterans and their families' needs.

Transition is a risk factor for poor welfare outcomes, and in NSW, the Government was involved in the development of plans for the Commonwealth funded and RSL LifeCare led Nowra Veteran Wellbeing Centre. This Centre is part of a network of eight currently established and proposed locations across Australia. These veteran centres illustrate how the Commonwealth, State and Local Governments, the veteran community and Ex-Service Organisations can collaborate to assist veterans and their families across their whole life journey. This support is particularly important at transition, where the centres can assist veterans access holistic wellbeing services and maintain strong social connections. The Commonwealth announced further funding for veterans wellbeing centres in the recent budget, and in NSW these centres could be located in areas comprising a large veteran population. This could include Northern Rivers, Wagga Wagga, Western Sydney (at Bardia Barracks Military Precinct in Ingleburn), and South-West Sydney.

The NSW Government is currently looking at opportunities to support delivery of veteran centric services in partnership with Ex-Service Organisations on sites associated with military service and repatriation services. An example of a service with deep historic connections to the provision of health services to the veteran community is the National Centre for Veterans Healthcare (the NCVH) at Concord Repatriation General Hospital. Currently re-focussed for the contemporary needs of veterans, the NCVH is the first Australian service to combine specialities to meet the complex needs of the Australian veteran community. Further case studies from the NCVH that demonstrate the benefits of this model are provided in this submission.

Improving our understanding of the veteran population is key, and the 2021 Census included a question on whether someone has served in the ADF. This will help us better understand the profile of former defence members in NSW. However, data on veterans' health and the use of health services will still be limited, especially where veterans do not access services through their DVA health care card. In addition, legislative barriers to data sharing between jurisdictions and services can hinder the provision of tailored health care services to veterans. The NSW Government is currently working with the Commonwealth and other jurisdictions to better understand these barriers, and scope opportunities to share data to improve health and wellbeing service delivery for veterans.

The NSW Government's submission will detail the following:

- **the need for financial support from the Commonwealth for the establishment of additional Veteran Wellbeing Centres, strategically located across the State and focused on the life journey of individual veterans post transition;**

- the need to centralise the support and financial assistance provided to veterans upon their discharge to ensure funding is mandated for health, educational, social/recreational, legal and housing needs. Adequate and holistic funding for these five pillars will reduce the likelihood that a veteran will experience a suicidal crisis as the factors which may contribute to or increase the risk for suicide are addressed (unemployment, poor family connections, food insecurity, lack of housing, legal issues);
- As there is no peak body that represents ESOs and the broad interests of veterans, a peak body could assist in effective engagement on behalf of the veterans community and ensure better governance across the sector, as well as improving oversight and aligning priorities;
- Increased involvement and presence of ESOs like RSL NSW, Soldier On and Mates4Mates at ADF bases and throughout the transition process to better mentor and support a serviceman or woman returning to civilian life;
- the need for improved real-time and legacy information sharing between the Commonwealth and States as well as data integration to better manage a Veteran's transition to civilian life and monitor suicide risk; and
- State and Commonwealth agencies like Service NSW and Service Australia should have a dedicated concierge service for newly discharged veterans, similar to the fast-tracked support that is currently offered at Service NSW for disaster affected civilians.

1

Introduction

The current veteran landscape and areas of responsibility

The Department of Veterans Affairs has primary and legislated responsibility for veterans

The Commonwealth Government, largely through the Department of Veterans Affairs (DVA), has primary and legislated responsibility for veterans and their families. The support includes income assistance, compensation, health care, rehabilitation and other services. Veterans are able to access this support under three main Acts:

- The Veterans' Entitlements Act 1986 (VEA).
- The Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA).
- The Military Rehabilitation and Compensation Act 2004 (MRCA).

The Acts have different eligibility requirements and provide different levels of support to veterans through different claims and appeals processes. Entitlement under these Acts may also be of relevance to concessions and entitlements administered in the different states and territories.

Nevertheless, many veterans do not access DVA assistance after transitioning from the ADF, and a large percentage of veterans are not currently DVA clients.¹

The NSW Government supports veterans through mainstream services such as health, education, transport, and housing

The NSW Government plays an important part in ensuring veterans live full and satisfying lives after their service to their country, ensuring they have access to mainstream services such as health, education, transport, and housing, and that these services are appropriate for veterans' changing needs.

The NSW Office for Veterans Affairs (OVA) is the lead for NSW responses to veterans. As well as leading heritage and many commemoration activities, OVA provides targeted programs and grants that support veterans to access employment and education opportunities that are critical for long-term wellbeing, and works with other government departments and peak bodies to shape these programs. In 2021, NSW launched the first Veterans Strategy which outlines a whole-of-government approach to veterans.

In 2021, NSW also established the NSW Inter-Departmental Committee (IDC) in response to the Royal Commission into Defence and Veteran Suicide. The committee includes representatives across NSW government agencies to coordinate NSW specific responses and address emerging issues from the Royal Commission and meets bimonthly.

The NSW and Australian Governments work collaboratively and with peak ex-service organisations, to recognise and commemorate veterans' service through memorials, events, and learning opportunities that encourage remembrance. Commemoration plays an important role in honouring and validating the hardship and sacrifice that comes with a veteran's service to his or her country.

The NSW Government is represented at or is a member of the following Commonwealth Government Working Groups, committees and forums:

- DVAs NSW Consultative Forum

¹ <https://minister.dva.gov.au/news-and-media/new-data-veterans-released-day-after-census>.

- ADF Member and Family Transition Seminars
- The Commonwealth State and Territory Committee (a subordinate committee of the former Veterans Ministerial Council - now Taskforce)
- National Taskforce on Veterans' Wellbeing (previously the Veterans Ministerial Council)
- National Data Sharing Work Program – Veterans Health
- National Incarceration Policy Working Group
- Commonwealth Inter-Jurisdictional Committee (IJC) for the Royal Commission into Defence and Veteran Suicide.

The OVA work closely with the DVA and other State and Territory jurisdictions to ensure that issues involving veterans are properly coordinated and approached in a consistent manner and relevant information is shared.

Veterans are dispersed across NSW but greater populations can be seen in certain areas

An estimated 200,000+ ex-ADF members live across NSW. Of those, almost 56,000 veterans and 30,000 family members of veterans are current clients of DVA.² Almost 60 per cent of them live in Regional NSW. Every year around 1,200 service members leave the ADF to live in NSW. Around 40 per cent of these veterans move to Sydney, and almost 50 per cent move to coastal regional areas.³

Over time, in NSW and across Australia, the number of veterans is slowly declining. Just as the general population is ageing, so too are veterans in NSW. This trend is stronger amongst veterans, due to the lessening of military conflict. In a 2018 study, almost half (47 per cent) of men who served were aged 65 or over, with just under one-quarter (23 per cent) of women in the same age group.⁴

Improving our understanding of the veteran population is key, and for the first time the 2021 Census included a question on whether someone has served in the ADF. This will help us better understand the profile of former ADF members in NSW, their needs, and how NSW can better support them in their civilian lives.

However, data on veterans' health and the use of health services will still be limited, especially where veterans do not access services through their DVA health care card. In addition, legislative barriers to data sharing between jurisdictions and services can hinder the provision of tailored health care services to veterans. The NSW Government is currently working with the Commonwealth and other jurisdictions to better understand the impediments to data sharing, and scope opportunities to improve data sharing to improve health and wellbeing service delivery for veterans.

Veterans are diverse and have different health and welfare needs throughout their life

A future veteran support system needs to have a focus on the lifetime welfare of veterans and their families, and be more focused on addressing educational, social, employment and housing needs to add renewed meaning and purpose to a veteran's post-service life.

² DVA Pensioners and Treatment Card Holders by Local Government Area as at 3 April 2020

³ Defence Annual Report 2018–19, Chapter 6, Strategic Workforce Management p.93

⁴ Australian Institute of Health and Welfare 2018. A profile of Australia's veterans 2018. Cat. no. PHE 235. Canberra: AIHW.

The veteran community spans all generations and includes partners and children of veterans, war widows and widowers, and carers of veterans. The profile and needs of this community are changing. This is due to the increase in the extent and tempo of military engagements since the 2000s and declining number of older veterans.

The unique nature of military service means that many veterans experience health and welfare challenges over and above those of the Australian population.⁵ For veterans from conflicts such as World War Two, Korea and Vietnam, healthy ageing can be an issue, and chronic disease can be an important consideration.

Younger veterans are more focused on rehabilitation, wellness and returning to work, and their service may have seen them engage in a range of warlike, and peacekeeping and peacemaking deployments, as well as disaster response and border protection operations. These younger veterans are more likely to have experienced multiple, high tempo deployments. In addition, frequent relocations within Australia can result in a sense of dislocation for contemporary veterans and their families.

In 2017, the veteran client population was expected to decline by 14.2 per cent by 2022. However, in 2020 the population is projected to steadily increase by seven per cent by 2025. The population of younger clients aged 25 to 40 years is forecast to increase by 44 per cent from 2020 to 2025⁶. Contemporary veterans are more likely (than older veterans) to:

- be women (often with dependent children) — the proportion of female members in the ADF increased from 13 per cent in 2000 to about 18 per cent in 2018
- have been on multiple deployments — 38 per cent of permanent ADF members have been deployed more than once
- need to prepare for a working life after service — the median length of time in the military is seven years for members of the Navy and Army, and 10 years for members of the Air Force.⁷

⁵ Ibid.

⁶ Auditor-General Report No.30 2020–21 Effectiveness of the Planning and Management of Veteran Centric Reforms

⁷ Productivity Commission 2019, A Better Way to Support Veterans, Overview and Recommendations, Report no. 93, Canberra.

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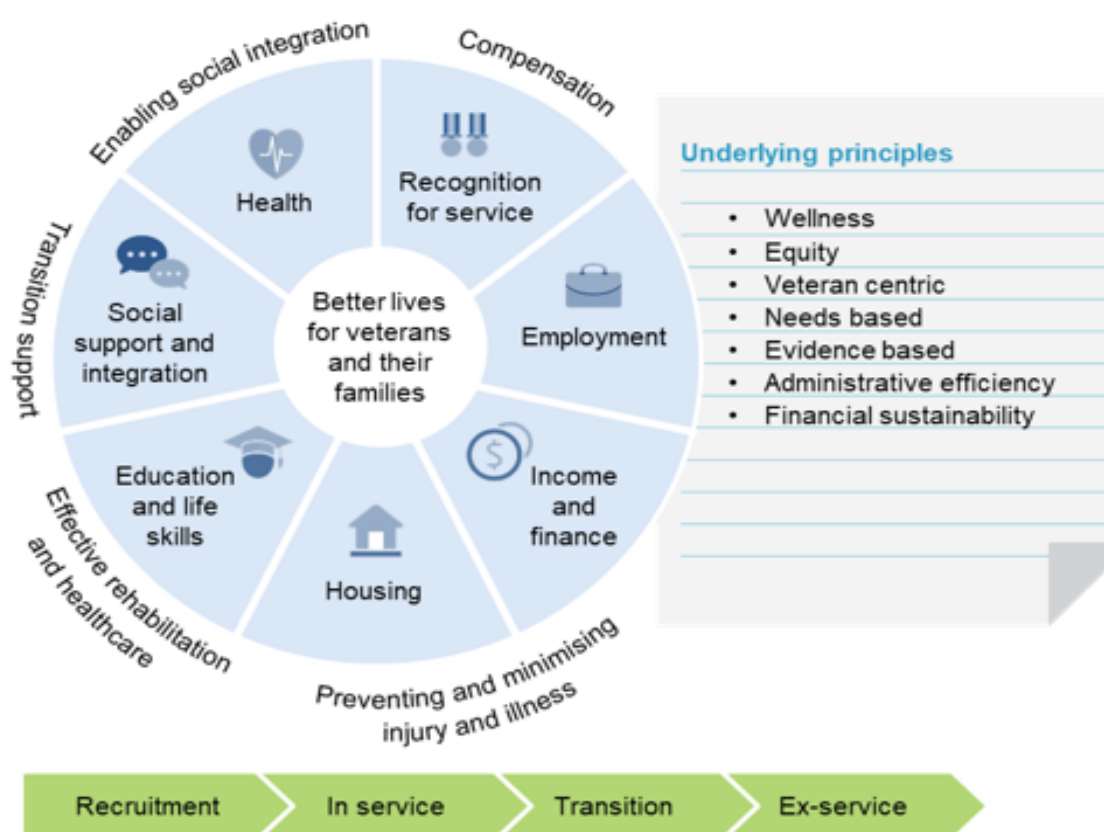
Research and consultation

Numerous studies have been undertaken to assist in improving the mental health of veterans

Common themes from these studies include low awareness of available services, problems at transition around support, lack of veteran-centric care, lack of continuity of care between DVA and Defence, concerns around access to mental health supports (particularly in regional areas) and issues with the complexity of the current support system.

A large amount of work has already been undertaken to begin addressing these issues and the DVA has begun a process of veteran-centric reform, which includes

- the Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023, which lists a series of objectives under four priority areas with the aim of establishing coordinated models of care, promoting wellbeing and reducing suicide risk amongst veterans;
- simpler, better, digitally enhanced experiences for clients when they interact with DVA;
- an easy and successful process of transitioning from the Australian Defence Force to civilian life;
- early intervention and preventive health care and supports; and
- an Information and Communications Technology (ICT) platform that mitigates risk and improves DVA's service delivery through partnering with Services Australia.



Source: DVA wellbeing model - Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-2023.

Research tells us that some veterans are at higher risk of suicide

Since 2017 the Australian Institute of Health and Welfare has provided annual updates to monitor the incidence of suicide in permanent, reserve and ex-serving ADF members. This work has been commissioned by the Department of Veterans' Affairs. This has helped to build a better understanding of the characteristics that may be associated with suicide risk. **This research indicates that suicide is the leading cause of death for young people, and among young ex-serving male personnel (aged 18-24 years) the rate of suicide is twice that observed for Australian men of the same age.**

Other risk factors associated with higher suicide risk include involuntary discharge (particularly medical discharge) less than one year of service, and discharge in all ranks other than commissioned officer.⁸ These factors are important indicators for identification of those who are at highest risk of death by suicide at transition.

Key predictors of suicide ideation in ex-serving members also included economic and social factors such as housing instability, financial problems, and lack of employment.⁹ This highlights the need to focus service innovation and improvement on addressing the mental health needs of young serving and ex-serving personnel as well as employment and housing opportunities.

Individual, Situational and Social and/or Cultural factors contribute to risk

Many factors influence a person to attempt to take their life. Research undertaken for the Strategic Framework for Suicide Prevention in NSW 2018–2023, Mental Health Commission of NSW indicates these factors may be individual, situational or social/cultural in nature, and people can experience more than one risk factor at any one time. Where risk factors are present, there is a greater likelihood of suicidal behaviours.

⁸ <https://www.aihw.gov.au/reports/veterans/incidence-of-suicide-in-adf-personnel-2001-2015/report-editions>

⁹ Jones, K., Varker, T., Stone, C., Agathos, J., O'Donnell, M., Forbes, D., Lawrence-Wood, E. & Sadler, N. (2020). Defence Force and Veteran suicides: Literature review. Report prepared for the Australian Commission on Safety and Quality in Health Care. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.

Individual	Situational	Social and/or cultural
<ul style="list-style-type: none">• Biological or genetic• History of suicidal behaviour• Major physical or chronic illnesses including chronic pain• Mental illness (including those unrecognised or untreated)• Alcohol or substance misuse• History of trauma, abuse or neglect• Low socio-economic status• Restricted educational achievement• Family history of suicide• Sense of isolation• Feelings of helplessness or hopelessness• Impulsiveness	<ul style="list-style-type: none">• Job and financial losses• Long term unemployment• Stressful life events, including natural disasters such as drought• Breakdown of relationships• Bereavement or the loss of a loved one• Contact with the criminal justice system• Transition from school, hospital care, or correctional facilities• Maladjustment to residential aged care• Homelessness or the risk of homelessness• Social dislocation or discord• Easy access to lethal means	<ul style="list-style-type: none">• Exposure to suicidal behaviours• Stigma associated with poor help seeking behaviour• Barriers to accessing healthcare, particularly mental health and substance misuse treatment• Social isolation and lack of social support• Victimisation, bullying and stigma• Discrimination• Cultural alienation or dislocation• Inappropriate media reporting

Source: Strategic Framework for Suicide Prevention in NSW 2018–2023, Mental Health Commission of NSW (see Attachment 1)

Transition is a key situational risk for many poor welfare outcomes

There are unique challenges associated with transitioning from full-time ADF service such as **loss of identity, difficulty securing employment, financial challenges, loss of social network and difficulty with civilian social integration, and relationship stress, which may pose a severe risk to mental health.** Added to this, one in three ex-serving ADF members report high to very high psychological distress.¹⁰

ADF members who have recently transitioned out of full-time service are at increased risk of suicidality with the peak risk period occurring at three years post-transition. Transitioned members are at higher risk where financial strain or housing instability are present or in those aged under 28 years.¹¹

Protective factors help reduce a person’s vulnerability to suicidal behaviours and increase an individual’s capacity to cope with particularly difficult circumstances

The *Strategic Framework for Suicide Prevention in NSW* highlights that while many interventions are geared towards the reduction of risk factors in suicide prevention, it is equally important to consider and strengthen factors that have been shown to increase resilience and connectedness, and that protect against suicidal behaviour. The NSW Government’s Veterans Strategy includes initiatives that are designed to increase connectedness, social and economic participation, and more information about these initiatives is provided later in the submission.

¹⁰ Jones, K., Varker, T., Stone, C., Agathos, J., O'Donnell, M., Forbes, D., Lawrence-Wood, E. & Sadler, N. (2020). Defence Force and Veteran suicides: Literature review. Report prepared for the Australian Commission on Safety and Quality in Health Care. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.

¹¹ Ibid

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Source: Strategic Framework for Suicide Prevention in NSW 2018–2023, Mental Health Commission of NSW (see Attachment 1)

3

Current support for veterans in NSW

The NSW Government's Veterans Strategy aims to provide holistic support across a range of welfare outcomes.

The NSW Veterans Strategy responds to concerns articulated by veterans

Research and stakeholder consultation undertaken in the development of the NSW Veterans Strategy in 2020 helped develop a rich understanding of what veterans and their families need to maximise welfare and social and economic participation. A survey was conducted by OVA across the veteran community, and in depth focus groups with veterans shaped an understanding of what veterans and their families need to improve welfare and social and economic participation.

The findings from the survey indicated that veterans reported difficulties in the transition from defence force to civilian roles, with participants reporting challenges associated with transition, such as a loss of identity and sense of belonging, and citing the need for improved transition processes.

More than half of the survey participants indicated that they had experienced mental health issues since leaving the ADF. Participants reported challenges receiving a diagnosis and/or challenges with receiving timely and adequate support. Some participants also indicated that health services more generally were difficult to access. The reasons provided were that there were lengthy delays in finding and accessing services, and that many survey participants were unaware of the services that are available.

Veterans also provided a number of suggestions for the types of programs that would be beneficial to their mental and physical health and would help to increase their engagement in the community. **Education and employment were identified as high priority issues**, as was support during transition and the need for tailored support for veterans' families. **Ways to connect to the community were also seen as key, such as sport, volunteering, social and peer support opportunities.**

This research helped develop the four themes of the NSW Veterans Strategy, Recognition and Commemoration, Education and Employment, Community and Volunteering and Support. The initiatives provide strong examples of programs that can assist social and economic participation, as well as ensure that veterans with additional challenges receive the support and services they need. The Strategy implements a whole-of-Government and whole-of-community approach to the important role veterans play in NSW.

A full list of initiatives in the NSW Veterans Strategy and the Veterans Strategy Action Plan can be found at Attachments 2 and 3.

Health and Wellbeing

In NSW, veterans have access to the same wide range of public hospital and associated health services as all citizens. Care provided by public hospitals to eligible people with a Veteran Card is funded by DVA under the terms of a Hospital Service Agreement. DVA determines eligibility for a Veteran Card, which can include family members of currently serving or past service personnel.

If a veteran is not eligible to receive a service funded by DVA using their Veteran Card, they are free to access all public health services as a member of the public, with those services funded by the NSW Government and Australian Government.

In addition, the Strategy has programs that aim to assist veterans at significant risk of adverse wellbeing outcomes. These include a new pilot program called the COPE Program which is funded by the NSW Government and delivered by the Buttery in Northern NSW. The Buttery is a not-for-profit charitable organisation, which provides evidence-based rehabilitation and outreach programs. The COPE program supports veterans living with Post Traumatic Stress Disorder and Substance Use Disorders outside of hospital and acute medical settings. The Buttery has extensive experience delivering trauma-informed ancillary treatments in a therapeutic community setting which assists in providing structure in daily living; support through physical and psychological safety; individual acceptance and encouragement; and support of healthy values.

In addition, the NSW Government supports veterans at risk of homelessness through its 24/7 dedicated help line, Link 2 Home Veterans, and through its Rent Choice Veterans Program. This program partners with RSL Lifecare to assist veterans at risk of homelessness by providing tapered rental support.

The Strategy also includes the Towards Zero Suicide Strategy, which has seen the NSW Government invest \$87 million over three years in new suicide prevention initiatives that contribute to the Premier's Priority to reduce the suicide rate by 20 per cent by 2023. These include best practice crisis care and support, building on local community resilience and improving systems and practices to reduce the suicide rate in NSW.

Towards Zero Suicide Strategy

The Towards Zero Suicide strategy has 15 initiatives that seek to provide leading best practice crisis care and support, build on local community resilience and improve systems and practices to reduce the suicide rate in NSW (<https://www.health.nsw.gov.au/towardszerosuicides/Pages/initiatives.aspx>). The initiatives are:

- Safe Haven
- Suicide Prevention Outreach Team
- Enhancement to Rural Counselling
- Community Gatekeeper Training
- Building on Aboriginal Communities' Resilience
- Zero Suicides in Care
- Aftercare
- Youth Aftercare Pilot
- Post Suicide Support
- Expanding Peer Support and Peer Led Programs
- NSW Community Collaboratives
- Suicide Prevention Training in Systems Outside Mental Health
- Community Response Packages for Priority Groups
- NSW Suicide Monitoring System
- Suicide Prevention Alert System

Transition, Education & Employment

Programs which assist veterans' social and economic participation include the Veterans Employment Program, the Veteran Skills Program and Ranks to Recognition. These programs have been developed and expanded in response to feedback provided in the Veterans Strategy consultations. In the focus groups, two broad themes emerged: (1) that participants were not able to translate military training and language and also lacked the confidence to use different language and (2) participants advised that navigating the diversity of employment options outside services was confusing. Veterans felt uncertain about which options were the most suitable for their skillset and would match their interests. For those who had specific plans developed while they were still in service, the pathway was a little clearer, and this assisted a smooth transition.

Some participants did not recognise their own skill levels and, rather than seeking jobs that capitalised on their skills, sought base-level jobs as a way of restarting their lives and a new career.

A critical observation was that hiring managers did not always understand the skills that ex-serving personnel could have because of their military service: skills like leadership, teamwork, communication, logistics. For some, the answer lay in promoting veterans to employers; for others, the focus was more on tools to help hiring managers to interpret and understand their experience.

Education was seen as a pathway to employment, and there were similar issues with converting skills and certifications from service into meaningful civilian qualifications. Some participants suggested an easier pathway to recognition of prior learning would help. The NSW Government Veterans Employment and Education Programs look to respond to these insights.

Veterans Employment Program

The NSW Government was the first jurisdiction in Australia to commit to supporting veterans through an employment program. The NSW Veterans Employment Program (VEP) was launched in May 2016 by the Minister for Veterans David Elliott with a key objective of creating an awareness of veterans' employability, and a target to employ 200 veterans by 2019. In 2018, this target had already been exceeded with 831 veterans securing employment. The most recent figures indicated that between October 2018 and September 2021 1,224 veterans had accepted roles in the NSW Public Sector. These achievements were recognised by awards under the Prime Minister's Veterans' Employment Program initially in 2018 and again in 2021.

The VEP now provides regular workshops to offer veterans practical knowledge on the NSW State Government job search and application process. Participants are provided with resources and given practical scenarios to practice and gain confidence when applying for roles. To date 66% of veterans who have completed the workshop have secured a role within six months of completing the workshop. Some veterans used the workshop as part of their transition while continuing to serve in the ADF and have not yet actively sought employment.

Other attendees have become spokespeople at events, to share their perspectives on the benefits of the workshop and some have formed veterans' groups within the cluster they have been employed within. The VEP has also created two animated videos to help veterans in their job search and application process. The videos explain how to use the Rank to Grade Guide and Capability Definition Tool. They are being used on the VEP website and YouTube channels, along with the Australian Defence Force's Virtual Transition Seminar Booth and the Veterans Employment Workshop.

In addition, a partnership with the NSW Office of Local Government has created resources to assist Local Government employ veterans, and this has resulted in six NSW Local Governments (Lake Macquarie City, City of Newcastle, Campbelltown City, Blacktown City, Tweed Shire and Queanbeyan-Palerang Regional Councils) setting up their own form of veterans' employment program. (See VEP three-year report at Attachment 4). The NSW Government is also working with the construction industry to develop pathways for veterans to secure employment.

Veteran Skills Program

The Veteran Skills program was launched on 31 May 2021 to provide veterans and their recognised spouse/partner access to fee-free training under the NSW Job Trainer program. Courses are offered at approximately 360 Registered Training Organisations throughout NSW. The program also supports applicants if they only require a part qualification to be 'job ready' to pursue a civilian career path.

As of December 2021, 58 veterans and 8 spouse/partners have enrolled in full-time qualifications (e.g. Project Management, Leadership, Training and Assessment); 280 veterans and 27 spouse/partners have enrolled in part qualifications (e.g. Civil Constructions, Machinery Operation, Agriculture and Horticulture, Equipment Safe Operations); and a further 450 veterans and partners have enrolled in TAFE NSW to do a Foundation in Digital Literacy course to assist RSL NSW as part of their Advocate Skills support training.

Ranks to Recognition

The NSW Ranks to Recognition program offers veterans customised careers advice, counselling, skills assessment, recognition of prior learning and training gap analysis to help identify the skills and knowledge acquired in the ADF. The program has extended and is now also offering these services to veterans' spouse or partner. Since 2019, Ranks to recognition has assisted 1146 veterans, provided career counselling referrals to 255 veterans, and Teacher referrals to 147 veterans.

4

The Way Forward: Veteran Centric Services

The veteran-centric approach to service provision focuses on the experiences of and outcomes for the individual

This approach:

- recognises the special characteristics of military service;
- provides transition support;
- assists rehabilitation;
- works to prevent injury and illness;
- takes a lifetime approach to supporting veterans and their families; and
- is responsive to the changing needs and circumstances of veterans.

In NSW, examples of this approach to veterans' wellbeing can be seen across a range of services and initiatives. Examples of models of care which provide veterans centric services include the National Centre for Veterans Health at Concord Hospital and the Nowra Veterans Wellbeing Centre.

Empowering ex-service organisations to provide greater mentoring throughout the transition process

Recently, there has been a large growth in the number of Ex-Service Organisations (ESOs) providing services to the veteran community. Services include welfare support, claims assistance and advocacy.

Some ESOs are also expanding their service provision by offering services and information to current serving and transitioning ADF personnel at ADF bases. Importantly, the collaboration between the ADF and ESOs has the benefit of ensuring that ADF personnel are connected to the veteran community prior to transition. Similarly, the NSW Government attends ADF transition seminars to ensure that ADF personnel have information about NSW Government programs and services that may assist them transition.

ESOs are an important source of information provision and are able to provide advice about available support throughout their communities. This can be leveraged through partnerships with government, and the benefit of this approach is illustrated by the recent partnership between OVA, Service NSW and Legacy in Newcastle. This initiative saw both agencies working with Legacy Staff to ensure that Legacy clients were aware of NSW Government concessions, services and savings.

The growth in ESOs has the benefit of providing more choice of service providers. Currently, there is no peak body that represents ESOs and the broad interests of veterans. The NSW Government is of the opinion that a peak body could assist in effective engagement on behalf of the veterans community. This peak body would only allow members that have minimum service standards and appropriate levels of governance. It would also help ensure better governance across the sector, improved oversight and alignment of priorities. Ultimately this could aid in the development of a strong, representative ESO community which may be better able to optimise support to current and future generations of veterans and their families.

The NSW Government would also welcome an approach that increases the involvement and presence of ESOs like RSL NSW, Soldier On and Mates4Mates at ADF bases and throughout the transition process to better mentor and support a service man or woman returning to civilian life. While government departments and agencies provide valuable information, there is no better support and mentoring than from a veteran who has experienced similar hardship, sacrifice, and faced the need to regroup following service to their country. Importantly, this service should be provided free of government restraint.

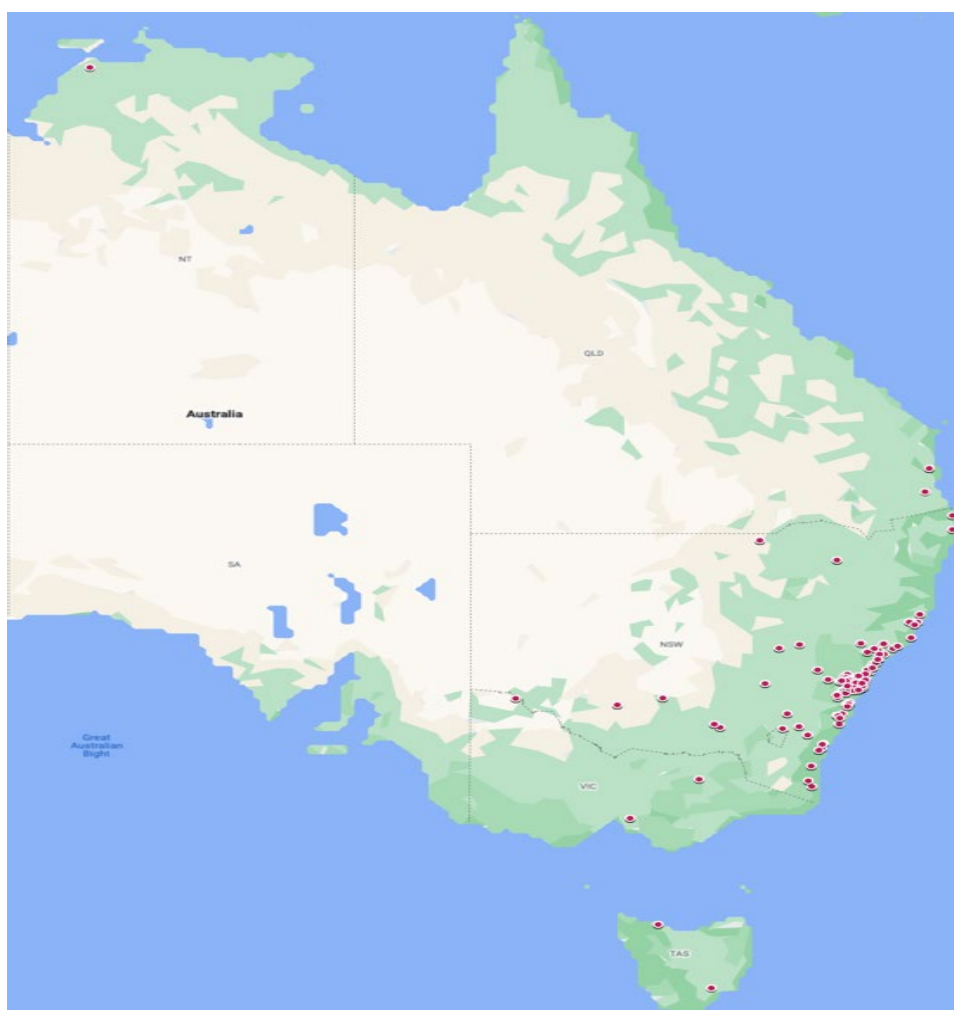
This strategy would also help to increase the participation of contemporary veterans in ESOs following their transition, and minimise the risk of a veteran being undetected and ‘lost’ following transition to civilian life.

The National Centre for Veterans’ Healthcare

Sydney Local Health District has established the National Centre for Veterans’ Healthcare (NCVH) at Concord Repatriation General Hospital (CRGH). This innovative service is a model established to effectively address both the mental and physical health along with psychosocial issues faced by Australian veterans. The NCVH builds on CRGH’s rich history in providing quality health services for returned servicemen and women from 1941 and has been delivered as part of the hospital’s \$341.2 million Stage One capital redevelopment. The NCVH vision is “to be leaders in the provision of comprehensive care to achieve optimal physical and mental wellbeing and quality of life for our veterans”.

The NCVH delivers a case managed ambulatory model of care, with medical specialties of Psychiatry, Drug Health, Pain & Rehabilitation Medicine, along with Clinical & Neuro Psychology and a broad allied health team. The service provides a true “one stop shop” for clinical assessment, stabilisation, evidence-based treatment and linkage with ongoing supports for veterans. The service is currently funded by NSW Health under non-admitted patient activity-based funding provisions, with no differential access for veterans based on DVA approved conditions, acknowledging the inevitable interrelatedness of mental and physical health issues on veterans’ quality of life and wellbeing.

Since commencing an initial pilot service in August 2019, the NCVH has delivered treatment to over 230 veterans and current ADF members across all branches of ADF service, with veterans' ages ranging from 19 to 78 years. With COVID-19 related border impacts, most veterans referred to NCVH have resided within NSW, though the service has also supported several veterans from Queensland, Victoria, Tasmania and the Northern Territory.



De-identified case studies from the NCVH

Mr S – Army veteran from rural NSW, aged in his 20s

Mr S self-initiated contact with the NCVH with the support of his wife in the context of long-standing mental health concerns and chronic pain from repetitive service-related musculoskeletal injuries. He served in the Special Forces with numerous deployments, prior to separating from the Army on medical grounds due to his mental health conditions. He presented with PTSD and prominent moral injury associated with exposures to traumas during his operational service. Mr S had struggled to access effective mental health services for 12 months prior to contact with the NCVH, due to geographical constraints, which ultimately led to social isolation, a relationship breakdown with his wife and suicidality.

Mr S received multidisciplinary treatment through NCVH Psychiatry, Rehabilitation and Pain Medicine specialists and was supported with comprehensive allied health input. Mr S initially engaged with the NCVH via telehealth to ensure timely assessment and provision of support through COVID-19 whilst residing rurally. Travel and accommodation to Sydney was coordinated through DVA for Mr S to receive a period of in person care to assist building rapport with clinicians and engage in trauma-focused therapy for his PTSD, impacted by moral injury and developmental history. Concurrently to Mr S's treatment, Mr S's wife and children were supported through social work intervention and linked with veteran specific family support services.

Following engagement with the NCVH service over a 5-month period, Mr S successfully achieved his identified goals. He effectively engaged in a therapeutic course of EMDR treatment with demonstrated improvements in his mental health status. This subsequently allowed him to engage in vocational re-training through DVA rehabilitation, return to interests through ESOs such as Invictus Australia and more effectively engage in rehabilitation for his physical injuries. Whilst further community supports for physical therapy has been coordinated, psychiatry services for veterans in rural NSW have been difficult to locate. As such, Mr S continues to receive support from NCVH Psychiatrists until handover to an appropriate clinician in his local area can be achieved.

Ms L – Navy veteran from regional NSW, aged in her 50s

Ms L's referral to NCVH was facilitated by DVA Complex Case Coordination in the context of a deterioration in longstanding back pain, which had impacted her mental health and physical functioning and increased suicidality. Ms L had reluctantly medically separated from the ADF in the 1990s due to a back injury, having previously planned a full career in the ADF. The issues were significant enough to warrant prior surgical interventions and were compounded by other service-related musculoskeletal injuries and cardiometabolic comorbidity. She also had a history of PTSD related to ADF service and chronic suicidal ideation. She had not previously accessed DVA supports or submitted claims for her service-related injuries prior to NCVH contact.

The NCVH engaged through a multidisciplinary approach to address her multiple issues. Case management assisted to coordinate services and provide a consistent point of contact, with DVA claims processes supported by linkage with an RSL advocate. Pain and Rehabilitation specialists provided a rapid clinical assessment and commenced appropriate therapy to address the exacerbation of her back pain and mitigate risks associated with long term opiate use, with coordinated care across multiple medical, allied health and psychology providers.

The NCVH team effectively liaised with a neurosurgeon to expedite assessment and progress definitive surgical treatment. Allied health interventions in parallel supported both pre-operative conditioning and effective post-operative rehabilitation to maximise functional recovery, with concurrent psychiatry and psychology treatments stabilising Ms L's mental health concerns and delivering evidence-based PTSD treatment which had not been available in her local area. Following engagement with the integrated NCVH service over a 4-month period alongside her surgical care, Ms L received high quality health education, reduced overall opioid use, minimised perioperative pain experience, strengthened cognitive capacity and addressed multiple risk factors for suicidality. She has now achieved her personal goal of returning to work and contributing to her local community.

Mr B – Navy veteran from regional NSW, aged in his 50s

Mr B was referred to the NCVH by his General Practitioner for coordinated multidisciplinary care. Over his ADF service, Mr B had been deployed to Border Control Operations which exposed him to significant trauma and he was ultimately medically discharged from the ADF owing to physical injuries. Following his discharge, Mr B struggled with alcohol dependence and prescription opioid use, which led to breakdown of his marriage and limited contact with his children. Following this, Mr B had experienced 7 mental health admissions including with a suicide attempt and had experienced periods of homelessness. Though he had received diagnoses of PTSD, depression and anxiety, prior compensation claims with DVA had not been successful, resulting in significant frustration and a desire to appeal this decision. He had been unable, however, to progress DVA claims processes given the need to recount traumatic experiences that this would entail.

The NCVH team engaged with Mr B to provide comprehensive clinical management across his range of issues. Through Psychiatry and Psychology involvements, medications were rationalised with stabilisation of mood symptoms, with Mr B advising he was not yet ready to embark upon psychological therapy for his mood symptoms. Drug Health clinicians supporting re-engagement with AA and SMART recovery supports, to minimise his risk of substance use relapse. His pain control was stabilised by further medication rationalisation to improve symptom control with selection of effective agents with reduced risks of addiction and misuse. Physical rehabilitation was delivered concurrently, with the combined support of medical, psychology and allied health clinicians supporting functional recovery from his multiple musculoskeletal injuries and cognitive effects of a haemorrhagic stroke he had experienced following ADF discharge.

Over a 3-month period of treatment with the NCVH, Mr B's mental state improved and he was able to maintain a stable new relationship and re-engage in regular contact and activities with his children. His pain symptoms improved, and he achieved significant gains in physical fitness and exercise tolerance including 15kg desired weight loss. He has now re-engaged in regular outdoor activities including bushwalking and has returned to social outings including engagement with his local veteran community.

The need for additional funding for Veterans Wellbeing Centres to better provide holistic services and support

The NVWC is one of eight centres being established across Australia to provide wellbeing services to veterans in their local communities.

The service model for the NVWC is based on the DVA Veteran Wellbeing Centre model, consisting of seven key elements of Health, Education and skills, Housing, Social support and connection, Employment, Income and finance, Recognition and respect. The NVWC is being delivered by RSL LifeCare and has been supported in its development by the NSW Office for Veterans with the aim of ensuring the Centre is connected to NSW Government services outlined in the Veterans Strategy and Action Plan.

The NVWC offers the following services to veterans:

- ADF Transition programs and activities
- Advocacy support services
- Social connection – support groups, sport etc including NSW Government supported programs through Veterans Sport Australia and the Office of Sport
- Veteran and family support services – ESO's, DFA etc.
- Housing assistance services that also connect to NSW Government programs
- Open Arms community and peer advisor support services
- Employment support assistance and services including NSW State & Local Government Veterans Employment Programs

- Mental health services support coordination and referral services that also connect back to the National Centre for Veterans Health at Concord and other NSW Health services locally
- Digital My Service Kiosk and other on-line information access services as well as awareness of the Service NSW information available on NSW Government services available for veterans

These case studies show how a veteran-centric approach to service provision can help create better health and wellbeing outcomes for veterans. At the local community level, the NVWC assists veterans and their families access a range of practical support services to help support finances, mental health and physical wellbeing as well as to build and maintain social connections.

The Commonwealth have announced funding for veterans' wellbeing centres in the recent budget, and NSW would benefit from the establishment of more centres, strategically located in areas of greater veteran population such as the Northern Rivers, Wagga Wagga, Western Sydney (at Bardia Barracks Military Precinct in Ingleburn), and South-West Sydney.

The NSW Government would welcome the opportunity to work with the Commonwealth to establish additional Veterans Wellbeing Centres focused on centralising services and support for veterans' health, housing, social/recreational, legal and employment related needs. Holistic support related to these five pillars throughout the life journey of a veteran (and not just focused on the short term needs post-transition) would reduce the likelihood that a veteran will experience a suicidal crisis as a result of unemployment, lack of housing, food insecurity, financial stress and lack of adequate legal advice.

Improved information sharing and data integration between the Commonwealth and the States

As detailed in this submission, enhancing our understanding of the veteran population is critical to better manage a veteran's transition to civilian life as well as monitor suicide risk.

While the 2021 Census included a question on whether someone has served in the ADF, this is only the beginning and does not offer governments and ESOs comprehensive information on a veteran's needs.

Further, data on veterans' health and the use of health services will still be limited, especially where veterans do not access services through their DVA health care card. Additionally, legislative barriers to data sharing between jurisdictions and services must be promptly addressed to guarantee the provision of tailored health care services to veterans.

The NSW Government would welcome the opportunity to work with the Commonwealth and other jurisdictions to quickly overcome the impediments to data sharing, and scope opportunities to improve data integration to improve health and welfare service delivery for veterans.

Free legal and financial planning services for veterans post transition

There is an opportunity for the Commonwealth and NSW Governments to closely partner with large qualified and accredited legal and financial planning organisations to provide free legal counselling and financial planning services for veterans, particularly as they transition out of the ADF and embark on a new career. This could also include property acquisitions, the formation of a business, will planning and the creation of trusts for legal or tax purposes.

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Conclusion

Recognition and Support - Looking to the Future

New South Wales values the contributions made by our servicemen and servicewomen over many generations to our State and our Nation. It is important that we continue to remember the men and women who sacrificed their lives for our nation and those that have suffered the impacts of war as well as their families that have supported them and grieved their loss. This includes the establishment of a dedicated veterans cemetery in NSW.

NSW hosts the largest number of major military bases in Australia and each year between 1,200 and 1,500 military people have transitioned out of the ADF into NSW. While the majority of veterans do transition out of the military into the Sydney metro region, there is a significant pool of veterans who return to or settle in regional NSW. The 2021 Census will provide a better understanding of the geographic spread of veterans throughout Australia and this will assist the Commonwealth, State and Territory Governments in the provision of services and supports that best meet the needs of veterans and their families where they are needed.

The NSW Government is already working to ensure that veterans and their families living in NSW can access the full suite of services that are available to them, and that where possible services are provided in a flexible, veteran and family centric manner. Through the NSW whole-of-government Veterans Strategy, launched in March 2021, NSW outlined its plans to help veterans better connect to services in NSW, that aims to provide holistic support across a range of wellbeing outcomes across generations. NSW is committed to continuing this work.

Collaboration between the Commonwealth, the ESO sector and State and Territory Governments has steadily been increasing since the establishment of the Veterans' Ministerial Council in 2016 that has now been replaced by the Veterans Wellbeing Taskforce.

In summary, the NSW Government would welcome the opportunity to work with the Commonwealth to address the following:

- **The establishment of additional Veterans Wellbeing Centres across the State focused on centralising services and support for veterans' health, housing, social/recreational, legal and housing related needs. Holistic support related to these five pillars throughout the life journey of a veteran would reduce the likelihood that a veteran will experience a suicidal crisis as a result of unemployment, lack of housing, food insecurity, financial stress and lack of adequate legal advice.**
- **As there is no peak body that represents ESOs and the broad interests of veterans, a peak body could assist in effective engagement on behalf of the veterans community and ensure better governance across the sector, as well as improving oversight and aligning priorities.**
- **Increased involvement and presence of ESOs like RSL NSW, Soldier On and Mates4Mates at ADF bases and throughout the transition process to better mentor and support a serviceman or woman returning to civilian life.**
- **Improved real-time and legacy information sharing and data integration between the Commonwealth and other jurisdictions by overcoming some of the current legislative impediments in order to improve health and welfare service delivery for veterans and monitor suicide risk.**

The success of a collaboration between the Commonwealth and NSW is illustrated in the Nowra Veteran's Wellbeing Centre, where veterans are able to access a full range of coordinated health and wellbeing services and help for veterans to build and maintain social connections as well as connection to NSW Government services. Following the Commonwealth's announcement of additional funding for veterans' wellbeing centres in the recent budget, NSW would welcome consideration of centres in highly veteran populated regions such as the Northern Rivers, Wagga Wagga, Western Sydney and South-West Sydney.

Finally, State and Commonwealth agencies like Service NSW and Service Australia should have a dedicated concierge service for newly discharged veterans, similar to the fast-tracked support that is currently offered at Service NSW for disaster affected civilians.

Information requests from the Royal Commission

NSW Government has established a whole-of-government Inter Departmental Committee to ensure responses to and coordination of information requested by the Royal Commission.

- NSW has already responded to a Notice to Give (NTG-DCJ-001) which was provided to the Royal Commission on 31 January 2022 (Attachment 5).
- NSW is currently responding to a second Notice to Give (NTG-DCJ-002) which has a focus on the coronial system in NSW and is due on 6 May 2022.
- NSW is also responding to a letter dated 18 March 2022 requesting the production of large-scale data sets for statistical research purposes.

The NSW Government acknowledges the extension to the Royal Commission for an additional year through to 17 June 2024. NSW will continue to work with the Commonwealth, with the veteran community and veteran service organisations to ensure that veterans and their families living in NSW are aware of and can access the supports available to them in NSW.

Attachments

Attachments

1. Strategic Framework for Suicide Prevention in NSW 2018–2023
2. NSW Veterans Strategy 2021-2024
3. NSW Veterans Strategy Action Plan 2021-2022
4. Veterans Employment Program - 3 year report
5. DVSRC Notice to Give – NTG-DCJ-001

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