MATES4MATES

Here for those impacted by service.

Notice to Give Information .

Royal Commission into Defence and Veteran Suicide

NTG-MAM-001

mates4mates.org

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1 Introduction

The following submission has been prepared by Mates4Mates Limited ABN ABN 54 160 646 999 (Mates4Mates) in response to NTG-MAM-001 – Notice to Give Information in relation to the Royal Commission into Veteran Suicide.

In line with the requirements prescribed in the Schedule to the notice, the following table outlines how each question has been addressed in our submission.

Item No. (a)	Required Information (b)	Response (c)
1.	Does your organisation provide support and/or services to veterans, defence members, their families, carers, and / or support persons? If yes, describe: (a) the nature of the support and/or services provided. (b) to whom the support and/or services are provided; and (c) by what means the support and/or services are provided.	Refer to 1.1 About Mates4Mates
2.	Describe any other roles and purposes of your organisation and the kinds of work that it performs.	Refer to 1.1 About Mates4Mates
3.	Describe the structure of your organisation including size, budget and governance processes.	Refer to 1.2 Our Capability
4.	Describe the composition and structure of your organisation's membership, namely, what types of members do you have and how is membership conferred.	Refer to 1.3 Mates4Mates Membership
5.	Describe what, if any, dealings your organisation has with the Department of Defence and/or the Department of Veterans' Affairs. In particular, describe what, if any, kinds of funding your organisation receives from the Department of Defence and/or the Department of Veteran Affairs, or other government sources, including the purposes of the funding.	Refer to 1.4 Government and ESO Collaboration
6.	If your organisation has opinions on these matters, describe any systemic issues in the current availability and effectiveness of support services for: (a) defence members and their families, carers and / or support persons during service with the ADF, (b) veterans following separation from the ADF, and their families, carers and / or support persons. (c) defence members or veterans with experience of suicide-related behaviour or risk factors, and their families, carers and / or support persons; and (d) colleagues, friends, families, carers and / or support persons affected by a defence or veteran death by suicide, or attempted suicide.	Refer to 2.1 Current Availability and Effectiveness of Support Services

	In providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.	
7.	If your organisation has opinions on these matters, describe any opportunities for improving support services for each of the groups of people identified in subparagraphs 5a-d above. In providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.	Refer to 2.2 – Service Improvements
8.	If your organisation has opinions on these matters, describe the impact of culture in the ADF and/or the Department of Defence and/or the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing.	Refer to 2.3 – Impact of Culture
9.	Describe any systemic risk factors your organisation considers to be contributing to defence and veteran death by suicide, or attempted suicide. For example, does your organisation consider that any of the following are contributing factors (this list is not intended to be exhaustive): (a) defence members' and veterans' experiences in the ADF including recruitment to and transition from it. (b) defence members' and veterans' social or family contexts. (c) housing or employment issues. (d) economic and financial circumstances. (e) difficulties in engaging with government agencies and/or support services. (f) in providing any opinions on these matters, please identify the nature of the information that has contributed to those opinions, including any surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.	Refer to 2.4 – Systemic Risk Factors
10.	Describe any issues or challenges relating to defence members' and veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities in relation to support services, claims or entitlements relevant to Defence and veteran death by suicide, or attempted suicide. Please identify the basis for the response, including any surveys of members of your organisation, or particular	Refer to 2.5 – Challenges in Engagement

	experiences of those persons to whom services have been provided.	
11.	Describe whether there are adequate wellbeing and support services (including physical and mental health support services) available to defence members and veterans (both during service and post-service)? In responding to this question, outline any opportunities for improvement to these services. Please identify the basis for the response, including any reports obtained by your organisation, surveys of members of your organisation, or particular experiences of those persons to whom services have been provided.	Refer to 2.6 – Wellbeing and Support Services
12.	Describe any other opportunities or ways in which government and non-government organisations and the community could: (a) address systemic risk factors relevant to defence and veteran death by suicide, or attempted suicide; and (b) better protect and support defence members and veterans.	Refer to 2.7 - Addressing Systemic Risk Factors and Protecting Defence Members and Veterans.
13.	Describe (in summary terms) any other matters which your organisation considers relevant to its responses to the questions above or to the Royal Commission's terms of reference more generally.	Refer to 2.8 – Additional Comments

1.1 About Mates4Mates

Established in 2013, Mates4Mates has become one of Australia's leading charities providing physical, psychological, and social support services to the Defence community. We have welcoming Family Recovery Centres (FRC) in South East Queensland, North Queensland and Tasmania and provide services in outreach locations around Australia. We also provide services to the Northern Territory in our Interim Veteran and Wellbeing Centre. In addition, we provide services nationally through our Online Family Recovery Centre.

Many of our staff and volunteers come from all areas of the Defence community and understand what it means to serve. They are experienced in helping veterans overcome difficulties and navigate through recovery.

Our service delivery ethos is driven by a clear purpose, vision, and values:

Purpose	To make life better for the Australian Defence Force community affected by injury and trauma.
Vision	An Australia where all members of the military family are supported physically, psychologically and socially.
Values	• Integrity – We are always true to our purpose. • Compassion – We are always understanding and respectful. • Innovation – We enhance lives through holistic services. • Collaboration – We work collectively to improve outcomes.

Mates4Mates takes a biopsychosocial approach to the recovery and rehabilitation of veterans and family members. Recovery plans utilize all our service streams: psychological services, physical rehabilitation and

wellness, social and community connection and Skills for Recovery. Our approach is underpinned by an evidence-based, stepped care system comprising levels of intensity that are matched to the unique needs and circumstances, lifestyle, aspirations, and goals of veterans and their families.

All allied health clinicians and mental health professionals are employed by Mates4Mates in our Centres. We do not use third party providers for any of our clinical or therapeutic service provision.

Our services are delivered by:

- AHPRA registered clinical psychologists
- AHPRA registered psychologists
- ESSA accredited exercise physiologists
- Registered Mental Health Accredited Social Workers
- Registered Social Workers
- Registered Counsellors
- Ex-serving members of the Australian Defence Forces
- Qualified yoga teachers with additional trauma informed certificates

The core services provided at Mates4Mates to support holistic recovery include:

Individual and group psychological services – Mates4Mates provides evidence-based individual and group therapy. Our services are proven to make a real difference for our Mates and their families. Our highly skilled team of clinical and registered psychologists provide the following therapies:

- Individual and group psychology sessions provided by AHPRA registered psychologists. Our psychologists are trained in the following techniques:
    - Cognitive-behaviour therapy (CBT)
    - Trauma focused CBT
    - Acceptance and commitment therapy (ACT)
    - Eye movement desensitisation and reprocessing (EMDR)
    - Dialectical behaviour therapy (DBT)
    - Gottman's (relationship therapy)
    - Cognitive processing therapy (CPT)
    - Motivational interviewing
- Individual and group mental health treatment sessions are also provided by Accredited Mental Health Social Workers, Registered Social Workers and Registered Counsellors.

Physical rehabilitation and wellbeing services

- Individual exercise physiology treatment sessions
- Group exercise programs – including pain management programs to treat mild, acute and chronic injuries Pilates and group fitness/PT sessions
- Hydrotherapy sessions delivered by exercise physiologists
- Trauma informed yoga classes
- Adaptive sports programs
- Specialised and tailored physical rehabilitation and conditioning programs delivered to current serving Australian Army members through the Soldier Recovery Centre in Brisbane by accredited exercise physiologists

Skills for Recovery – a suite of clinically therapeutic, multidisciplinary programs to support the development of skills and coping in areas such as:

- Sleep hygiene
- Nutrition
- Anger management
- Stress management
- Communication and relationships
- Mindfulness
- Transitions effect on emotions, values, and identity
- Pain management
- Grief and loss
- Gut health and nutrition
- Heart health – modifiable risk factors
- Addiction
- Partners in Conversation
- Post-traumatic stress disorder

These programs are developed and delivered by a multidisciplinary clinical team comprised of psychologists, social workers, counsellors and exercise physiologists. They are comprised of one day workshops, four and six-week programs and a 3-day residential program. We know that injuries come in many forms and there cannot be a one-size-fits-all approach, which is why we incorporate a range of rehabilitation approaches into our programs. Our clinicians continue to develop programs in response to emerging veteran and family needs.

Complementary therapies – including trauma informed yoga and creative arts (movement, art mediums and music) therapeutic programs. The therapeutic component of Mates4Mates' creative arts programs is developed by qualified psychologists and delivered by either our psychologists, social workers, or registered counsellors in collaboration with qualified creative arts teachers. Programs include outcomes and therapeutic measures.

In contrast to traditional therapeutic approaches, Mates4Mates' complementary therapy programs are a non-verbal form of therapy that uses the creative process to enhance physical, mental, and emotional wellbeing. It is not about exhibiting creative skill but using creative and expressive modalities to help people with depression, relationship and identity issues, poor self-esteem, fears, concerns, unhelpful behaviours or personal crisis and other mental health challenges. The program at Mates4Mates combines the theory and practice used in art therapy to promote self-development and transition through integrating and celebrating experiences.

Our yoga programs in centre and online are taught by qualified yoga teachers.

Peer Support – access via our drop-in centres. All our Family Recovery Centres have a drop in centre lounge area with access to kitchen tea and coffee facilities that allows veterans and their families to relax, have a tea or coffee with other veterans and family members who may be in the centre, chat to a counsellor or Liaison Officer, seek support, request information or referral assistance or quietly read a book or contribute to a shared jigsaw puzzle etc.

Peer Liaison Officer led social, recreational and community connection activities - Mates4Mates provide a wide range of social connection and recreational activities that allows veterans experiencing social isolation and/or support needs to connect with other veterans and their families within a safe and supported environment. These activities are conducted by Liaison Officers who all have Australian Defence Force lived experience and supplementary mental health training.

In addition, Mates4Mates social connection and recreational activities provide a soft entry point for veterans and their families who may need additional support to seek informal advice and referrals for their mental and physical health needs. Whilst Liaison Officers conduct the events and are skilled in identifying and referring veterans who are in need or support or considered at risk, counsellors are also present at some of the activities and available within our centres to provide an additional touch point for veterans in need to connect with additional levels of care and support. Support could be in the form of incidental counselling, psychological therapy, physical rehabilitation or other mental and physical wellbeing activities that Mates4Mates provide.

Examples of social connection and recreational activities are:

- Weekly/Fortnightly Coffee catch ups
- Regular weekly and monthly BBQs
- Woodworking workshops
- Art and craft workshops
- Sports activities
- Wheelchair and adaptive sports
- Regular walks and bicycle rides
- Candle making
- Hiking
- Social walks
- Family fun days
- Paddle boarding
- Abseiling
- Bonsai workshops
- Music evenings
- Gold panning

Visiting and co-located services

RSL Queensland, our parent company, provides co-located and/or visiting compensation and wellbeing advocacy services, employment, and ancillary support services in all our centres to support a collaborative and integrated approach to veteran and family support.

Additionally, in some of our centres, Open Arms peers have regular visiting peer workers, and other visiting support services such as legal health checks are provided on a regular basis and JP services are offered at specific times.

Support and services provision

Mates4Mates provides services to current and ex-serving Australian Defence Force member and their immediate family members as follows:

- current serving Australian Defence Force members who self-refer and self-identify as being impacted by service are able to access allied health services with a GP referral and all other Mates4Mates services
- current serving Australian Defence Force members referred by Open Arms and Garrison Health via our BUPA allied health provider contract receive psychology and exercise physiology services.
- current serving Australian Defence Force members who are assigned to the Soldier Recovery Centre at Gallipoli Barracks, Enoggera Queensland and are expected to be returning to active duty or obtaining a medical discharge receive physical recovery programs as contracted.
- ex-serving Australian Defence Force members who self-refer and self-identify as being impacted by service are able to access allied health services with a GP referral and all other Mates4Mates services
- immediate family members (adults and children) who identify as being impacted by their impacted veteran or impacted by their veteran's service are able to self-refer and access Medicare funded allied health services and all other Mates4Mates services.

Impacted by service refers to psychological and/or physical wounds, injuries or illnesses that are a result of a person's time and experience within the Australian Defence Forces (Royal Australian Navy, Australian Army and Royal Australian Airforce) and/or are a result of deployment. Additionally, Mates4Mates provide support to immediate family members of current and ex-serving veterans impacted by service. Eligibility for services is determined by self-report and is assessed on a basis of inclusion rather than exclusion and is governed by the charitable objects set out in our constitution.

There is capacity for the Head of Mates4Mates to make determinations regarding eligibility for those who may have served with allied forces and have worked closely with the ADF or those who have been recognised by Department of Veterans' Affairs as eligible for DVA support/services.

Means of support and service provision

All our services detailed above are delivered within an individualised and person-centred care framework from our Family Recovery Centres located in Brisbane, Townsville, Hobart, and Palmerston (Darwin). We have also recently established smaller service sites in Cairns, Launceston, and Ipswich. Regular outreach services are delivered from our Family Recovery Centres to a wide variety of locations including but not limited to the Sunshine Coast, Gold Coast, Toowoomba, Bundaberg, Mackay, and areas south of Hobart and in the North-west of Tasmania.

Our physical service delivery centres and sites are supported by our Online Family Recovery Centre which allows us to deliver services to veterans impacted by service and their families in remote, rural, regional, and metropolitan areas. All online services are person to person live services using web-based platforms. Whilst we have in house psychologists in most of our locations, we have piloted a telehealth room in our Townsville Recovery Centre to allow clients to come into the centre and receive telehealth psychology services provided by our dedicated telehealth psychologist. This pilot has been successful, and learnings are currently being collated for analysis.

	In Centre	Outdoor location/pop up activity	Service Site	Outreach	Online
Individual Psychology sessions	X				x
Counselling sessions	X	X Counsellors attend some activities and provide incidental counselling			x
Social worker care coordination and care integration	X				x
Creative arts therapy sessions (individual and group)	X			X (outreach to Veterans' children through schools)	x
Individual exercise physiology sessions	X				x
Group exercise sessions	X	X	X	X	x
Hydrotherapy		X hydrotherapy pools			
Trauma informed yoga	X	X			x

Skills for Recovery group programs	X	X			x
Social Connection and recreational activities	X	X	X	X	x
Drop in Centre	X		x		
Visiting and co-located services	X		x		

1.2 Our Capability

Mates4Mates is committed to ensuring that it is well governed. The organization is a wholly owned subsidiary of Returned & Services League of Australia (Queensland Branch) ABN 79 902 601 713 (RSL Queensland).

Mates4Mates is predominantly funded by RSL Queensland with an additional small proportion of our funding generated through direct fundraising. We accept charitable donations from individuals, community groups and organisations as well as funds received through the provision of services as detailed below.

Mates4Mates do not request, receive, or accept payment for our services from any of the veterans or family members we serve. Mates4Mates does however claim Medicare and DVA rebates and payments from BUPA associated with our provision of allied health services. Mates4Mates is also contracted by the Soldier Recovery Centre at Gallipoli Barracks, Enoggera Queensland to provide regular 8 week physical rehabilitation programs.

Mates4Mates employs fifty-four (54) staff in total. Of these staff we have 16 allied health providers comprised of clinical psychologists, psychologists, exercise physiologists, social workers, and counsellors. A national support staff team of ten (10) people provide administrative and marketing support. Twenty-three (23) Mates4Mates staff are ex-serving ADF members. RSL Queensland provide a range of corporate support services for Mates4Mates include information technology equipment and support, Human Resources expertise, Legal Counsel, Partnership support, Asset management and finance support services

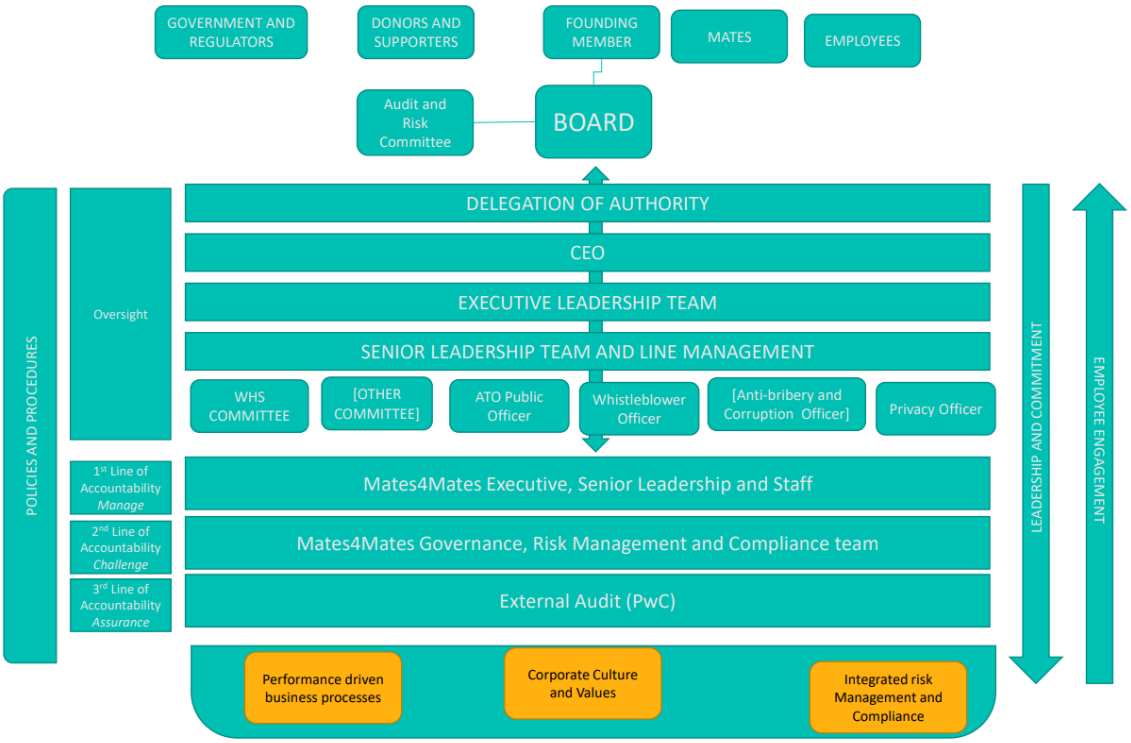
Mates4Mates is a registered Charity under the *Australian Charities and Not-for-profits Commission Act 2012* (Cth) (ACNC Act). The Objects of the ACNC Act are:

- to maintain, protect and enhance public trust and confidence in the Australian not-for-profit sector; and
- to support and sustain a robust, vibrant, independent, and innovative Australian not-for-profit sector; and
- to promote the reduction of unnecessary regulatory obligations on the Australian not-for-profit sector
- Governance Standards

The ACNC Act establishes minimum governance standards that Mates4Mates is required to meet on an ongoing basis as a registered Charity. Compliance with the governance standards is a condition of registration under sec

25-5(3)(b) of the ACNC Act. The object of the governance standards is to provide a minimum level of confidence that Mates4Mates will as a registered Charities promote the effective and efficient use of its resources, meet community expectations in how it manages its affairs and uses public money, volunteer time and donations, and minimize the risk of mismanagement and misappropriation.

Our organisational governance framework is outlined below:



1.3 Mates4Mates membership

For governance purposes, Mates4Mates Limited has only one founding member which is our sole shareholder, RSL Queensland.

However, it should be noted that our clients, generally known as 'Mates' may be referred to at times in some communication material as members. In this instance, 'member' does not confer membership of the organisation, nor any additional rights or responsibilities other than compliance with our Mate code of conduct and rights and responsibilities statement associated with being a recipient of our healthcare services and participation in our service delivery activities. Member in the context of our clients refers to having successfully completed the process of applying to become a 'Mate' by having been accepted as an eligible client.

The status of 'Mate' and consequently the possibility of being referred to as a member in some communication materials, is obtained through the following process.

- Submission of Mates4Mates online Mate application form
- Participation in a 45 minute intake and assessment process called an 'induction'
- Determination of service eligibility in accordance with our constitutional objects is finalised by title of 'Mate' being conferred.

1.4 Mates4Mates Government and ESO Collaboration

Mates4Mates engages with Department of Defence in the following ways:

- As an organisation who participates in the provision of information relating to our services as transition seminars
- As an organisation that receives allied health referrals for treatment sessions on a fee for service basis from Garrison Health through our contract with BUPA.
- As an organisation who provides physical recovery programs on contract to the Soldier Recovery Centre at Gallipoli Barracks Enoggera Queensland.
- As an organisation who provides on base support services in several locations as part of our no cost charitable service delivery to current and ex-serving defence members impacted by service.
- As an organisation that engages regularly with Defence bases and units as part of our stakeholder engagement to provide information about our services and support that is available for current serving members who may be impacted by service.
- Deputy Chief of Army, Major General Anthony Rawlins DSC AM was a member of the Mates4Mates Board until his resignation on 16 August 2021.

Our parent company RSL Queensland engages extensively with the Department of Defence.

Mates4Mates engages with Department of Veterans' Affairs (DVA) in the following ways:

- As the lead agency for the Northern Territory Veteran Wellbeing Centre, Mates4Mates is a recipient of a grant funding contract with DVA. The majority of this funding is for capital expenditure to establish a wellbeing centre with a lesser amount for operational expenditure during the establishment phase. Mates4Mates will fund, through our parent company RSL Queensland, the ongoing operational expenditure.
- Mates4Mates claim DVA rebates for allied health services provided to current and ex-serving ADF members
- Mates4Mates apply for and receive grant funding from DVA. In 2021 grants received have been used for:
    - a Supporting Younger Veterans program of clinically therapeutic three day wellbeing intensives
    - Renovations to our Hobart Family Recovery Centre
    - Veteran Health Week Programs 2021

2 Access to, availability and timeliness of healthcare, wellbeing and support services

2.1 Availability and Effectiveness of Support Services

A review of the literature on systemic issues affecting access to medical support services (psychological and physical) consistently identifies the competency and understanding of the Command as being a crucial factor in whether the member accesses services (Bennasi,2020). This finding is echoed in the self-reports of members engaging in clinical services at Mates4Mates with repeated reference to a perceived lack of support from their superiors being a deterrent to seeking treatment. Perceived lack of support includes, but is not limited to, repeated questioning about the member's physical or psychological health which can be viewed as intrusive and unnecessary, issues of trust and confidentiality, work restrictions being placed on the member prematurely

and/or designated to a role below their competency and skill level. These factors, it can be argued represent an indirect financial cost to the member which is not offset by the availability of fully funded medical services whilst in the ADF (Bennasi,2020). Career progression and opportunities for promotion may be limited and the permanency of a medical record placing a shadow on a defence career may act as significant systemic barriers to accessing services. As members transition out of the defence force the emphasis on health and the effect this has on an individual's career is less relevant however the stigma of seeking health support, particularly for mental health conditions may remain.

The emphasis and reinforcement of hyper masculinity and traditional masculine traits and ideology in the ADF can also serve as a barrier to accessing services and compromise the effectiveness of treatment. There is ample evidence in the research that traditional masculinity ideology can have negative effects on a member's successful transition to civilian life (O'Loughlin Julia I; Cox, Daniel W; Ogrodniczuk, John S; Castro, Carl Andrew, 2020). The control and detachment from emotions which is instilled and strengthened throughout a member's ADF career, may also lead to members viewing any emotions experienced as being intrusive, non-normative and should be suppressed. It is therefore unsurprising that members may experience alexithymia (the inability to articulate emotions) whilst in and out of service. This inability to express emotions is problematic in a therapeutic sense as the foundation of psychotherapy (across all evidence based treatments) relies on some level of insight and disclosure of emotions. The impact of masculine ideology and specifically the inability to access, identify, articulate and feel emotions has consequences, not only on the individual's psychological health but also on the social, relational, familial and vocational areas of their life. These impacts are observed in the Mates4Mates clinician cohort, with relationship and familial issues being a frequent cause of presentation and regularly attract the most discussion during our group programs.

Continuity of care is recognised as a crucial factor in the success of managing an individual's health and wellbeing post discharge from care. It is well known that a significant risk is associated with discharge from the ADF 12 months post service and despite the significant gains that have been made in preparing members and their families for transition, anecdotal reports from members indicate that those with pre-existing medical issues experience ongoing difficulties in the navigation of services. The ability to maintain continuity of care independent of an adequate system in place to assist the coordination of care is dependant or various factors including the motivation of the individual in seeking care, how well the individual is informed of available services, the resourcefulness of the individual in being able to research, identify, and access services independently and the means with which to do so. For example, an individual with multiple appointments post discharge must be able to successfully schedule and coordinate these appointments, adhere to treatment regimens and seek access to services in a timely manner. The ability to successfully execute these tasks is in large part dependant on the attributes and characteristics of the individual. Whilst it is acknowledged that care coordinators within DVA are available for complex care needs and that Open Arms and ESOs have peer workers to assist in the coordination of care and linking to services, these services are not always accessed by those most in need. These factors have the potential to exacerbate existing and underlying mental health issues leading to a decline in functioning, further family breakdown and an increase in risk taking behaviours, self-harm and suicidal ideation.

For a number of ADF members the transition process often entails a relocation back to their place of residence prior to enlisting. This can result in a disruption to an ex serving members continuity of care (National Mental Health Commission, 2017). Complicating the issues of relocation are the needs of the family. Families with school aged children are reluctant to relocate, particularly in the later years of schooling and if/when they do relocate an increased level of stress is experienced. Additionally, partners who are career driven and families who have formed strong social support and community networks may find relocation particularly isolating (Australian Defence Force Families Research 2019).

Family members may also not be involved in the discharge of the serving member, or poorly informed on the discharge planning and challenges that may arise. As illustrated by family members attending Mates4Mates, a reported lack of understanding on the specific psychological issues that members may face during the transition process and the potential impact this may have on the entire family is often unrecognised or underestimated. A view by family members that their needs are not as important as the affected ex serving

member may also lead to a lack of engagement. This is despite research indicating factors such as reduced relationship quality, increased stress and family violence are experienced as a result of deployment (Oster, Lawn & Wadell, 2019) and growing evidence on the deleterious effects of transitioning not only on the serving member but also the family. Additionally, intergenerational trauma, the transmission of trauma through generations and advances in the study of epigenetics, provide further insight into the effect that service may have on the entire family (O'Toole, Burton & Rothwell,2017). Families may also be reluctant to disclose issues that are of concern for fear of children being adversely affected or perceived as different form their peers.

Availability of ADF support services specifically in relation to suicidal ideation, attempts, behaviours and self-harming can be accessed through 24 hour dedicated support lines (e.g. Open Arms crisis support), veteran centric hospitals, and clinical services available at ESOs. However, a call centre approach to accessing some services is often cited by veterans as a barrier, particularly for those who are impacted by service and already reticent to engage with formalised support. Access to general (community) services also exist, however both specific and general services are finite, with an unequal distribution and ease of access throughout the country. In relation to support for the effects of suicide on the family, this is also limited in scope and breadth, with greater service availability in metropolitan versus rural and remote areas. Veterans experiencing suicidal ideation or those who have made an attempt may be placed in a veteran centric hospital interstate limiting access to family, carers, and social contacts. This may lead to suboptimal coordination of care, information sharing and support for the family members. Limitations on confidentiality may also act as an impediment to a comprehensive understanding of the family and veteran's needs. Additionally, intensive suicide prevention support services focussed on high risk veterans, such as those who are being released from hospital or have recently attempted suicide are limited.

Disclosure of suicidal behaviours, ideation or deliberate self-harm may be particularly detrimental (personally and professionally) in the ADF setting. Understandably such disclosure would result in the restriction of duties and medical downgrading, limiting career progression and remaining as a permanent entry on one's file (McFarlane et al., 2011). When suicidal ideation and behaviours have passed, the serving member or ex member may minimise the seriousness of the behaviour to avoid these consequences to his/her career and believe that the issues driving the behaviours have fully resolved. However, without professional intervention to address the underlying causes of the behaviour and ideation the risk to self will remain. Additionally, the anxiety surrounding being seen as weak, malingering, soft or damaged remains a significant barrier to disclosure and help seeking in the ADF.

2.2 Service Improvements

A general increase in understanding of the challenges of transitioning from the ADF has been noted over recent years. Acknowledgement given to the difficulties for some ex serving members to obtain remuneration comparable to when they were in service and managing the realities of financial expenses (accommodation, food, services not subsidised by the ADF or DVA) has occurred particularly with members who avail themselves of the various transition programs offered by the ADF.

In relation to the psychological impact of transitioning however, this still appears to be limited understanding of what to expect when discharging from the ADF, the impact of military culture, indoctrination, regimentation, and adherence to cultural norms and values that may affect successful adaptation to civilian life. This is evident in the comments and reports made by ex servicemembers at Mates4Mates who have reported limited to no awareness of how their thinking and behaviours were shaped by their service, and how and why this may be detrimental to their ongoing successful functioning in the civilian world. These reports are also noted in the National Commission's report (2017) suggesting more can be done in the area of psychological transition program development.

Opportunities for early intervention, a factor in the successful treatment and resolution of psychological issues, do exist during service and transition from the ADF. The Soldier Recovery Centres are a good example of addressing both the psychological and physical aspects of injury management with Mates having reported a better understanding of how to manage their physical and mental health as a result of being engaged with the

centres. An opportunity for active engagement and referral to ESOs and other culturally knowledgeable and appropriate services whilst still in service and at during the period of transition is vital. These linkages can and should be provided to all transitioning members regardless of the reason for discharge and perceived readiness to enter the civilian world. Whilst strong social and family connections are protective factors for good mental health post transition, they are not a guarantee of successful reintegration into society and should not serve as the sole marker to determine the need for services.

There is also an opportunity for greater agency and autonomy on the process and timing of transitioning. A frequent complaint amongst ex serving and transitioning members is the uncertainty regarding time frames to discharge, leading to an inability or reluctance to plan life post ADF and consequentially an unpreparedness when the time arrives. Clear communication and information sharing and a structured management plan for discharge could be provided to medically discharging members to assist in their transition. As noted below, a long-tail psychological transition program that addresses the psychological component of military culture would better support ADF members in their adaptation to civilian life.

Impact of ADF culture on help seeking and choice of care

Culture, and the associated beliefs, values and practices significantly impact how people think about themselves, others, their mental and physical health. Culture also impacts help seeking behaviour, whether someone seeks support or health care, from whom they seek support and how they respond to treatment, whether they follow recommendations and whether they participate in complete cycles of care (Neilsen-Bohlman, Panzer, Kindig 2004).

A social determinants approach to wellbeing that incorporates culture would suggest that these forces and factors have significantly greater impact and influence on the mental and physical health of an individual than their access to support and/or medical and healthcare services (Board on Population Health and Public Health Practice, Institute of Medicine 2013).

When we think about the impact of culture with regard to suicide ideation, and suicide within the current and ex-serving ADF community it's important to note that cultural impacts appear to be protective for current serving and reservists, but may contribute to risk factors for ex-serving, particularly those who are young and have medically discharged. In breaking this down, shared cultural understandings are dynamic and do not remain static. The context within which cultural factors exist appears to have significant impact on the potential benefit or detriment they present to an individual.

Culture provides a world view, a shared way of thinking and being in the world. ADF culture has been described as:

> "hyper-alignment with a component of the organisation which can be anything from a small team, Platoon, Flight, Regiment, Platform, Ship, Department or Force Element Group. It can also be found amongst sub-groups in the ADF. This concept of tribalism in military culture is often masked by the more reasonable notion of team, identity, and loyalty. Tribalism in this sense is not just about those in the team; it is a cultural view of the world that sees the team to which someone belongs as better than the other teams in the organisation.....the downside to military tribalism is that while those who are in the tribe belong; those who are not, are considered to be outsiders (those "others") and therefore lesser contributors. The "others" are seen to be less worthy and therefore less deserving of the status of those "in" the dominant subgroup (Review into the Treatment of Women in the Australian Defence Force. Phase 2 Report. 2012.75).

Essentially, the "lived experience" of ADF culture within the ADF may be generally protective for the majority, however the "lived experience" of ADF culture outside of the ADF appears to contribute detrimental effects to a veteran's wellbeing, particularly for those for whom the exit from the ADF was involuntary. The internal challenge of journeying from a sense of status and belonging to being the other, less worthy, and less deserving of status has been forced upon them. Our experience working with ex-serving ADF members means that we

would include negative attitudes to, and a general sense of superiority regarding civilians within the ADF tribalism/cultural world view.

There are myriad elements that combine to form an identifiable culture. One of these elements of military/veteran culture that impacts mental health and suicide is attitudes to help-seeking. For current and ex-serving veterans, beliefs regarding stoicism and help-seeking are a significant contributor to current and ex-serving ADF members having reduced engagement with healthcare and support services or reluctance to seek mental health support.

UK and US research has identified the underutilisation of mental health services by serving and ex-serving military personnel as being related to stigma and a lack of trust or confidence in mental health care providers. Williamson, Greenberg and Stevelink, (2019) found that cultural barriers that impact current and ex-serving members include public stigma and internalised stigma. Public stigma related to the idea that others or the dominant group look unfavourably on those with mental health issues; internalised stigma occurs when a person, whether they are part of the "in" group or find themselves in the "other" category has internalised negative beliefs about their mental difficulties. This often leads to further reduction in self-esteem and feelings of unworthiness and shame that may further exacerbate their condition. In fact, Iversen et al (2011) found that serving and ex-serving personnel with post-traumatic stress disorder (PTSD) which is a risk factor for suicide, were "more likely to report more internalised stigma and barriers to psychological care compared with individuals with non-PTSD mental health problems and those without a diagnosis of a mental disorder".

A number of studies (Henderson, Evans-Lacko, & Thornicroft, 2013; Iversen et al., 2010, 2011, Jones et al., 2015; Jones, Twardzicki, Fertout, Jackson, & Greenberg, 2013) as cited in Stevelink et al 2019, have found that:

> "Factors influencing the individual choice of help sources are a propensity to favour informal over formal sources of help, preferring to deal with problems oneself or being reticent to seek help, fearing adverse occupational outcomes and stigma associated with mental ill-health".

A cultural worldview that finds identity in the military bond and creates a reticence to seek help from medical professionals in favour of informal support can also be seen as a contributing factor to the current Ex-service organisation landscape in Australia. Currently there is a proliferation of volunteer, non-professional support programs run by veterans for veterans. The idea that only veterans understand veterans and are best placed to provide informal mental health and other supports would appear to stem from the cultural beliefs previously identified. Whilst veteran to veteran support contains an incredible amount of heart, goodwill and well intentioned actions, current and ex-serving defence members who are at risk of or suffering from mental health conditions and experiencing suicide ideation may potentially increase their risk factors by engaging in informal support, often provided by well-meaning individuals who are themselves impacted by their service or experiencing their own mental health issues. Provision of mental health support, particularly to those who are significantly unwell, or suffering from a complex range of symptoms, or have complex social and legal and psychological problems requires the careful navigation of risk and skilled provision of therapy and care. To provide support for complex problems without formal mental health qualifications or the appropriate clinical experience, supervision and governance mechanisms may place both the informal help seeker veteran and the help provider veteran at greater risk of being re-impacted by their current and historical traumas. A peak body that has the authority to require service quality assurance standards, manage an accreditation process as well as provide governance and professional development across the ESO sector would be extremely beneficial in ensuring veterans needing care receive high quality, appropriate support.

Necessarily, the function of the ADF benefits from the generation in individuals of strong attachment to the tribal culture/ADF identity and bonded loyalty in individuals. As this is generally cultivated as a process over time, there may be significant benefit to developing a long-tail formalised program/phase of transition out of the military culture that is tailored to psychological reintegration or increased alignment with civilian culture. A program of this type would facilitate a graduated de-institutionalisation and intentional detachment from the strong tribal culture. This could potentially lessen the lived experience of the "other" described above and reduce feelings of unworthiness and loss of status and meaning. It may also be beneficial for the program to support discharging ADF members to have meaningful engagement with community and civilians that fosters

the development bridging capital with the aim of fostering a re-envisioned and expanded sense of identity. A well designed long-tail psychological transition program could provide significant protection against mental health deterioration and suicide post discharge, particularly involuntary discharge.

2.3 Systemic Risk Factors

It is clear that deployment alone is not a strong factor in the incidence and prevalence of trauma disorders and other mental health issues experienced in the ADF. The screening of all new recruits for mental and physical health issues and the availability of health services in the ADF, theoretically should result in a more robust and healthier ADF population compared to the general public. However as noted by the National Mental Health Commission (2017) the adequacy of screening measures at the recruitment stage is contentious. Whilst acknowledging the disputable nature of assessments used, if one considers the proposition of adequacy of these measures as correct, this may suggest that systemic and cultural issues are also at play and bear a significant influence on a serving members ability to cope with the stressors they experience.

Clinically, a proportion of ex serving members who present at Mates4Mates report having been the recipient of unwanted sexual advances, intimidation by colleagues and superiors, bullying behaviour, social isolation and exclusion from information necessary to their role. Additional to these stressors are the relocations and deployments disrupting family and social networks. Mates have commented on the recruitment process as being thorough, with acknowledgement from family and friends fostering a sense of pride in the recruit. Conversely, the perception by some ex serving members is that the discharge process is an administrative process, which can be sudden, with little information and support on the process provided. This is despite the significant support that can be accessed by members, suggesting that not all members are availing themselves of the opportunities provided whilst in Defence. As noted in the National Mental Health Commission (2017) and supported anecdotally by some Mates, is the view that transition should commence at recruitment and carry on throughout the life of the members career and post discharge.

A culture of not listening, minimising and invalidating the concerns that a member has about their mental health or an overreaction to their mental health concerns has also been named as a reason for not seeking assistance. The experience of a number of clinicians at Mates4Mates indicates that referrals primarily but not exclusively received from on base Medical Officers tend to place at the extreme ends of the distress spectrum. For example, clinicians have observed that a client may be referred for life stressors, well within the range of normal emotions and with no indicators of pathology noted. Alternatively, a client may be referred for treatment with high acuity who would be best placed in an acute residential facility. Whilst a conservative and “if in doubt, refer” attitude is commendable, this approach can lead to inappropriate and overutilisation of resources, increased stigma, perpetuation of career concerns and a deterrent to seeking support.

2.4 Challenges in Engagement

Undoubtedly the views and feedback from our members has become more balanced over the past 4-5 years with more members reporting a positive experience when dealing with DVA. In general members speak positively about engaging advocates and their assistance in navigating the system, understanding entitlements, the claims process and assessments the member may undergo. Less positive comments are made on the volume of paperwork, the repetitious nature of gathering evidence for claims and the length of time it takes for a judgement to be made. For some members these issues represent too much of a challenge to them and act as a disincentive to obtain help. This is particularly true of persons with mental health issues, who may feel the process to be overwhelming even with advocacy support. Another notable issue in relation to engagement with DVA is the need to prove how sick you are. Unfortunately, this perceived requirement can result in the ex-serving member developing a sense of hopelessness and resignation to a life of injury/ illness prematurely and incentivise the ex-serving member to remain unwell.

Additionally, it is noted by some of our veterans that once their claims have been approved, depending on the nature of the compensation, they may be restricted in their ability to work in the future. This provides a significant challenge for veterans, particularly those who are still quite young, in terms of feeling connected to the community and engaged in society which often has a compounding impact on their mental health and wellbeing.

2.5 Wellbeing and Support Services

Wellbeing and support services for the veteran community are available nationally through Open Arms, DVA, Joint Health Command, online services, programs and supports, funded services, private clinicians, private practitioners, community organisations and general health facilities. Access to these services however is dependent on demand for the service in any location, ability to physically access the service, understanding of and identification of the correct service to access and meeting eligibility criteria. Bearing these access issues in mind it is apparent that veterans and ex defence members and their families are afforded greater levels of health service provision than the general public however as indicated by the National Health Commission's paper on the Review into the Suicide and Self Harm Prevention Services Available to current and former serving ADF members and their families (2017) data is scarce on the extent that these services are accessed by ex and current serving members and their families and former serving members .

ESOs are prolific with over 3000 ESOs operating throughout the nation. However, many of these services do not offer evidence based psychological and physical wellbeing services provided by qualified health practitioners. As mentioned earlier, a peak body that has the authority to require service quality assurance standards, manage an accreditation process as well as provide governance and professional development across the ex-service organisation sector would be extremely beneficial in ensuring veterans needing care receive high quality, appropriate support and importantly referrals to appropriately trained and accredited clinicians and mental health practitioners.

Of those services that do have clinical staff, there exists an opportunity for greater collaboration between services, cross referrals, community partnerships and knowledge sharing. There also exists an opportunity for ADF culturally aware clinical practitioners to educate emerging clinicians on the unique and salient factors pertaining to the ADF population including the cultural aspects of military life and the challenges in transitioning. By better equipping clinicians to identify and manage health conditions in ADF members and veterans more availability to appropriate services and early intervention can be achieved.

2.6 Addressing Systemic Risk Factors and Protecting Defence Members and Veterans.

In recent years it seems that the ADF has made considerable progress in the areas of educating members on the need to recognise, act and intervene early when a member reports or is observed to be struggling with mental health issues. Whilst early recognition and referral is a positive step, the experience at Mates4Mates suggests that there may be a tendency to be reactive and refer members to clinical services when not required. A stepped care approach has previously been noted in other reports as an area for consideration.

A stepped care approach to the delivery of services is an evidence-based, staged system comprising a range of interventions, from the least to the most intensive, which can be matched to the individual's needs. A stepped care recovery approach seeks to treat service users at the lowest appropriate service tier in the first instance, only 'stepping up' to intensive/specialist services as clinically required. Stepped Care recognises the spectrum of needs that clients present with and the interrelated and dynamic nature of a person's physical and psychological health. Stepped care operates on a continuum of service intervention and offers an individualised approach to care, does not under or over service them, and makes the best use of workforce and technology.

A stepped care approach provides the right service at the right time and is flexible and sensitive to the changing nature of a client's health, lifestyle and needs. At Mates4Mates a Recovery Model of service delivery has been implemented based on the principles of stepped care. The Recovery Model is a client centred approach focused

on all aspects of a client's physical, social and mental recovery. Employing a multidisciplinary team of peer and allied health professionals, clients are assisted to develop a Recovery Plan to make the best recovery possible through the achievement of goals to improve their overall quality of life.

The general principles of the Mates4Mates recovery model are listed below:

- The Mate receives prompt attention and intervention appropriate to their needs.
- Early identification of the Mate's psychosocial barriers to recovery inform the most effective treatment and recovery approach.
- The biopsychosocial barriers to improved quality of life are comprehensively addressed in Recovery Planning and strategies promptly implemented.
- A stepped care model enables each Mate to receive services consistent with the level of intensity and frequency best suited to the Mate's needs and circumstances.
- A coordinated approach to the management of a Mate's recovery involves forming collaborative relationships with external and internal stakeholders.
- The Recovery Plan is responsive to the strengths, preferences, concerns, needs, goals and values of the individual.
- Promotes decision making and personal responsibility for their recovery. Uses person-centred and optimistic language that promotes hopefulness.
- Use practices that are responsive to gender, sexuality, culture and family. Processes undertaken are transparent and consent obtained throughout every step of the process.

The Recovery Model was introduced September 2020 and a comprehensive audit and review of the model is scheduled early 2022. Information on the model is provided in our response to this Notice to illustrate a stepped care approach to the care and delivery of services within an ESO context.

A care team approach to include family members in all aspects of transitioning is vital. Family members bear most of the responsibility and provide the majority of support to the ex-serving member. They are acutely aware of the struggles their loved one is undergoing and are the best source of collateral information to health providers. This is particularly true when the ex-serving member is a poor historian or lacks insight into their mental health issues. It is therefore logical that the family member be invited to participate in care planning and receive support (clinical, social, vocational and emotional) to enable optimal family functioning.

Several formalised approaches have been developed including the Recovery Oriented Decisions for Relatives Support (REORDER). In Veteran mental health care (VA) REORDER works on the principle of shared decision-making between the clinician and the client to assist in recovery and encourage family involvement in care (Oster, Lawn & Wadell 2018). Similarly, interventions specifically focussed on relationship counselling utilising evidence based therapies targeting known crisis points in the member's journey whilst serving, during and post transition have been demonstrated to be beneficial and should be investigated further. For example, interventions to prevent aggression in relationships, interventions to promote post deployment adjustment and parenting interventions.

Also of concern are the high attrition rates of those engaged with mental health services and the quality of these services with approximately only a quarter of ex serving members reportedly receiving evidence based treatments. To assist in addressing this issue, credentialing of service providers should be initiated. This credentialing would also be helpful in instilling a level of trust and confidence in health professionals by ex-serving members and help counter the notion that health professionals do not understand the ADF experience (Forbes,D et.al 2018).

Additionally, addressing of cultural issues that significantly impact successful transition from the ADF, outlined earlier in the document, through the development and implementation of a long-tail psychological transition program to appropriately and adequately equip ADF members for transition to civilian life would contribute significantly to addressing risk factors that arise due to individual and ADF cultural factors regarding inability to

access or express emotions, poor help seeking behaviour and preferences for informal veteran to veteran supports, which while important in some contexts, are often unable to provide clinically therapeutic care.

2.7 Additional Comments

In summary, we would draw attention to the following points:

- It's important to understand ADF culture as a contextual force that impacts a veteran's risk and protective factors.
- Aspects of ADF culture may not only impact an individual's psychological health but also impact the social, relational, familial, and vocational areas of their life.
- The reduction of stigma and consequence within the ADF for seeking mental health support and assistance would be of significant benefit to those experiencing psychological difficulties.
- ADF culture impacts help seeking behaviour and choice of support.
- There is an identifiable need for a long-tail psychological transition program to support veterans to transition successfully from the ADF tribal/cultural worldview to a deinstitutionalised civilian worldview.
- A care team approach for veterans in need which includes families would be extremely beneficial.
- There is a need for Ex-service Organisation sector education on lifecycle crisis points for suicide and appropriate responses including how to provide effective peer support would be very helpful.
- Veterans have a significant need for services and support that improves their ability to identify emotions, reduce anger and volatility and improve their communication and relationships with family and others.
- There is a need for an Ex-service Organisation sector wide stepped care approach to care that includes clinical and non-clinical teams, which is built on trust and collaboration and includes ex-service organisations as a crucial point of contact with veterans who care deeply about supporting other veterans who need help.
- A peak body that has the authority to create a regulated, accredited ex-service organisation sector and provide quality assurance regarding the care and support veterans receive when accessing non-clinical support would be beneficial.

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