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LIVING IS FOR EVERYONE (LIFE)

Here are the words of a former soldier, an Iraq War veteran who took his life in June. He left behind a powerful suicide note that went viral on the Internet after his family shared it with the media.

I am sorry that it has come to this.

The fact is, for as long as I can remember my motivation for getting up every day has been so that you would not have to bury me. As things have continued to get worse, it has become clear that this alone is not a sufficient reason to carry on. The fact is, I'm not getting better, I am not going to get better, and I will most certainly deteriorate further as time goes on. From a logical standpoint, it is better to simply end things quickly and let any repercussions from that play out in the short term than to drag things out into the long term.

I really have been trying to hang on, for more than a decade now. Each day has been a testament to the extent to which I cared, suffering unspeakable horror as quietly as possible so that you could feel as though I was still here for you. In truth, I was nothing more than a prop, filling space so that my absence would not be noted. In truth, I have already been absent for a long, long time.

Beyond that, there are the host of physical illnesses that have struck me down again and again, for which they also offer no help. There might be some progress by now if they had not spent nearly twenty years denying the illness that I and so many others were exposed to. Further complicating matters is the repeated and severe brain injuries to which I was subjected, which they also seem to be expending no effort into understanding. What is known is that each of these should have been cause enough for immediate medical attention, which was not rendered.

My body has become nothing but a cage, a source of pain and constant problems. The illness I have has caused me pain that not even the strongest medicines could dull, and there is no cure. All day, every day a screaming agony in every nerve ending in my body. It is nothing short of torture. My mind is a wasteland, filled with visions of incredible horror, unceasing depression, and crippling anxiety, even with all of the medications the doctors dare give. Simple things that everyone else takes for granted are nearly impossible for me. I can not laugh or cry. I can barely leave the house. I derive no pleasure from any activity. Everything simply comes down to passing time until I can sleep again. Now, to sleep forever seems to be the most merciful thing.

This is what brought me to my actual final mission. Not suicide, but a mercy killing. I know how to kill, and I know how to do it so that there is no pain whatsoever. It was quick, and I did not suffer. And above all, now I am free. I feel no more pain. I have no more nightmares or flashbacks or hallucinations. I am no longer

constantly depressed or afraid or worried.

I am free.

I ask that you be happy for me for that. It is perhaps the best break I could have hoped for. Please accept this and be glad for me.

Recently, when asked by the ABC Broadcasting reporter Hayden Cooper, the Australian Defence Department said not all the 112 ADF members who have committed suicide since 1996, had served an operational deployment. These official figures have been more closely tracked since 2000 and, for the period 2000 to 2012, 89 ADF members were recorded as having died by suicide, with 29 having undertaken one or more deployments. Newspaper figures as reported for the military in 2013 are continuing to rise.

Defence also adds its research has not found a link between operational deployment and suicide in the ADF and says the actual rate of suicide in the ADF is lower than in the general population. These figures and these findings very closely align with those of the UK and Canada but are quite different from those of the USA military. Now the Australian Defence Force (ADF) is preparing for peacetime after nearly a decade and a half of operations in Afghanistan, Iraq, East Timor and the Solomon Islands we might expect combat stress to reduce. None the less, there are fears being expressed by some mental health officials that the country could face a surge, of these health disorders as troops return to their normal working patterns of a peace time defence force. The Chief of the Defence Force, General David Hurley was quizzed about the physical and mental health of Australia's soldiers in a parliamentary committee recently. He said the following, "That soldiers have a duty to report if they're feeling unwell and he assured parliamentarians that there are the facilities to deal with any spike in demand. Further more, hiding illness and putting your subordinates at risk is just as big a sin as my not providing parliament with the right support, and I think people need to think that through. It's not just about me. If people come forward and they are suffering, they will be treated. There is no detriment to their career."

Major General Cantwell agrees with General Hurley and also adds, "It's in the wider community as well. Many of us unfortunately still avert our eyes when we see a mental illness, it's just something we find uncomfortable. In the case of those who've suffered mental illness in war, that's doubly unfair. They've given everything for their country. We owe them. It is not just the Defence Force that has a stigma about mental health."

So there we have it Society or Defence or a combination of both? I rather suspect the latter would be a realistic approach to our current dilemma. The sadness for all of us lies in the many lives that are touched in each of these actions. So often the individual involved is simply seeking to resolve their present situation and there appears to them no other action that will handle it.

There are only two medically established, peer reviewed ways of keeping suicidal depression to a minimum. These are to maintain an above average level of physical fitness for one's age, and the second is to join a group activity that you enjoy, regardless of its nature. This can range from train spotting to bell ringing; whatever you fancy but do it with other like minded people.

Now obviously medication and psychotherapy in all their forms have a proven value but the afore mentioned two activities have consistently stood out ahead of everything else. However, having said all of that nothing is an absolute guarantee. These various approaches are all designed to assist at this point and until much more is understood about the aetiology of and physiological alterations that have taken place in individual brains our current techniques will remain as they are at present. In addition, a great deal of scientific research is being done to understand the concepts of allostatic load and epigenetics in these fields of altered mood states. As yet, no conclusive results have appeared on which physicians are prepared to act and gain a benefit for their patients.

The Department of Veterans' Affairs during our NSW RSL State Congress this year issued their new and very comprehensive Veteran Mental Health Strategy 2013-2023. This I commend to you and the pdf is available to download at:

<http://at-ease.dva.gov.au/veterans/resources/dva-mental-health-strategy/> Obviously we are the ones to assist in these strategy implementations and as members of the wider Defence Community we are responsible for the welfare of our fellow service personnel and their families. We do not live in a nanny state and must therefore be prepared to take on part of this responsibility of being citizens within our own community. This does not mean you have to become your brother's keeper but we can indeed look out for one another and spot early warning signs others might easily miss.

Since late 2001, Australian military forces have been engaged in conflicts around the globe, most notably in Iraq and Afghanistan. These conflicts have exacted a substantial toll on soldiers, sailors and airmen, and this toll goes beyond the well-publicized casualty figures. It extends to the stress that repetitive deployments, training and separation can have on the individual service member and his or her family. This stress can manifest itself in different ways—increased divorce rates, spouse and child abuse, mental distress, substance abuse—but one of the most troubling manifestations is suicides, which are a significant concern across Defence and the Veteran community. The suicide rate among members of the military has raised concerns for policymakers, military leaders, and the community at large. While Defence and the military services have made a number of efforts to deal with the rise in suicides among their members, they have also asked what more can be done?

Briefly, the whole concept of Suicide Prevention cannot be managed in isolation as though the ADF/DVA community has a mortgage on the problem. It remains very much a mainstream Australian problem. Our personnel may possess causes and needs unique to their career choices and we must do our utmost to educate them and ourselves to assist with these individual needs. However, the overall identified suicide death rate in Australia does remain alarmingly high. The following Australian Bureau of Statistics figures include only those where a cause of death was identified, or where self harm was the apparent cause. This leaves a missing number not accounted for in these statistics. Suicide we see remains a prominent public health concern.

1. Over the past five years, the average number of suicide deaths per year in this country was 2,320.

2. In 2011, 1,727 males (15.3 per 100,000) and 546 females (4.8 per 100,000) died by suicide, a total of 2,273 deaths (10.0 per 100,000), which equates to an average of six deaths by suicide in Australia each day. One every four hours.....minimum.

Very large numbers of these people wanted a resolution for their difficulties/conflicts but not a life ending event. The choice they made was taken very often because they felt there was no other available resolution. To take such a step as a single momentary decision is unusual and more often signs are provided well beforehand if we are alert to them. DVA does provide exceptional and valuable training in this field through suicide awareness workshops conducted under **Operation Life**. These are safeTALK, ASIST, and ASIST Tune Up. safeTALK is a half-day workshop of approximately four hours duration that seeks to provide members of the community with sufficient information to recognize those who may be considering suicide and connect them with appropriate intervention services. The other courses expand on this early topic.

You will prove of considerable value to a distressed colleague just by recognising their changed state of mind on completion of one of these courses. Do consider attending a half day one soon. The Operation Life and ASIST Programs are run regularly. You can register for a workshop in your area by contacting VVCS at **1800 011 046** (during normal business hours)

In NSW a great deal of work has been done over the last twelve months by the State Department of Mental Health. The Minister established an ADVISORY COMMITTEE ON SUICIDE PREVENTION to which I was appointed the veteran representative. In November, 2012 the committee's recommendations were provided to the NSW state government. The details are to be made available on the Minister's web site shortly and this is where we hope Society's attitude can be made more positive towards a suicide prevention strategy. Our "Suicide: we can all make a difference", is now aligned with the National suicide prevention framework: "Living Is For Everyone" (LIFE).

Another element more recently introduced into this complex mix has been the exposure of our MEAO troops to concussion and moderate traumatic brain injury. This can also occur in Peace Keeping and Training as well with anyone who sustains a head or neck injury. Explosive concussion is just more subtle. In its severest forms it may manifest itself eventually as the caricature older boxer who's had too many blows to the head. However, in its lesser entities particularly when exposed to several episodes of explosive activity within fifty metres of an individual and with several of them happening close together, there is an essential requirement to be withdrawn from action until recovery has occurred. Individuals are often reticent to do this for many reasons both practical and personal but they do themselves and their colleagues no service by persisting without a full medical review. There is a laid down procedure to be followed in this regard.

We now have a growing number of recent combatants on the books of DVA with this accepted disability. The USA military experience would suggest that the long term effects of this injury may worsen when accompanying such psychiatric conditions as PTSD and Depression. If this is the case there is every reason for these individuals to remain in close contact with their treating medical personnel and their welfare colleagues in whatever form that might take as time passes. Plus this is further reason why we should all be familiar with the tell tale signs of a friend experiencing suicide ideation.

The DVA spent \$166 million in the 2012/13 budget on Mental Health and a further \$24.1M was announced at our NSW State Congress by the Federal Minister. That sum equals marginally over 3% of the \$5.5 billion DVA budget. I firmly believe when the implementation of the recommendations of the Dunt ADF Mental Health Report are evaluated in twelve months time we will need to increase this expenditure by a further one percent.

Historically, combat stress reaction is an acute reaction including a range of behaviours that result from the stress of a military combat environment which may decrease the complainant's fighting efficiency. The most common symptoms are fatigue, slower reaction times, indecision, disconnection from one's surroundings, and an inability to prioritize. This stress reaction is generally short-term but can lead to post-traumatic stress injury, depression and anxiety or other long-term mental health issues. Over the years many not very accurate general terms have been applied to these conditions ranging from "shell shock" to "combat fatigue" depending on the era being discussed. Over time the treatment of some of these conditions plus many symptoms has profoundly improved. However, the male of the species, in particular, remains often very reluctant to seek help despite the need. The military reasons for this range from job security and promotion to ones of self image, plus an expected reduction in defence community respect.

The latter two points are significant and need much work done on them as the CDF said in the beginning. Mental and Physical Fitness are of equal importance both inside and outside our Defence Community. If individuals would only make as much effort becoming mentally fit as some spend hiding their difficulties then many of their issues could be quickly resolved. Stepping forward and seeking mental health assistance when required is a sign of common sense. Maintaining adequate mental fitness requires working out just the same as physical fitness. Neglecting this fact in ADF training is a system-wide weakness. However, when an individual goes off to seek professional mental fitness advice they're demonstrating enormous strength.

This is the only life you have, don't squander it away by suicide. Channel it by helping those less fortunate than you are at present. Whatever you do, use your experience by talking with another Veteran or simply save yourself by remembering you came home alive...and your commitment to this country of ours (with all its faults) is honourable. Remember the first night in basic training when you thought to yourself...what the hell was I thinking? Many men have known this truth. Many people who joined the ADF did not deploy to war. That doesn't make them any less of a soldier. Remember this my fellow service personnel. When you signed up to serve our country you didn't know where you would be sent. But you were there weren't you? You were there to answer any request and that is what really matters.

Thank you to all who have served and are currently serving. I have never taken my freedom for granted.

