

Michael Lockhart

I was (a civilian musician) part of a forces entertainment group "FACE" that visited Afghanistan in 2014 (I think that was the year) during one of our shows we were rushed at and stopped mid song and yelled out & told to "get down" we were being fired on (rockets) I leapt face first off the stage into the audience (which was all serving uniform members in Country) and some of them jumped over me to protect me.

After a short while I was yelled out by someone else to get up and run (with the crowd) towards a safe area in another hanger or shed thing, I was absolutely terrified and I thought I was about to die.

I never recovered from that incident and after returning back to Australia & over the following years, my business went bankrupt, my marriage ended and I lost access my child, I became violent and aggressive towards everyone, I locked myself inside and shut all my family and friends out, until I finally talked to someone (approx 2016/17).

I wasn't offered any assistance from the people that took me over there at the time near after (they all thought it was an awesome experience), I'm now on medication and I'm still terrified to go out in public (if I have too!). but If I have my choice, I'll stay at home inside.

I asked for help numerous times over the later years, but I needed to jump through way too many hoops to figure it all out and I was not at all capable in the mind to handle this. I tried to get a lawyer to help me and even that was too hard and I needed to talk about the experience all the time with them, so I just ignored them until they stopped calling me.

This voluntary civilian trip cost me my entire life (as I knew it) and I'll never forgive them for this.

Oh BTW, this was my 5th F.A.C.E trip over 7yrs to various places, Timor, Iraq (07/10), Afghan (08/14), Qatar, Kuwait, but this one changed everything for me.

All I wanted was some much needed help or assistance when we returned, but I just went back to my normal life (that didn't go well).

I do have 2 defence medallions for my service recognition and absolutely nothing else from my previous life. I no longer play music (I was a working/touring professional for over 30yrs) now I don't even own a guitar.

I've heard being a civilian linked to the ADF, the process is easier for us over serving members -

so I can't even imagine what those poor bastards are required to do to get proper help. It should NOT be this hard to get decent help (it wasn't hard for me to say Yes to go on these trips when asked). It felt like I was forgotten and expected to just be quiet and get on with my life (I think).

I honestly wish I had succeeded in my multiple suicide attempts since, I no longer feel like a strong man, I feel weak and cowardly and that I'm just existing in this world now.

Thanks for nothing ADF.

Wayne Bell

What is listed in the strategy is fine, however it treats the effect of abuse and there is no mention at all of treating the ongoing cause of abuse in defence. There is some mention of cultural change which has been tried a number of times in the past with zero improvement, but what is needed is a much more transparent approach. Unless the individuals who cause the abuse are exposed (no matter their rank or position), charged and dealt with appropriately e.g. are discharged, fined, have to apologise in person to those they have abused and their family, reduced in rank, have noted on their file never to be considered for further promotion, and if the crime is serious referred to state police for investigation and appropriate charges as necessary, nothing will ever change the culture of abuse in defence that has operated unchecked for over 114 years. The Royal Commission into Defence and Veteran Suicide will again be another exercise in wasted time, effort and tax payers money. It will join the extensive list of countless reviews and their recommendations that governments and defence have ignored over many decades, going back to the do nothing and business as usual approach.

Defence has been rotten from the top down, all senior and non-commissioned officers have intimately known abuse existed on a wide scale and no one lifted a finger to stop it or support those affected, who generally were then treated as the problem. No transparency and no punishment. What is needed is an independent panel to examine and determine cases of abuse in defence from now on. Defence won't like this but without it the abuse will continue and veterans and their families lives will be destroyed. Defence is incapable of investigating itself as many perpetrators are in a position of power over those they abuse and consequently, and it greatly disappoints me to say this, they can not be trusted to ensure a right and moral outcome no matter what rank a perpetrator is. It needs to be remembered that those who have been abused carry the effects of that abuse for life, it effects their daily activities every day until they die. Even with all the counselling and medication available a cure and return to a normal life is rarely achievable for most veterans, the damage done is permanent and severe and their families are left to cope with no support initially or ongoing.

I did 23 years in the RAN & RAAF, have been a sailor an airman and an officer. I suffered from abuse as sailor and severe abuse as a junior officer to the degree that the only way for me to stop the abuse was to discharge long before I wanted to. Of my course of 12 at RAAF OTS 4 of us (33 %) were driven out of the RAAF due to severe abuse by officers above us, a great result for the RAAF. None of us had any recourse as it was a senior officer who was the perpetrator. I was very loyal to defence and was a third generation servicemen; I are relieved that my children did not follow me into defence. Unless those in power show proper leadership and command and do their job, provide the right and moral support to those who are abused nothing will ever change and the Strategy will just be another worthless wasted effort. Abuse and suicide will just continue.

Baxter

Hi. Mental health decline whilst serving in the ADF is an important issue in my heart. I am the recipient of a DVA gold card primarily due to Mental health issues suffered over a long period of Service time. Also, I am a self confessed Alcoholic but never been diagnosed due to Service. I have not had an alcoholic beverage for eight months (20th May 2024) and I have zero intention to start again. I also have various approved physical injuries suffered in defence for a very long time. So, I am so appreciative for the whole process, especially the RAN medical and support system that helped me at the end of my voluntary medical discharge. The reason for this message, apart from the appreciation. I found through specialists and DVA the wonders of approved THC medication. Medical THC has changed my life. I would love to share this story with you in detail if you are accepting in this idea? After two years of absolute comfortable freedom, I am now loving my adolescent daughters more than ever my and life again. I thank the system in a medical sense. I also have many ideas as to how to utilise the experienced, great people that discharge from defence at middle age.

Wayne Stephens

Good afternoon,

For the past five years I have been assisting a veteran with submission of claims for compensation with DVA. When the veteran first contacted me, he was homeless, had no job as he was incapable of working, was abusing alcohol and was suicidal. Over the past two decades he had attempted suicide on multiple occasions, leaving him with lifelong psychological disabilities.

The cause of all this trauma, as diagnosed by numerous psychologists and psychiatrists, was the veterans involvement in an incident that lead to the death of two of his close colleagues. To say that he was treated unfairly by the ADF after that incident grossly understates what happened to the veteran. He was discharged, his current diagnosis of PTSD unrecognised, and spiralled down for over 30 years.

I am really pleased to be able to tell you that with appropriate and intensive psychological help, caring medical practitioners and some compensation, the veteran is now leading a life better, in his words, than he ever expected to.

The reason I am writing this submission is to highlight how the system appears not to be constructed with the primary aim of assisting veterans, but more like a bureaucratic exercise in box ticking.

For the final stage of this veterans various compensation claims, DVA required the veteran to undergo yet another psychological assessment. Since everyone is well aware, or should be, that re-telling the traumatic event and the effects it has on your life is not conducive to improving or maintaining stable mental health, I contacted the DVA delegate to request that they use one of the many mental health assessments they had on file from the past five years. The delegate was very sorry, but the legislation required a new assessment.

And so it was that an independent medical company, [REDACTED], became involved in the assessment process.

Imagine our surprise and dismay when we received the following in an email from [REDACTED]: "I appreciate your patience with your assessment. I have received a response from DVA explaining that unfortunately they will not fund the neuropsychology assessment due to lack of clinical justification. If you would still like to proceed with the assessment you can pay for the assessment privately."

After explaining to DVA (compensation claims) that all they needed to do was look at the veterans files to find adequate "clinical justification" to pay for the assessment they were demanding, they relented and agreed to pay for it.

After the assessment got the go ahead from DVA, we received an mlcoa Independent Telehealth Medical Assessment - Confirmation email, I guess on behalf of [REDACTED]

The system, in my view, continued to fail the veteran. I am unaware if DVA told these medical contractors how fragile the veteran's mental health was. If they had, maybe they wouldn't have sent out the confirmation email mentioned above in such a deliberately confusing format. After attempting to read the confirmation email he asked me to put in simple terms and explain what he needed to do. He said if it had have been left up to him, the email would have been ignored and he would not have participated in the assessment.

The final hurdle was the assessment about which the veteran expressed a great deal of anxiety. Just to back up my previous statement regarding the negative effects of having to re-tell your story, after the assessment was completed the veteran contacted me and stated that he felt as if all the progress he had made with his regular psychologist over the last few years had been wiped out in that one assessment session.

This description of what the veteran had to go through was not an isolated event. Every step of the way over the last five years has been pretty much the same. If anyone deserves a medal for fighting the system, he does. Please make sure this doesn't happen to anyone else.

Thanks for this opportunity.

Wayne Stephens
[REDACTED]

Anonymous A

Although I believe this submission will go nowhere, I will still submit it to know that I have tried my best to highlight what I believe to be fraud against the Australian public and normalisation of corrupt individuals. As a Defence member I believe in being honest, and as a father of 4 children I believe that I have a responsibility to future generations to try and fight corruption and deceit.

In 2017, I was approached by another Defence member to join a group of individuals in defrauding the government. The group had seen what one member had received in compensation for his mental health issues and drew in other members to discuss how they could also get access to these funds.

The leader of this group contact me and asked me to come to her office. On entering the office she told me the amount the original member was receiving and then told me that I needed to 'get onto this'. She explained that we had done our time and that we deserved this type of financial reward. I calmly refused her offer and returned to my office where the other CPO I worked with received a call and visited her office.

The issues that this sudden loss of so many individuals from the workplace caused was noticed by command and I openly told them what had happened. Several other members of the workplace were approached by the group, but like myself refused to participate.

As I had made noise against the group, two of them entered Unacceptable Behaviour allegations to discredit me. I proved their claims false and when I asked if I could do a counter claim, I was told that it would only add to their mental health claims.

Feeling I should do something, I entered a PIDS submission. I received a reply some time later from a Legal Officer stating that he does not do 'phishing trips'.

I do not mean to belittle the good work that is occurring to aid honest Defence Members who have legitimate issues, however I would not be an honest person myself if I said nothing. I do have friends who have legitimate issues and even they have been approached by other members to ask for information on 'what to say' to access funds.

The incident mentioned above is not an individual circumstance and I have witnessed others over my 27 year career. I have also seen broken members who have needed help refuse to seek it, because they knew how abused the system is and didn't want to be labelled as 'one of those' mentioned above.

I understand that there is no easy answer to this issue, but I still feel I should say something for my kids and Our Nation. I believe if dishonest individuals such as these were made accountable for their actions then members with real problems might feel justified to come forward and those seeking nothing more than a financial advantage may think twice.

I make this statement with no expectations, so please feel free to do with it what you wish.

Anonymous B

A key lesson from Australia's involvement in Afghanistan is that even a relatively low-intensity, low-casualty conflict can create profound pressures on the Department of Veterans' Affairs (DVA) and ex-service organisation (ESO) community. Despite the long lead-up to, and deliberate drawdown from Afghanistan, these systems faced significant backlogs and challenges in providing timely healthcare, mental health services and administrative support to veterans. It was a warning sign of what can happen when strategic planning for veteran care does not keep pace with operational commitments.

As anticipated in both the Defence Strategic Review and National Defence Strategy, in a major conflict scenario—for instance, involving China or another significant adversary—the casualty rates and demands on service personnel would certainly be far higher and occur more rapidly. Instantly overwhelming the current systems, which are already overburdened.

Veterans of this anticipated conflict will require more complex, long-term physical and psychological support, potentially numbering in the thousands within a very short timeframe. If such an event were to occur, the existing support framework could be overwhelmed, compromising the health of veterans and undermining overall Defence capability by placing further strain on ADF personnel who rely on confidence in post-service support.

Why We Need a Thorough, Exercised Strategy

1. Scalability and Surge Capacity

- o The current veteran support system must be able to 'scale up' quickly if conflict intensifies. A plan that exercises surge capacity—similar to operational war-gaming—would reveal bottlenecks in claims processing, mental health service availability and rehabilitation services.
- o Testing these capabilities under simulated high-casualty conditions would help identify gaps, enabling proactive recruitment, training and funding allocations to ensure no backlog emerges.

2. Proactive, Not Reactive

- o In Afghanistan, we witnessed reactionary measures once problems became acute (e.g. lengthy claims times, inadequate mental health access). For a larger-scale conflict, reactionary responses would be insufficient. A forward plan—developed and rehearsed now—would mitigate the risk of spiralling delays and keep veterans from falling through the cracks.
- o Practising crisis-response protocols ahead of time ensures government agencies, ESOs and community organisations can act in concert when high-intensity deployments occur.

3. Whole-of-Government and Whole-of-Community Coordination

- o A conflict of the magnitude implied by a major regional adversary would involve more than just the ADF. Civilian medical infrastructure, private service providers, mental health professionals and broader community support networks would all be drawn upon.
- o Joint exercises between Defence, DVA, and ESOs—along with state and federal agencies—would help define roles, clarify resource allocation and ensure continuity of care for transitioning and post-service members.

- o DVA should take part in major ADF exercises such as Talisman Sabre as well as Command Post Exercises, where it should fully simulate mass casualty events, the repatriation of bodies and the management of families.

4. Maintaining ADF Capability and Morale

- o If returning personnel believe support will be inadequate, morale and retention within the ADF are likely to suffer. By contrast, a clearly articulated and rehearsed plan demonstrates that the welfare of serving members is a national priority, potentially aiding recruitment and retention during a time of major stress.

- o Transparent, well-structured contingency plans reassure both personnel and their families that the country is prepared to support them in the event of injury or psychological trauma.

5. Lessons from Afghanistan

- o Afghanistan was characterised by comparatively fewer casualties spread over two decades, yet the system's challenges became stark. The pace and magnitude of a conflict with a near-peer adversary will far exceed these levels and place DVA and ESOs under enormous pressure.

- o This reality should motivate a 'lessons learned' approach: identify shortfalls from Afghanistan-era administrative processes, treatment pathways and claims systems, and correct them before they are tested on a larger scale.

Conclusion and Recommendation

Australia's strategic planning must include a robust, well-exercised strategy for managing large-scale casualty and veteran support scenarios. The capacity to scale up medical, mental health, and administrative services in a crisis—while ensuring veterans receive timely, high-quality care—is critical to upholding national obligations, maintaining ADF capability and morale, and preventing further strain on the existing DVA-ESO ecosystem. Developing and regularly testing such a strategy is not merely prudent; preparing for the potential realities of modern conflict is essential.

Essentially, if the National Defence Strategy and Defence Strategic Review are to be treated as factual documents, then DVA is morally obligated to plan for it.

Brett Hain

I appreciate the effort that has gone into developing this new strategy for Defence Mental Health. However, I have some critical concerns and questions regarding how this initiative will differ from previous approaches and how it intends to create meaningful, actionable change for Defence personnel and veterans.

Many prior strategies in this field have resulted in extensive documentation but lacked clear, practical guidance that resonates at the individual level. How will this strategy avoid becoming another policy that outlines what should be done without specifying how these goals will be achieved?

When reviewing the Defence Cultural Blueprint, I questioned the depth of engagement with personnel, noting that only 0.6% of the force was interviewed. Despite raising this issue, it was dismissed without acknowledgment. This raises concerns about whether feedback from those directly affected is truly being considered.

This new strategy seems to lack specifics on critical issues identified in the Royal Commission into Defence and Veteran Suicide.

- **Administrative Actions:** Will there be meaningful reform in how administrative actions are applied within Defence, ensuring fairness and mental health considerations are prioritized?
- **Mental Health Support without Repercussions:** Will Defence personnel be able to seek mental health support without fear of being medically downgraded. This fear is a significant barrier to individuals seeking the help they need.
- **DVA Accessibility:** As a veteran holding a DVA Gold Card, I've struggled to find therapists who accept it. Will DVA be reviewing and updating their policies to provide more flexible, accessible care options? Veterans should not be left on months-long waitlists or forced to rely on crisis lines as their primary support.

Moreover, will DVA streamline its processes to improve efficiency for both staff and veterans? Navigating these systems is often cumbersome and discouraging for those already facing mental health challenges.

- **Unit-Specific Approaches:** High-level policies often overlook the fact that each unit has its own distinct culture, which affects its members differently. While this is acknowledged in your document, it falls short of addressing how strategies will be tailored to account for these differences on a practical level.
- **Transition to Civilian Life:** Are there plans to ensure Defence credentials are recognized in the civilian workforce? Members leave service only to find their skills do not translate into civilian qualifications, creating additional stress during an already challenging transition. If such a process exists, will it be streamlined and accessible?
- **Truth in Reporting:** Finally, will you implement a transparent and accountable reporting structure that ensures managers, supervisors, and officers are evaluated accurately, not just positioned for their next promotion?

While high-level policies may give the appearance of progress, they often fall short without genuine engagement with Defence members and veterans. To foster real cultural

change within the ADF, a more personal, ground-level approach is necessary, one that truly listens to and addresses the needs of those it aims to support.

Nathan

I fully support the urge to promote veteran mental health and suicide as a mental health advisor i do my best to push this as much as i can.

My feedback is that there is often a misconception of what a veteran is.

Most people when thinking of a veteran will think of the main picture in the article an elder vet usually on their lonesome.

With my past service history many sailors that's took their life where form the ages of 20 - 35.

I feel this needs to be shown more to really get the point across a bit more.

Many people are shocked when i explain to them what define a veteran and this should be made more common knowledge.

Just my 2 cents but appreciate the work everyone has done, its come a long way and there still a long way to go

Thanks!

Brad Paul Pertini

Afternoon ashamed to be an Australian no respect from the government taxpayer. Would of preferred the government terminated me at birth so my children don't have to go through a life of hell with dioxins in their bodies from the herbicides they sprayed on my father in 1967 1968 total show of disrespect towards fellow humans this is why they give us all a number [REDACTED] Thanks for nothing society may I rest in hell sooner than later
brad paul pertini

Anonymous C

Hello,

Thank you for the opportunity to provide feedback on the strategy.

I was previously with [REDACTED] leading the newly-formed psychosocial regulation team aimed at improving WHS educational/guidance around psychosocial hazards and regulatory responses to psychological harm in the workplace; and to engage with employers in a proactive manner. I now work in [REDACTED] managing psychological services for a region.

The strategy mentions health and safety but I think a goal of the strategy needs to reflect a clear alignment with prevention of harm by (at least) meeting workplace health and safety obligations and incorporating consideration of psychosocial health and safety into Defence culture. Engaging with WH+S regulators could be an important consideration in development of the strategy.

Other important factors to consider in a strategy such as this are:

- Understanding that a physical injury and subsequent functional impairment can lead to a psychological injury (e.g. identity loss, loss of workplace support, loss of meaning/purpose) - for example, see:

<https://www.worksafe.qld.gov.au/resources/guides/supporting-workers-with-mental-injuries/preventing-secondary-mental-injuries> - and strategies to manage this should be incorporated.

- The expectation is recovery! In other words the focus should be on recovery rather than removal from the workplace followed by transitioning out. For example, most people will recover from a traumatic experience, even those diagnosed with PTSD, without any medical/psychological intervention at all. From educating members/command to examining diagnosis and subsequent actions with an aim to incorporating this expectation of recovery into Defence culture is important.

- Veterans should be able to more easily engage with their mates and their past workplace, as a protective factor after transition.

I'm sure there are more considerations that I have missed, but I hope you will consider my views.

Kind Regards,

[REDACTED]

Anonymous D

My wellbeing, as I have gotten older has not been considered by DVA. It's the old "piss on the fire Jack you've cooked your toast".

As an ex-serviceman of 23 years of regular service that included Hazardous Operations as part of UN Operation Salam in Pakistan, I am not deemed to be a real Veteran in accordance with DVA and I feel that at 73 years of age I should be entitled to a Gold Card as a veteran over 70 years old. The medical costs of things as you get to my age just keep going up and those who are classified as real veterans who seek medical treatment for things that are not related to their military service are met by Gold Cards which to me seems like having double standards when looking after the wellbeing of old soldiers.

I am not confident this submission will go anywhere but I hope I have given you a different perspective of looking after an old soldier over 70 years olds wellbeing looks like.

Thanks

[REDACTED]

Anonymous E

Thank you for the opportunity to provide feedback. It was fantastic to see the joint strategy coordinating efforts across Defence and DVA, and hopefully this will improve seamless care for veterans and reduce duplication of effort and resources. Also, really important to see that the strategy has such a strong focus on suicide prevention following the work of the Royal Commission.

A plain English edit would improve the whole document as there are patches which are difficult to understand if you are not a clinician or expert in the area. For example entries such as the following are just too academic. "Our life course approach considers the temporal and societal perspective on health and wellbeing."

In addition, families play a really important role in being the first defence in mental health for veterans - families absorb the stress of living with and caring for veterans who are unwell, families are key to prevention and detection of mental health issues, and families seek help and support veterans recovering from mental health issues. I think their role should be acknowledged more in the strategy and greater area of priority should be to inform, empower and support families.

Anonymous F

I have an adult Son who is currently serving in the RAAF since 2021, and I must say the culture that he has observed whilst serving is absolutely disgraceful, he has been accused of Sexual assault where he was forced to a defence force tribunal and was found not guilty by 5 panel members, as the person who made the allegation was caught lying in the tribunal, this has carried with him throughout his short career, i have lodged a complaint with the IGADF which is still ongoing about the process, and the member that was caught lying on why the other member was not given a notice to show cause on why she should remain in defence, yet my son was suspended from duty with minimal remuneration for 6 months, minimal support and was treated as a guilty member before he had his chance to give his sequence of events. Why Should she should remain in defence, and why wasn't the other member treated with the same behaviour as my son, some of the treatment that he has observed and received are as follows;

1. Discrimination,
2. Bullying,
3. Harassment,
4. Abuse of Power;
5. Neglect,
6. belittling behaviour
7. Lack of Support
8. Lack of compassion and empathy
9. Lack of transparency etc.

Minister, I am able to provide to you examples if required for these actions, I just thought of a quick email outlining the behaviour as this would turn out to be a novel if I was to provide all examples via these means.

My Son has been treated unfairly in my opinion, bullied, harassed and is now transitioning out of defence because of this treatment and process, your ADF Culture is an absolute Joke and it's disappointing that your Service Chiefs are playing complete lip service to the Royal commission and its recommendations, yet they continue to operate and manage people like we are still in the pre royal commission phase, as a veteran of 30 years is disappointing to see the Culture is not changing and mental health within the services is still has a stigma of weakness when is this Culture going to change?

I am not expecting anything from you as this is negative on the ADF and your department , this is the problem with Government departments, they are not serious about fixing this topic, until accountability and acceptance is provided this will never change, we will continue to have veterans taking their lives, and we will have serving members thinking its ok to receive this kind of behaviour when it's not.

Do your Job, invest your time and power to effect change, that's what you were elected to do.

Anonymous G

I am apart for the Psychiatric Assistance Dog Programme with the depart of Veteran Affairs, i have been apart of this program since its inception and i must say that this programme is exceptional for Veterans who are suffering from severe mental health due to service related injuries, however, in 2024 the program provider changed from Smart Pups to PTSD Dogs Australia, and from when this provider took over it was ok but since the provider is in the rhythm of running this program they (PTSD Dogs) have become very demanding, the owner of the organisation i find rude, aggressive and makes you feel useless as a dog handler, so i have complained to the program on several occasions to try and provide me with another provider as i am unable to continue working with this organisation as it has made my mental health decline because of the owner and her demands.

DVA PAD have advised that they will not be able to provide me with another provider, and stated you can either retire your Dog or continue in the program with the current provider,, i feel as a veteran the the department has not considered my mental health and has given me no choice to leave the programme, and have taken away the opportunity for me and my certified Assistance dog to continue, this is very disappointing as i can not work with the provider as the relationship is completely untenable, considering the program is designed to allow veterans with the assistance dogs to function day to day without minimal disruption to Veterans Mental Health, So I THANK YOUR DEPARTMENT FOR TAKING AWAY THIS OPPORTUNITY for me to function with day to day tasks as you have considered the Provider more important as the Veteran.

Keresten Williams

Submission in Support of the Draft Strategy for Defence and Veteran Mental Health and Wellbeing: Perspectives from Female Veterans and Their Families

As we consider the critical objectives outlined in the Draft Strategy for Defence and Veteran Mental Health and Wellbeing, it is essential to recognise the unique experiences and needs of female veterans and their families. The enlistment of women in the Australian Army on February 13, 1985, marked a significant milestone in the history of our armed forces, and we must acknowledge the distinct challenges faced by this pioneering group of servicewomen.

With a multi-generational connection to the military, female veterans, who are also granddaughters, daughters, wives, and mothers of veterans, bring invaluable insights and perspectives to the table. The Draft Strategy must address the specific mental health and wellbeing requirements of these remarkable individuals, ensuring that their unique experiences are both understood and supported.

To effectively serve the needs of female veterans and their families, the following considerations should be integrated into the implementation of the Draft Strategy:

1. Recognising Gender-Specific Issues: Acknowledge the gender-specific challenges faced by female veterans, including experiences of discrimination, harassment, and balancing family responsibilities with military service.
2. Accessible and Gender-Sensitive Support Services: Ensure that mental health services are accessible, gender-sensitive, and tailored to meet the unique needs of female veterans and their families.
3. Promoting Inclusivity and Representation: Foster a culture of inclusivity and representation within the Defence and veteran community, encouraging female veterans to share their stories and perspectives.
4. Peer Support Networks for Female Veterans: Develop and promote peer support networks specifically for female veterans, allowing them to connect with others who share similar experiences and challenges.
5. Addressing Intergenerational Trauma and Resilience: Recognise the impact of intergenerational military service on mental health and wellbeing, acknowledging the specific needs of female veterans who come from families with a history of military service.

Incorporating these considerations into the Draft Strategy for Defence and Veteran Mental Health and Wellbeing will ensure that female veterans, and their families receive the specialized support they need. By recognising the invaluable contributions and unique perspectives of these remarkable women, we can create a more inclusive, supportive environment for all members of the Defence and veteran community.

Anonymous H

Please consider what entitlements an ex-partner and dependants should be able to access following break-down of relationship? The break-down may be a result of FDV or impact of the member's service, eg PTSD. The ex-partner and dependants will also be affected now and into the future. For instance, the ex-partner may not have had continuity of employment due to postings, or indeed periods of unemployment due to being the primary carer of children. For example, It does not look as though a soon to be ex-partner of an ADF member as the reimbursements go back to the member, irrespective that the ex-partner may urgently need those funds for themselves and dependants upon separation? Further the ESO Partner Employment Programs, appear to work off a similar premise of current partner. Is there consideration for in the case of PEAP flexible reimbursement options to be developed be so the individual who paid for the training is reimbursed; and in the case of ESO Partner Employment Programs consideration for supports to ex-partners on establishment of points of proof?

Alex Gathercole

I have served 24 years in the Royal Australian Navy. I have served on a number of ships, both in Australia and in the United States, and have been on multiple deployments, both war-like and peacetime border protection exercises.

I have struggled with depression and night terrors for many years, brought on and likely exacerbated by extreme and unusual stress, and a lack of early access to useful treatment without jeopardising my career goals.

The treatment of those with acknowledged mental health conditions has definitely improved over the years that I have been navigating those issues, but there is still a long way to go. It was a Defence doctor who first told me that I would be medically discharged if I didn't stop taking anti-depressants, back in 2008. That led me to stop taking medication, and start seeking psychological support outside of the ADF. Then it was an Alcohol and Drug Prevention Advisor who told me that a member could still serve, and advance in their career, whilst taking anti-depressants, sometime in the mid-late 2010s. For me, that represented 7-10 years of wasted health, where I could have been pursuing wellness instead of trying to navigate the demands of the job, the needs of my family, and still trying to advance my career while suffering under the cloud of depression. I became very good at hiding my symptoms, to the point where nobody knew what was going on with me in the workplace. It was 2019 when I finally sought proper treatment for my depression, and I am still navigating a lot of the same challenges.

Why do I write this? I think it's fairly well documented that there is a stigma around admitting mental health issues in the ADF, and I don't want to simply pile on to that bandwagon. The key message I would like to be taken away from my experience, is that the correct information does not often reside in the place where a person would go to find it. I'm now very senior, and I have significant knowledge of the health system and the MEC system, because I have had to find my way through it.

Over the past couple of years, I have been providing health admin support to a young Army Private I met whilst doing a course. That member was struggling with mental and physical health issues, and was being given the option from her command of either a) getting on with the job and burying her struggles, or b) being admitted to a hospital ward. If she would go through her chain of command for support, the next person up from her was a Lance Corporal who didn't know much either, except for the stigma that they had been taught. Through my personal friendships with senior ADF personnel within Joint Health Command, I was able to advise her about Long-Term-Leave and other options for respite that a medical professional could offer her. This was not offered to her by medical staff, she had never heard of these options, and so had to ask about them. She was afraid that if she opened up about her struggles, she would be kicked out of the Army in her early 20s and left to fend for herself in society.

This was eerily to my own experience some 15 years earlier, and it brought to mind that while there are excellent quality humans working on robust solutions to help our people, those efforts are being foiled by a lack of available information and/or empowerment to the junior ADF members serving in a unit or on a ship. I would like to see medical centres/drop-in centres on all bases, staffed with experts on the ADF medical system as

well as the post-discharge benefits/entitlements, where a person can go and get advice about their options, to avoid those tragic situations where the world loses a person because they feel that they have no options.

I applaud the efforts of those excellent people who are working at the coal face to change the system and the environment for those who volunteered to serve. There is so much good happening, but all that can be undone if that very first interaction that a struggling Sailor, Soldier, or Aviator has results in them being turned away due to lack of information or resources to support them.

There is a belief among some senior ADF personnel, that if you offer this type of help and support to junior people, that this system will be abused by everyone who just wants to get out of work. My 24 years has shown me that this belief is false, that most people want to go to work and do their job to the best of their ability, even when they are struggling.

It is a tragedy to maintain a workplace where people are not empowered to seek help for fear of victimisation, or for them to seek help and not be able to find it, and that type of behaviour from senior ADF/Defence members should held to account.

Everybody who puts their hand up to serve has earned the right to be there, and it is our job to make sure that those who have volunteered to put themselves in harm's way are kept safe by those of us who are responsible for them. Too much is pushed onto the member to manage, a lot of the time, and we should be prepared to ease that burden where we can so that they can get on with the job they volunteered to do. We owe it to them for what they have done.

Anonymous I

Please consider what entitlements an ex-partner and dependants should be able to access following break-down of relationship? The break-down may be a result of FDV or impact of the member's service, eg PTSD. The ex-partner and dependants will also be affected now and into the future. For instance, the ex-partner may not have had continuity of employment due to postings, or indeed periods of unemployment due to being the primary carer of children. For example, It does not look as though a soon to be ex-partner of an ADF member as the reimbursements go back to the member, irrespective that the ex-partner may urgently need those funds for themselves and dependants upon separation? Further the ESO Partner Employment Programs, appear to work off a similar premise of current partner. Is there consideration for in the case of PEAP flexible reimbursement options to be developed be so the individual who paid for the training is reimbursed; and in the case of ESO Partner Employment Programs consideration for supports to ex-partners on establishment of points of proof?

Anonymous J

To Whom It May Concern,

I appreciate the opportunity to provide feedback on the Defence and Veteran Mental Health and Wellbeing Strategy 2024. As a veteran who has personally experienced the challenges of transitioning from military service, I feel compelled to highlight critical gaps in the current mental health support framework and propose an evidence-based solution that will enhance the well-being of both serving members and veterans.

Addressing the Limitations of the Current Mental Health Support System

The Department of Veterans' Affairs (DVA) currently funds mental health services provided by psychologists, psychiatrists, mental health social workers, and occupational therapists (OTs). While these professions play a crucial role, the accessibility and availability of these specialists are severely limited due to:

1. A Shortage of Practitioners Willing to Work Under DVA Rates

Many specialists opt out of providing services to veterans because the DVA's remuneration does not align with private practice rates. This has created a bottleneck in service accessibility, leaving veterans waiting extended periods for critical mental health support. Delays in care increase the risk of deteriorating mental health conditions, including heightened suicide risk, substance abuse, and family breakdowns.

2. Lack of Mental Health Support in Rural and Remote Areas

Veterans in regional and rural Australia face significant barriers in accessing mental health care due to the limited number of DVA-funded specialists in these areas. This results in veterans either going without care or having to travel long distances, both of which create undue hardship and exacerbate mental health struggles.

The Case for Recognising Counsellors Under DVA Funding

The Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA) are the two national peak bodies for counselling professionals in Australia. ACA and PACFA-registered counsellors are highly qualified professionals, meeting rigorous training, supervision, and ethical standards. These professionals undergo:

- Comprehensive education and training, including diploma, bachelor's, or master's degrees in counselling.
- Practical placements with hands-on experience in real-world settings.
- Ongoing professional development to maintain registration and ensure high-quality service delivery.

Research Evidence Supporting Counsellors in Veteran Mental Health

A 2021 study published in the Australian Journal of Psychology found that counselling interventions significantly reduce PTSD symptoms, depression, and anxiety in veterans. Further, research from the Australian Institute of Health and Welfare (AIHW, 2023) has

shown that early intervention with counselling can mitigate suicide risk and improve long-term mental health outcomes.

Key Recommendation:

To improve accessibility and effectiveness of mental health care for veterans, DVA and ADF should formally recognise and fund ACA and PACFA-registered counsellors to provide therapy for veterans and serving members.

Expected Benefits of This Policy Change

1. Expanded Access to Mental Health Support

- Allowing ACA and PACFA counsellors to provide services under DVA funding would immediately increase the number of available mental health professionals for veterans.

2. Improved Mental Health Outcomes

- Veterans would experience reduced wait times for therapy, leading to earlier intervention, better treatment adherence, and improved mental well-being.

3. Enhanced Support for Rural and Remote Veterans

- ACA and PACFA counsellors are already widely distributed across Australia, including rural and remote areas where DVA-funded specialists are scarce.

4. Cost-Effective and Sustainable Solution

- Counsellors provide high-quality, evidence-based therapy at a lower cost than psychologists and psychiatrists, ensuring better financial sustainability of veteran mental health programs.

Conclusion

The mental health crisis among Australian veterans demands urgent action. Recognising and funding registered ACA and PACFA counsellors as part of the DVA mental health system is a practical, evidence-based, and cost-effective solution that will save lives and enhance the well-being of those who have served our nation.

I urge the Department of Defence and DVA to implement this policy change to ensure that no veteran is left behind in their time of need.

Sincerely,

Veteran & Mental Health Advocate

John Kevin Letts

Adverse mental and physical conditions are created by the military goal of preparing people for war. Military indoctrination is used to weld people from many and varied backgrounds into a cohesive goal orientated disciplined force in preparation for war. The Spanish Government was defeated in the Spanish Civil War because it was splintered between different groups. Franco won because he had a unified disciplined command. The military promote uniformed control from the top and establish structures and training to achieve this objective. This allows them to control large numbers of troops and provide equipment and supply.

Killing and being killed are contrary to people's beliefs but necessary to achieve the military goal. Preparing and maintaining people for war places people in dangerous, stressful, isolating, difficult, harsh environments with little facilities with people they may not know or trust. They will be expected to perform no matter their physical or mental condition. Training and maintenance of their physical and mental condition must be exceptionally hard, which it is 24 hours a day seven days a week.

This has an enormous mental and physical detrimental long-term effect on the person. It is extremely hard on conscripts who don't want to be there and are not prepared to enter and remain in this little-known environment.

Vetrans for peace - The authors describe basic military training with approval as a process of intense indoctrination. By stripping the recruit of their identity, applying stressors and punishments, conditioning obedience to all orders, and dehumanising the enemy, the military replaces the recruit's former identity with another identity. By the end of basic military training, a young person will obey all orders, including the order to kill another person without hesitation.

The military know if they are to achieve their objective they must have a centralised discipline structure. Military training is purposely structured to remove the person from a previous lifestyle. It isolates them and controls every aspect. The Individual becomes part of a unit this is enforced by drill. They are physically and mentally pushed to their limits and expected to still perform.

"The aim of close order drill is to develop instinctive obedience into individual soldiers which will assist them at all times to carry out orders. Drill if the highest precision is an exercise in self-discipline, alertness and obedience, qualities that are essential to endure the hardship of operations. Drill forms a common bond and a unity of spirit and purpose within a team. It assists in building the confidence between commander and subordinate, which is essential to building morale. It is the duty of officers, WO and NCO to insist on the required standard both on and off parade, in all circumstances." (Australian Army Land Warfare)

I recognise that it is extremely difficult for the person sitting in an air-condition office, working flexible hours, living with people of their choice and having limited control over them to fully understand the full impact of military service. They will not fully appreciate what it is like to be trained to kill and controlled twenty-four hours a day seven days a

week, to be sent anywhere and perform any duties specified. Killing others may be easy for some but for most people it is not. If you haven't lived it, you do not fully comprehend.

Imagine you don't want to do it and you don't expect to do it. Nobody you know has done it, suddenly you are in going to somewhere you don't know, to perform duties you don't know and being controlled 24 hours a day seven days a week. Family, friends, occupation are gone as you are isolated against your wishes. You are twenty and had a planned future, it's gone for two years full-time and three years when you can be recalled.

One of my fellow conscripts from my platoon will be killed in a year and two wounded in Vietnam. You will be informed you are going to Vietnam; it does not happen. Later your unit will be on stand-by for Vietnam it does not happen. On one of your exercises in North Queensland half your unit is injured and there are other injuries at other times.

Waiting for recall for three years after, you are expected to return to your clerical career. It is impossible to fit back in so you drift away from family, girlfriend, friends and previous career. People hate members of the military and take their hate out on us, isolating us further from many.

All because we were forced into the military losing five years of our life at the age of twenty. After service we are discarded and forgotten.

We suffered military service in time of war, our members were killed, wounded and injured so we could meet the primary military goal. It caused devastating eternal mental and physical injuries. This was purposely implemented to achieve the military objective, no matter the cost to participants. There is a lack of appreciation of the long-term effect of the incubation of causes initiated by military service.

Conscription produces far more harmful effects on conscripts, than on those who volunteer. Conscripts incurs massive penalties if they do not comply with conscription. Their life is completely changed as they are isolated from their previous life, career, family and friends with no control over their future. They don't want to serve and are not prepared. There are many things forced upon them that are contrary to their principles.

The Australian public recognised the massive detrimental impact of conscription defeating two conscription referendums and removing a government in 1972.

Mental and physical causes have long-term effects and don't dissipate after the cause as they continue into the future. Medicine and history clearly establish what happened in the past does not stay there in has a future.

The COVID inquiry establish COVID's effect continuing into long COVID and new strains.

Cyclone Tracy still has detrimental effects on victims today 50 years later and that was only for a short period.

There are many medical examples where causes-initiated lead decades later to fatalities.

History has extensive examples.

What happened in 1788 resulted from events of 1770. The cause from 1788 incubated and manifested into institutions and effects that dramatically affect us today. Long-term effects from a cause centuries ago.

World War 2 was caused by World War 1.

Events of 7 October 2023 were instigated by the 7 October 1571 Battle of Lepanto.

Trevor John Pearsell

Please refer to the Military Covenant.

In brief: For what they have done this we will do.

We will treat every injury claim as a fraud

We will hold claims for months without allocating to a delegate

We will ensure that delegates do not have any personal military service.

We will instruct delegates to give no weight to statutory declarations.

We will require the delegate to request copious reports that will say the same as those before the delegate which results in long delays. It takes two weeks to get a GP appointment to get a referral to see a specialist. It takes 6/8 weeks to get the specialist report to the GP who receives it blindly into a file. The veteran contacts the GP another two weeks gets the report and sends to delegate. The delegate is unable to read the report. When a January 2019 report says '... he most likely as a small nerve peripheral neuropathy...' that is a diagnosis of PN. Veteran has a fall due to PN January 2021. Due to all the reasons above the PN does not become an accepted condition until 2023 therefore PN could not have caused the fall in 2021. Problem solved. Deny. More reports obtained from specialist within the same neurological practice with report dated 2024 confirming that the report of 2019 was the diagnosis of the PN.

We will require the veteran to lodge with the ART and MRCC for a review. Three months later a three party telephone conference is held. Next contact April 2025. The claims were lodged in March 2023.

We will have the delegate scour this report searching for any sliver of justification to deny the claim.

I have 8 accepted service related conditions with a total WPI of 140% which does not take into account the 2 open claims still to reach first consideration after 2 years.

The Veterans Legislation Reform Act 13 February 2025 sets out various scenarios of how claims and transition will affect veterans. One such scenario is Mary who has a number of accepted claims and has received \$235k in PI. She lodges a claim for worsening of an accepted condition. Under the current DRCA she would receive an additional \$35k. Under the NEW MRCA her accepted conditions have been converted to points. She has 64 points. The new claim adds a further 4 points to make a total of 68. As there has not been an increase of 5 points she does not receive any PI compensation but she is automatically issued with a GOLD CARD.

Philip Barnes

There is a breakdown in gaining medical support from your GP once you have left Defence. While serving, you are supported by your Unit medical centre and its staff. But once you transfer to Reserves or exit Defence in total, it is almost impossible to get any GP to support DVA documentation or provide a referral for you to see a specialist as they don't know you.

I have registered injuries with DVA and required a review as my injuries are getting worse. I contacted DVA via the RSL advocate and was required to have documents reviewed and signed by my GP. Due to me not seeing any civilian GP for over 40 years, the family GP declined to support this documentation as he had not seen me.

The more veterans I speak with at the RSL meeting the more people are informing me of the same problem. There is no easy way to get assistance from DVA and since the review into DVA services, the problem has only become worse.

Veterans need a solution.

Anonymous K

As a member who has suffered wellbeing and mental health issues due to the psychosocial risk factors that I have been subjected to by the actions of superiors in my Chain of Command I find that the support and reaction from Defence to be underwhelming.

During my time at the posting a number of my peers and myself experienced: a perpetual high-tempo work environment, blatant double-standards from the chain of command, a continuously changing workload, constant short turn around product requirement, frequent tasking with little to no guidance or clarity, disproportionate punishments for errors, little to no recognition for achieving above and beyond the expectations of the squadron, inadequate ICT equipment, bullying, and conflict as well as procedural unfairness and favouritism.

These behaviours were reported and these reports amounted to nothing, with members higher in the chain protecting the members being reported.

All of these factors as well as numerous other events within the workplace compounded to create a number of issues with my wellbeing and mental health. Upon seeking help with the Defence psychology team, the psychologist refused to acknowledge that my wellbeing and mental health concerns were due to the workplace and instead insisted my personal life was the cause.

Since posting out I still endure ongoing issues with my wellbeing and mental health specifically regarding the workplace.

If this is the standard practice then how are any members meant to approach DVA for assistance and potential compensation, when there is little to no hope of gaining any sort of actual support or diagnosis.

Anonymous L

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I urge the Department of Defence and DVA to implement this policy change to ensure that no veteran is left behind in their time of need.

Sincerely,

[Redacted Signature]

George P

I've worked in Defence for nearly 20 years. Both in and out of uniform. 10 years of service being within the Mental Health space. During my time on a personal level I got lost in the link of a chain of wellbeing support through both Defence and Open Arms as well as DVA on departure, felt unsupported as many exiting / exited members do. That being said I'm thankful to both Defence and DVA for what they have provided.

Anonymous M

DEFENCE AND VETERAN MENTAL HEALTH AND
WELLBEING STRATEGY 2024 – 2029 -
CONTRIBUTION

Firstly, thank you for the opportunity to contribute and I apologise that I haven't been able to contribute earlier.
Hopefully the following will help my fellow Veterans and their Families.

BRIEF BACKGROUND

My background includes the following:

- Australian Regular Army service x 2 – First as a Corporal and then as a Lieutenant;
- Registered Nurse for over 25 years – including Critical Care;
- State Law Enforcement;
- Excellent work record with a number of awards.

It was in my Law Enforcement role, whilst conducting a prolonged and complex Investigation for the Coroner into the horrible death of a Student, that I was injured with PTSD.

After two years desperately trying to return to work and suffering enormously – I was assessed as “Seriously Injured (SI) with PTSD and Totally and Permanently Disabled (TPD).

I strongly believe that this “Monster” is caged in us all and can be released under certain circumstances.

In my case the “Monster” had been released.

In addition, my employment was ceased, my car taken and had a wife and young family depending on me.

I was now fully managed and dependant on the Workers Compensation System, which I trusted would help me Return to Work (RTW).

How incredibly wrong I was!

Instead of taming the Monster – it was instead fully unleashed causing horrid, life-threatening suffering for many, many years- the kind of which absolutely no Human Being should endure.

Its tentacles also grabbed onto my incredible wife causing enormous Stress and harm to her as she supported me.

My wife has been amazing to this day but needed more support.

I thought that I had very good pain tolerance, but the relentless suffering from this Serious PTSD was unbearable at times and at another level.

My fellow Veterans, their Partner/Family and others must be protected at all costs from this SI/TPD - PTSD Monster.

The Insurance Act upon which my hope relied, served to provide me with some outstanding Doctors and financial support But// my efforts, my Wife's efforts, my Doctors efforts – were continually hampered by a parts of the Insurance system that repeatedly triggered and worsened my severe Signs and Symptoms. Consequently the system was re traumatising me over and over and feeding the Monster and its tentacles repeatedly.

I wanted so very much to RTW, but elements of the Accident Compensation System I was under for my Serious injury made me worse.
In hindsight I had no hope!

Now, many, many years later, I am alive, out of the ACA system and partially protected from this Monster that continues its attack.

As stated earlier, this very severe level of PTSD – this Monster- causes suffering that no human being should endure.
My legally written diary clearly describes the horror (I cannot read it).

RECOMMENDATIONS:

Prevention, Prevention and More Prevention:

A Veteran must not get to the Serious/TPD stage of PTSD.

I recommend very strong focus on PTSD prevention, including but not limited to - early diagnosis and appropriate treatment plans which are prepared and monitored by highly experienced, quality Psych PTSD Specialists.

That such Prevention also strongly include the Veteran's Partner/Family.

Review of The Compensation Act for Veterans Diagnosed With Serious PTSD and Unlikely To return to Work/TPD.

The purpose of the review is to prevent the triggering and repeated re traumatising of such Veterans so that he/she can live and live with some peace, with dignity and respect and with some hope.

The goal is to prevent a Veteran and Partner/Family enduring horrid, prolonged suffering.

For those Veterans diagnosed as above after an approx. two and a half year period – I request the following changes to the Compensation Act to protect such Veterans and their Partner/Family:

- A highly Specialised Unit established to specifically manage the above "Seriously Injured, Unlikely to Return to Work/TPD - PTSD Veteran and their Partner/Family. Each member should be highly qualified and experienced with PTSD with strong empathy and compassion to such esteemed Australians.
- For the above Veteran, as soon as they are assessed as above I suggest the commencement of a weekly income of no less than the average full-time wage with CPI increases and Superannuation.
If this is not already the case - that this weekly income be permanent and not alter - unless there is RTW, but even with RTW or if RTW attempts fail – the security of this permanent income amount is always there until the Aged Pension.

This will provide the Veteran and their Partner/Family with more peace, a decrease in financial anxieties, dignity, recognition, respect and greater ability to focus on their own health promotion.

- That a Hazard Assessment be conducted by the Unit for any action that is proposed regarding the SI/TPD - PTSD Veteran and Partner/ Family. If the action is seen as hazardous in that it may trigger and retraumatise then a Risk Assessment is to be completed and Controls should be implemented based on the level of risk to eliminate or reduce so far as is reasonably practicable any such risk.

I also strongly recommend from experience that the following actions toward the above Veteran be immediately eliminated:

*Independent Assessments;

*The following of such Veterans by Private Investigators.

(Both of the above are terrible triggers).

Formal Recognition:

It is my opinion the above stated Veteran, who has been Seriously Injured in the course of trying to help others, deserves to be regarded with high esteem.

To promote respect, worth and dignity and gratitude— such SI/TPD - PTSD Veterans, who have/are suffering enormously as a result of their contribution to Society and Australia, should be formally recognised and visibly identified as esteemed members of our Community and Nation.

The days of living in a World of relentless suffering, feeling forgotten - must please stop!

That such formal recognition also includes the incredibly supportive Partner and Family.

I also recommend that a recommendation be made to all State Jurisdictions to Review their Accident Compensation Acts accordingly for Police, Ambulance, SES, Firepersons, Doctors, Nurses and other Occupations dealing with serious injury and death.

POSITIVES:

- For many years now life has been extremely difficult, but through determination and having the right and most incredible people supporting me - “I managed to survive and have a Wonderful family” (but the battle still isn’t over).
- Hopefully my learnings and recommendations will help, so that no one ever goes through such horrible, prolonged levels of suffering with such high suicidal risk.

Thank you again for the opportunity to contribute.

Hopefully my contribution helps.

Yours sincerely.