



Response to Productivity Commission Issues Paper

Compensation and Rehabilitation for Veterans

Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) welcomes the opportunity to respond to questions raised in the Productivity Commission's Issues Paper, *Compensation and Rehabilitation for Veterans*.

About Orygen

Orygen is the world's leading youth mental health organisation, providing cutting-edge research, policy development, innovative clinical services and evidence-based training and education to ensure continuous improvement in the treatments and care provided to young people experiencing mental ill-health. Located in Melbourne, Orygen has over 300 staff working on early intervention in youth mental health for a range of mental health disorders, including psychosis (disorders such as schizophrenia), anxiety, depression, and suicide and self-harm prevention. Orygen's early intervention solutions include functional recovery (getting young people back to work and back to school), online interventions and novel therapies.

Overall comments

The highest rate of mental ill-health in the Australian Defence Force (ADF) is experienced by those aged 18-27 years.¹ 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. Young men and women make up a quarter (25.4 percent) of full-time serving personnel in the ADF.² Ex-serving personnel aged under 30 years represent the smallest client group for the Department of Veterans' Affairs (DVA).³ The median length of service in 2015 was seven years.³ There is a reasonable chance, therefore, that a young person enlisting at 18 years of age may have left the ADF by the time they are 25 years old. The range of experiences and reasons for leaving will be factors in the potential mental health outcomes for young serving and ex-serving personnel.

Orygen has produced (in partnership with Phoenix Australia) a policy paper on young people transitioning from military service and their mental health that is unpublished. Publication is

anticipated to be prior to the Productivity Commission's publication of its Draft report in December 2018. While aspects of the policy paper are relevant to the inquiry they are excluded from this public submission. Orygen would welcome an opportunity to brief the Productivity Commission on the findings of the paper.

What should the priority objectives for veterans' support be? Why?

Support for ex-serving personnel experiencing mental ill-health, including a risk of suicide should be a priority of rehabilitation services. In Australia, a strong association between mental disorders and suicidality has been identified in the ADF.¹ The high rate of suicide among male ex-serving ADF personnel aged 18-24 years is similar to that identified in the United Kingdom⁴ and the United States⁵. The rate of suicide among women in Australia is lower (7 percent) reflecting in part their proportion of total service personnel. In the US, suicide deaths among female ex-serving personnel (all ages) was found to be three times the rate in the general population.⁶

What factors should be considered when examining what is in the best interest of veterans?

For young ex-serving personnel, their duration of service and a potential loss of protective factors following separation from the ADF are risk factors for mental ill-health. These issues should be considered when developing veteran rehabilitation services.

In Australia, ex-serving male personnel with less than one year of service have an increased likelihood of dying by suicide compared with ex-serving personnel with ten or more years of service.² A shorter length of service has also been found to increase suicide risk in the United Kingdom.⁴

A range of protective factors have been identified for serving personnel. Ex-serving personnel may be at risk of losing these factors or their being weakened upon leaving the ADF, which may result in the following:⁷

- a loss of social support, belonging, identity and purpose, especially among ex-serving personnel who are involuntarily discharged
- the challenge of adapting to a civilian context in which traits suited to active service can potentially add to an individual's vulnerability to mental ill-health
- having to learn 'life skills' following the structured environment of service life.

The potential loss of protective factors needs to be considered in the development of new and innovative approaches to supporting young serving personnel in transition and ex-serving personnel.

What obligations should be placed on the ADF and individual unit commanders to prevent service-related injuries and record incidents and injuries when they occur? To what extent do cultural or other issues create a barrier within the ADF to injury prevention or record-keeping?

The relationship between the culture of the ADF and stigmatisation of mental health and help-seeking is difficult to disentangle. Both factors have been identified as primary barriers to accessing mental

health services among serving and ex-serving members.^{7,8} The ADF has made an effort to counter the negative effects of cultural perceptions and practices. While the level of awareness about where to access mental health services among ADF personnel was high, stigma remained an issue.¹

With respect to the questions regarding obligations on the ADF and individual unit commanders Orygen can provide the Productivity Commission with a confidential briefing on unpublished research.

Are transition and rehabilitation services meeting the needs of veterans and their families? Are veterans getting access to the services they need when they need them? What could be done to improve the timeliness of transition and rehabilitation services, and the coordination of services? What changes could be made to make it easier for ADF personnel to transition to civilian life and to find civilian employment that matches their skills and potential?

In 2017, the Transition and Wellbeing Research Programme reported an increased rate of psychological morbidity among individuals leaving full-time military service. Personnel who had served in the ADF less than four years were found to have an increased risk of mental ill-health and suicidality, following transition.⁹

The transition process and the provision of support services following separation are important in ensuring young ex-serving personnel at risk of poor mental health outcomes are supported. The National Mental Health Commission has stated that greater engagement of mental health services with serving personnel and during transition could improve access to services.⁷

A Transition Taskforce has been established to identify opportunities to improve the transition process and structures to better support serving and ex-serving personnel. The Transition Taskforce plans to trial increased connections between DVA and serving personnel.

Opportunities to improve transition outcomes for young serving and ex-serving personnel begins at recruitment, continues through transition, the post-separation phase and integration back into the community. At every stage, recognition of a young person's wellbeing and the potential need for mental health support must be identified and provided.

Orygen can provide further information on young ex-serving personnel's experiences and opportunities to strengthen transition and rehabilitation services to the Productivity Commission in a confidential briefing.

Further information

For further information and follow-up relating to this submission, please contact:

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References

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