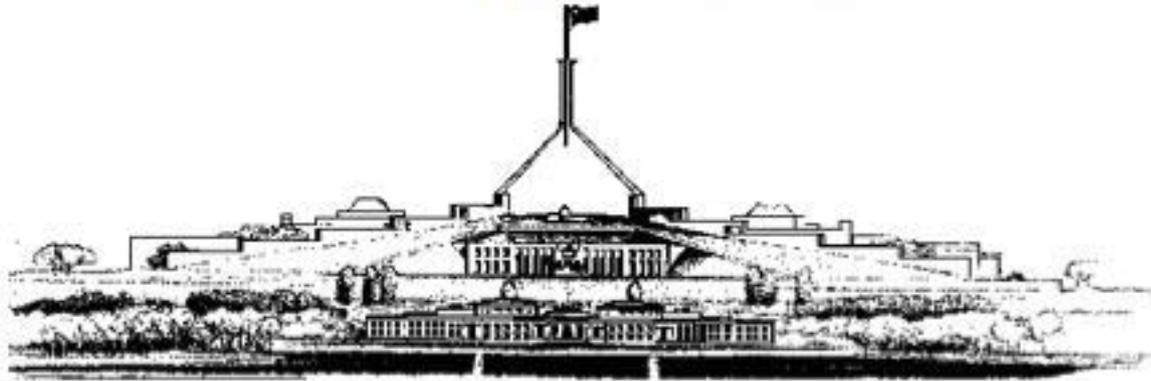




COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



THE SENATE

BILLS

**Veterans' Affairs Legislation Amendment
(Veteran-centric Reforms No. 2) Bill 2018**

Second Reading

SPEECH

Thursday, 21 June 2018

BY AUTHORITY OF THE SENATE

SPEECH

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Speaker Kitching, Sen Kimberley	Question No.

Senator KITCHING (Victoria) (13:05): I'm grateful for the opportunity to speak on the Veterans' Affairs Legislation Amendment (Veteran-centric Reforms No. 2) Bill 2018, which contains a series of amendments to legislation which affects our veterans community. This is a non-controversial bill, which means it has the support of both sides of the Senate, as it should.

This bill does a number of valuable things: it amends the Military Rehabilitation and Compensation Act and the Safety, Rehabilitation and Compensation (Defence-related Claims) Act to provide former members of the Australian Defence Force with incapacity payments at 100 per cent of their normal weekly earnings where they are studying full time as part of their approved rehabilitation plan; it amends the Veterans' Entitlements Act 1986 to create a Veteran Suicide Prevention Pilot aimed at providing coordinated care to veterans who have attempted suicide, have suicide ideation or are in crisis; it deems a submariner's service on a special submarine operation between 1 January 1978 and 31 December 1992 to be operational service; and it extends the eligibility for the Long Tan Bursary scheme to the grandchildren of a veteran who has operational service in Vietnam. As that conflict recedes further into history, obviously it was sensible to extend it to grandchildren rather than just the children of the veterans. The bill amends the Military Rehabilitation and Compensation Act 2004 to allow a wholly dependent partner up to two years to decide whether to take a lump sum, a pension, or a combination of both as compensation for their partner's death, and to enable veterans to lodge a claim for compensation orally.

The section of the bill I particularly want to comment on is the section which amends the Veterans' Entitlements Act to create the Veteran Suicide Prevention Pilot aimed at providing coordinated care to veterans who have attempted suicide, have suicide ideation or are in crisis. These amendments would create a pilot scheme for a service aimed at improving the mental health services available to veterans and to prevent veterans' suicide. The Veteran Suicide Prevention Pilot, which is also known as the Mental Health Clinical Management Pilot as part of the 2017-18 budget measure 'Suicide prevention pilots', will provide intensive and assertive management services to support a veteran's mental health outcomes after they have been discharged from a hospital following an attempted suicide crisis or to support those who may be at increased risk of suicide because of their mental health or other factors. This will include support to access other relevant government and non-government treatment and services that will help reduce the risk of suicide and enhance their quality of life.

This is an issue I have spoken on before. In an earlier speech I pointed out that, since the Vietnam War and the traumatic effects that service in Vietnam had on many—perhaps the majority—of those who served there, we have become much more aware of the mental health needs of veterans. From virtually nothing in the 1960s, we now spend nearly \$250 million a year on mental health services for ADF members, Defence veterans and their families. This includes services provided by doctors, psychologists, psychiatrists and social workers as well as online information and support services. It includes the Veterans and Veterans Families Counselling Service, which provides free and confidential counselling and support to ADF members, veterans and families at 26 centres around Australia.

The VVCS serves more than 27,000 people every year. This parliament in recent years has spent quite a lot of time on these issues, as it should, and I want to highlight an inquiry that the Joint Standing Committee on Foreign Affairs, Defence and Trade has just started in into the transition to civilian life of men and women who have served in the ADF. That inquiry is going to look at three specific areas: the barriers that prevent people from effectively engaging with ADF members, the Department of Defence and the Veterans' Affairs to provide more effective support to ADF personnel as they transition out of service; the model of mental health care while in the ADF service and through the transition period to the Department of Veterans' Affairs; the efficacy of whole-of-government support to facilitate the effective transition to employment in civilian life of men and women who have served in the ADF; and any matters that relate to the above three areas. These are important because, the more light that is shone on these areas, the more information we have and the better we are able to deal with these issues.

Something that the US Department of Veterans Affairs does is provide long-term veterans and the people who might employ them with tax credits in a scheme where under the returning heroes tax credit they get US\$5,600 for employing veterans and under the wounded warriors tax credit they get approximately double the credits for longer-term unemployed veterans with service-connected disabilities. Obviously, there are a far greater number of veterans in the US, but it is of interest and for the good of society that there is a smooth transition from the ADF into civilian life, because we have, tragically, seen the instances where that hasn't been successful. I'm thinking of the veterans and the witnesses who came to speak to the Senate committee's inquiry into veteran suicide.

Australia does provide veterans with free mental health services. Veterans have access to full cover for five of the most common mental health conditions: post-traumatic stress, depression, anxiety, alcohol abuse and substance abuse. They don't have to prove that these conditions were caused by their service; as soon as they contact the department, these mental health needs are met without questions being asked. That is an expensive commitment but, I think, a necessary one, and I hope the measure outlined in this bill will improve our capacity to meet the needs of veterans who are at risk of suicide.

In estimates a couple of weeks ago, the Department of Veterans' Affairs gave an update on the technology updates and improvements that the department is undergoing. Hopefully, there will be a greater synergy between the systems contained within the Department of Defence and the Department of Veterans' Affairs, because it is likely to be very helpful for veterans when there's a full integration of those systems.

In the Senate's inquiry into suicide and suicide prevention by veterans and ex-service personnel, we heard from veterans, family members and support organisations about their experiences with suicide among former members of the Australian Defence Force. We learnt that suicide among former ADF members causes more deaths than overseas operational service does. One of the most touching, poignant things I have seen about this is on the wall of honour in the Middle East area of operations. It now contains not only those who have died in active service but also those who have committed suicide upon their return from active service. I think that's an important acknowledgement to make.

We learnt in that inquiry that the overall suicide rate among defence veterans is not greatly different from the rate in the general population once we control for age and gender, but that is a big qualification because the veteran population is predominantly male and men are far more likely to commit suicide than women. We learnt in that inquiry that we do not have the exact figures for the number of suicides and attempted suicides among former ADF members, but a recent Australian Institute of Health and Welfare study found that between 2001 and 2015 there were 325 certified suicides amongst ADF veterans, although the real figure may well be higher. That is the importance of the technology updates that the department is undergoing. It will be able to track people and former service personnel more adequately. It certainly doesn't do that now, but the hope is that, down the track, it will be able to do that.

We learnt that the group most at risk of suicide was young veterans involuntarily discharged due to physical or mental injury. This group exhibited suicide rates double that of the comparable national population. This suggests that our attention needs to be focused on the transition from service to civilian life, particularly among young men who have been involuntarily discharged for whatever reason. These men may suffer from a variety of psychological factors that may well dispose them to suicide.

The key finding of our report was that we currently have an inadequate infrastructure of support for those who are at risk. An accurate assessment of the impact of military service on the mental health of our veterans and the provision of appropriate services for them are a pressing issue, something that we need to address and now.

Some of the organisations that do work—outside of the department, for example—offer, for example, arts therapies. Recently I went to an exhibition which was held by ANVAM, which is a veterans arts society. That is actually going to be in Old Parliament House, I think, later on this year. I would suggest to people that they go to see it. Every piece of art is different, but every one has a point of view, and it does give an insight into how veterans are feeling and thinking and how they're making that transition. It's quite a powerful exhibition.

The report shows that we can do a much better job of fulfilling our responsibilities to our veterans, and this bill goes some way to doing that. Every suicide among former ADF members, whatever its cause, is a reminder of our obligation to protect those who have protected us. This bill before us represents some progress towards that goal, and that's why this side of the chamber is supporting it.