

A royal commission takes years to play out. Our veterans don't have that long

• Kerry Howard



There are actions we can take right now to reduce veteran suicides. Picture: Shutterstock

The Royal Commission into Defence and Veteran Suicide is a welcome announcement, and one that the defence community has been seeking for a very long time. But it will not resolve the issue of veteran suicide.

A royal commission takes on average three years to complete, and though it might outline a range of recommendations, most social reforms take five years or more to start showing a measurable change based on data and research.

With one veteran on average dying by suicide every two weeks, we need more funding directed to prevention programs right now.

The rationale for undertaking a royal commission is to get to the bottom of an issue. But the issues that relate to veterans' suicides and ideation are well known to the psychological community.

The reality of defence training is that they "condition" their members upon entry to the service, but they do not "de-condition" them upon retirement. The earlier a member is discharged, the more likely they are to take their own life (under the age of 30). Data already shows us where to focus our energy to prevent the despair that leads to suicidal ideation - but we don't have the salience to commit funding to the issue until after it becomes a problem.

The negative impact of service to our nation is not accounted for in the budget of the Department of Defence. Instead, the issue becomes the responsibility of Veterans' Affairs. To prevent the extent of psychological injuries we're seeing today would cost Defence a lot of money up front and the benefit would be to the Veterans' Affairs portfolio.

Without the savings and benefits being seen in the same portfolio, it's unlikely that a significant program of change will be implemented, despite the flow-on effects of veteran suicide and the fact that many sectors are impacted by the poor mental health of veterans once they leave the service.

One of the biggest impacts is felt by the resources sector, which employs a high percentage of former service members, many of whom likely experience undiagnosed mental health challenges. We know that this sector also has a high rate of suicide, yet there is no focus on the correlation across these industries.

In the Defence Force, we still stand people down when they acknowledge a psychological vulnerability. But the reality is that suicidal ideation is experienced by many of us - in the Defence Force and outside of it - at differing points in our lives. Suicidal ideation represents a common consequence of our traumatic experiences.

We need to normalise the experience, support people to recognise their reactions and response to incidents and afford them a way to express their reactions in a way that is supportive and normalised - rather than the current reactive response and what is essentially punishment.

In 2017, I approached Defence with an option to engage in a variety of prevention activities and programs. At the time, they essentially told me to go and "prove" my theory with some other smaller organisation, and come back to them with the proof. The problem with suicide prevention funding is there is no way of knowing how many lives we save. But prevention is the answer, and prevention programs need funding right now, not a royal commission.

It's time for change.

- **Kerry Howard is a psychologist and author of *The Trouble with Trauma*.**

READ MORE:

- [Scott Morrison confirms veteran suicide royal commission](#)
- [LGBTI campaign pushes for apology to dishonourably discharged veterans](#)
- [John Warhurst: Here's why we needed yet another royal commission](#)