

Pro Patria Centre



Submission to the Royal Commission into Defence and Veteran Suicide





Overview

Pro Patria Centre (PPC) was established in January 2021 to be the coordinated medical, holistic health care and wellbeing provider for veterans, first responders and their families in Wagga Wagga and the Riverina.

After many years of lobbying the established ex-service organisations for better health services for contemporary veterans with no result, due to the organisations' constitutional constraints and lack of understanding about the severity of the health crises facing these veterans; a group of local veterans and their supporters established the Defence Shed was established in Wagga Wagga in 2019¹ (part of the Australian Men's Shed Movement)². The Defence Shed Wagga Wagga began to quantify the health and support needs of members. Their vision and energy, plus deep community connections, led them to the Carmelite Monastery and the establishment of the project that has become the PPC.

PPC is on its way to becoming a Centre of Excellence. Currently there are 19 service providers offering services through PPC.³ Many of these services and treatments are being offered in Wagga Wagga for the first time. Our first phase of minor renovations was completed in 2022 and three medical services are now operating from PPC: Integrative GP, Transcranial Magnetic Stimulation through Monarch Health Group and a psychiatrist with military experience as a service member and medical officer in the UK and ADF. As this submission is being written, the next phase of minor internal upgrades are being completed allowing additional services to be domiciled at PPC. Included in the next phase of on-site services will be addiction specialists, and meeting rooms available for financial counselling, NDIS and social work appointments, psychologists, other medical and allied health services based on identified needs.

Since February 2022, more than 500 referrals have been made to PPC's services. Following up with the service providers, they are reporting steady progress and engagement with these patients and clients. The consensus is that having access to medical services, particularly those supported by DVA, in Wagga Wagga is a significant boost to wellbeing as patients located in southern NSW / Northern Victoria do not need to travel to Sydney, Canberra or Melbourne for DVA funded treatment.

In addition to the medical and health care at PPC, there are programs designed to connect and enhance quality of life outcomes. The "Kitchen Garden to Plate" program started with PPC clients renovating the monastic kitchen garden and orchard back to productivity. Riverina TAFE came on board and is working with PPC to restore the kitchen garden, while delivering units of competence in horticulture, building towards a qualification in horticulture. The next phase is for the produce, which is now bountiful, to be used in cooking demonstrations to produce nutritious, home cooked meals for the participants and their families. Well known chefs in the region have already signed up to volunteer for this part of the program. There is a connection between gut health, nutritious food, mental and physical health, and is the basis of our "Kitchen Garden to Plate" program ⁴

¹ <https://defenceshedwagga.com.au/>

² <https://mensshed.org/>

³ <https://www.propatria.com.au/service-providers-pro-patria>

⁴ <https://www.health.harvard.edu/blog/nutritional-psychiatry-your-brain-on-food-201511168626>



PPC is also a warm and inviting meeting place for various related community groups aligned to our mission and vision eg. Peer-led coffee groups, Grandparents Raising Grandchildren support group, weekly sewing group, the Riverina Light Horse, Quilts of Valour Presentations, music classes, art therapy sessions and Tai Chi classes.

PPC works cooperatively and actively with all relevant groups both in the geographic footprint and across the service sector, including:

- membership of the Murrumbidgee Suicide Prevention and Aftercare Collaborative coordinated by the Murrumbidgee Primary Health Care Network⁵.
- participating in the development of the Veterans Toolkit Project with the Black Dog Institute.⁶
- PPC is a founding member of the Black Dog Suicide Prevention Collaborative in the Riverina⁷.
- connection to the Australian Veterans Community⁸ advocating for veterans and their families.
- representation at ESORT⁹ by the Australian Peacekeeper and Peacemaker Veterans' Association.¹⁰
- discussions with Dr Shai Efrati, Director of the Sagol Center at Shamir Medical Center, Israel. Dr Efrati¹¹ and his team are the world's leading experts on hyperbaric oxygen therapy (HBOT) for a range of mental and physical traumas. PPC will bring HBOT to Wagga Wagga. Dr Efrati's team has extended significantly funded training opportunities to the PPC HBOT practitioners in Israel using their breakthrough protocols.¹²
- developing an MOU with St John of God Burwood and Richmond to be part of their new model of patient care, developing treatment satellites in regional areas. PPC already refers patients to St John of God Richmond and having a treatment satellite at PPC will allow continued and integrated treatment close to home where the support network of family and community is already in place.

Significantly, PPC is negotiating agreements with recruitment agencies to assist veterans and their family members to be connected to the civilian employment opportunities that are currently available and will be coming due to the large number of state significant infrastructure projects in the region. Meaningful work is a protective factor in mental and physical health.¹³

⁵ <https://mphn.org.au/blog/2019/5/30/new-mental-health-and-suicide-prevention-resources-page-now-available>

⁶ <https://www.blackdoginstitute.org.au/wp-content/uploads/2021/12/VeteransReport2021.pdf>

⁷ <https://www.blackdoginstitute.org.au/news/beyond-capacity-building-suicide-prevention-collaboratives-in-action/>

⁸ <https://auvc.au/>

⁹ <https://www.dva.gov.au/about-us/overview/consultations-and-grants/how-we-consult-ex-service-community/eso-round-table>

¹⁰ <https://peacekeepers.asn.au/>

¹¹ <https://www.linkedin.com/in/shai-efrati-b14908197/>

¹² https://www.youtube.com/watch?v=r0iQFWjw_LY

¹³ Herr, R.M., Brokmeier, L., Baron, B.N. et al. The longitudinal directional associations of meaningful work with mental well-being – initial findings from an exploratory investigation. *BMC Psychol* 11, 325 (2023). <https://doi.org/10.1186/s40359-023-01308-x>



On 1 December 2022 the Royal Commission into Defence and Veterans Suicide conducted public hearings in Wagga Wagga. At the end of their formal work the Commissioners visited PPC.

Dr Brown said the work done by the Pro Patria Centre providing services for defence personnel, veterans and their families was “absolutely what we see is needed in this space”.¹⁴

¹⁴ <https://regionriverina.com.au/salute-to-vital-pro-patria-centre-during-royal-commissioners-visit/15856/>



The Need

Australian Veterans have some of the highest suicide rates when compared with other population groups across the country.¹⁵

The reasons for these high rates of suicide are complex and not always associated with Post Traumatic Stress (PTS) Injuries, although PTS Injuries are significant in this population. There are some clear characteristics that are identified across research and numerous inquiries that give a picture about the challenges this population faces particularly post service.^{16 17}

For Australian Veterans:

“The negative physical and mental health problems are connected with (a) physical and psychological harm, (b) viruses, (c) exposure to toxic substances, and (d) the complex transition to civilian life, (e) traumatic brain injury, (f) acquired brain injury, including toxic encephalopathies and neurotoxicity syndromes.”¹⁸

PPC’s regional survey undertaken in March - May 2021 revealed the following for Australian Veterans in the region.

1. Physical injuries and the ongoing treatment and maintenance required for a high quality and productive life beyond service
2. Mental health injuries, often linked to:
 - a. experiences in service
 - b. the lack of treatment options for physical injuries
 - c. loss of identity and purpose
 - d. Isolation particularly in regional areas
 - e. Lack of opportunities to transition to meaningful work
 - f. Ongoing, adversarial interactions with the Department of Veterans Affairs and/or insurance companies.
 - g. Poorly coordinated care options
3. Patterns and Trends from PPC’s Survey¹⁹
 - a. 60% of respondents said they had thought about suicide at some point in the previous 2 years
 - b. 47% had medically transitioned from the ADF
 - c. There are links between:

¹⁵ <https://www.dva.gov.au/newsroom/latest-news-veterans/report-defence-and-veteran-suicide-released>

¹⁶ <https://webarchive.nla.gov.au/awa/20220816132250/https://www.nationalcommissionerdvsp.gov.au/publications/interim-national-commissioner-defence-and-veteran-suicide-preventions-report>

¹⁷ <https://defenceveteransuicide.royalcommission.gov.au/system/files/2022-09/interim-report.PDF>

¹⁸ Van de Velde, J A., Alpert, T., Byatt, D., Bulivou, M., Ferella, T., Frater-Baird, R., Gardiner, E. Kinchington, A., & Nelson, M. (2020). OUTCOMES FOR THE CONFIDENCE OF PARTICIPANTS TO USE THE SOLUTION-FOCUSED APPROACH AFTER THE VETERAN WELLBEING SUMMIT 2020 (JULY WORKSHOPS), Wellbeing Australia

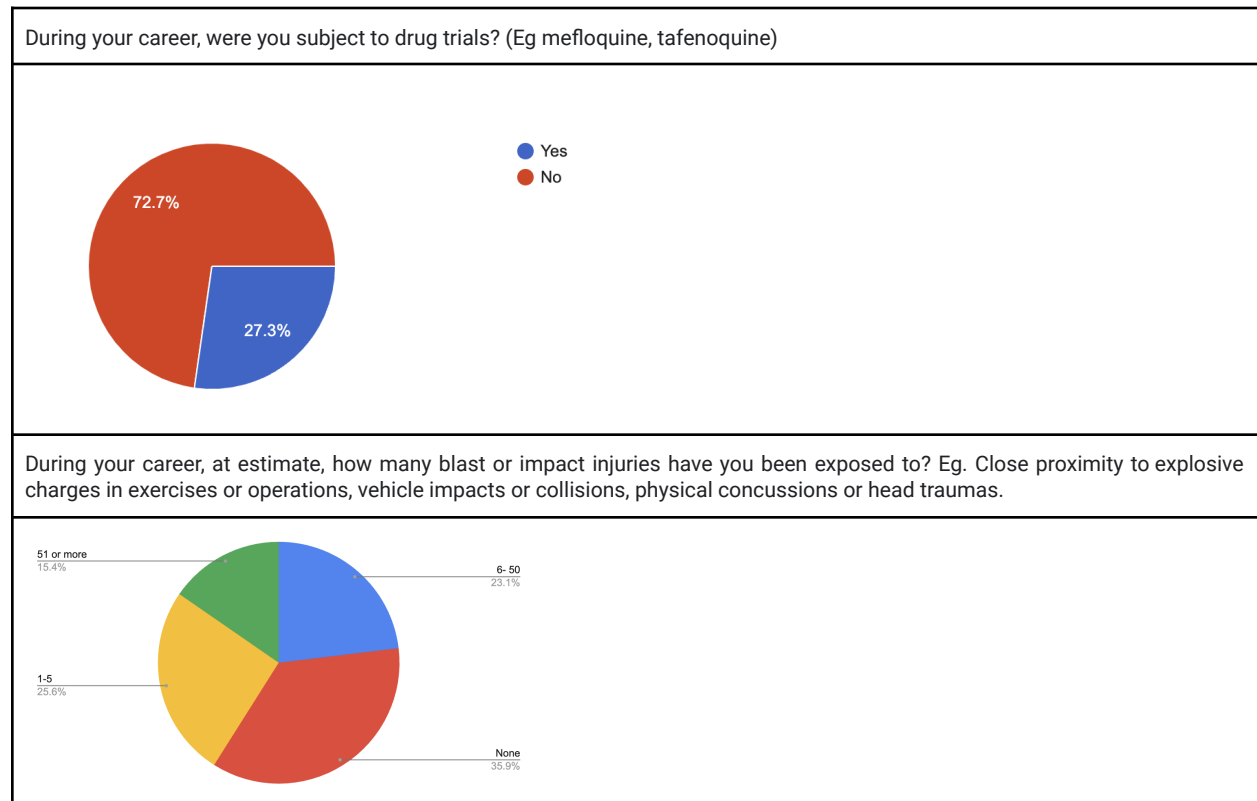
¹⁹ <https://www.youtube.com/watch?v=XGUPLrzN8X4>

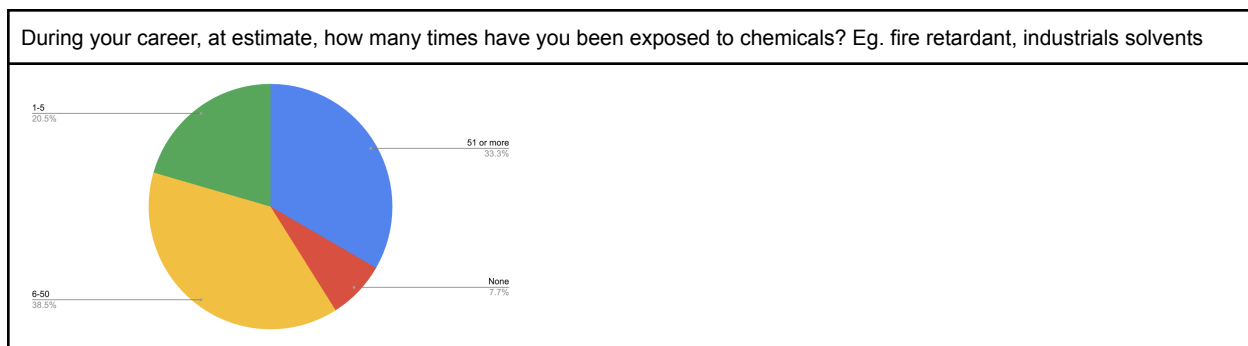


- i. Transition due to medical separation
- ii. Hospitalisation
- iii. Travel to specialists 300+ kms
- iv. No referrals to local support post hospital discharge
- v. 5+ medications (pain, depression, sleep)
- vi. Suicidal thoughts
- d. There are patterns between:
 - i. Employment outcomes
 - ii. Relationship status
 - iii. homelessness/unstable/rental accommodation
 - iv. Suicidal thoughts
- e. Families provide the bulk of the support: social, emotional and physical

This survey approach is unique in the sector. The regular data collection and needs analysis is usually undertaken by collecting data from service providers only. It was the view of PPC that we engage in more authentic validation with data directly from Veterans and their families. The Veterans' Survey 2.0 has been launched and is now collecting data to enable PPC to maintain knowledge currency. The emerging data from the new survey for areas of investigation not covered in the initial survey are presented in the following table.

Emerging data from the Veterans' Survey 2.0





There is more data to be collected and analysed, however we are seeing links between these measures and higher levels of polypharmacy, family breakdown, reported social disorders and suicide ideation.

The challenges in establishing Pro Patria Centre

1. Veterans in regional and rural locations face higher barriers to access consistent and appropriate care and treatment close to home.
2. Attracting and retaining medical specialists in regional and rural settings with an interest and experience in military and post service medicine, treatment and care, even in a larger regional setting like Wagga Wagga in the Riverina is very difficult. Especially without the resources to offer financial or social benefits
3. The response by established Ex Service organisations to provide even their “bread and butter” offerings has been poor with centralised management, intake and even some service delivery still coming from a head office in Sydney.
4. Inability and unwillingness of well funded ex-service organisations to engage and collaborate with community based and backed organisations.
5. Intentional undermining of our organisation by other veteran support services with a presence in the region, despite our best efforts to connect and collaborate for a fuller and consistent service offering for veterans and their families in the region.
6. Claims of “conflicts of interest” preventing the local RSL sub Branches from supporting the PPC project.
7. False narratives and perceptions about this community based and led PPC being in “competition” with other support services wanting to establish a presence in the region.
8. Political nature of the veteran support sector and the competition over finite grants and charitable fundraising
9. Piecemeal policy approach to the DVA grant priorities and processes.
10. On again off again promises of specific Commonwealth funding to establish a veterans’ centre in Wagga Wagga coupled with a poorly managed media and communications strategy that has failed to manage community expectations.²⁰
11. Pressure on a 100% volunteer Board and committee to run this centre, with an ever increasing number of veterans and family members asking for assistance across the range of services accessible through PPC.

²⁰ <https://www.propatria.com.au/ppc-news/hon-michael-mccormack-mp-encouraging-the-government-to-support-the-ppc>



12. A significant number of the Veterans volunteering at PPC have severe medical illnesses linked to their ADF service, and are lacking appropriate medical and family support. Many need access to the treatments and programs we are bringing into the region.

Current Position

1. The PPC and the Pro Patria Property Trust have raised \$1.5M and finalised the purchase of the former Carmelite Monastery as of 31 August 2023. All funds raised were from private donations, with some substantial donations from non-government, private foundations.²¹ The level of community support has been significant and affirming.
2. With the support of the Department of Regional NSW, PPC is in the process of developing a next phase strategic business plan and master plan. The master plan will include co-locating the Defence Shed Wagga Wagga as a priority and then other staged developments based on needs and priorities.²²
3. We are developing a sustainable income strategy to reduce the reliance on grants other than for specific projects.
4. Continuing to grow and deepen community connections within Wagga Wagga and the Riverina where our veterans and families live.
5. We have a priority to engage professional operational staff so the foundation board can step back into a governance and strategic role.
6. PPC will continue to research and bring evidence-based, breakthrough treatments to Wagga Wagga and the Riverina to improve the suite of choice for medical professionals supporting their veteran patients.²³
7. PPC remains concerned that the established and well financed ex-service organisations in the region are not providing the services they publicise, specifically emergency housing support and health services.
8. PPC is not an emergency care facility. However, each week PPC receives multiple emergency help inquiries. The picture:
 - a. Veterans and families still live day to day without local medical support.
 - b. Little consistent GP access
 - c. No access to psychiatry or neurology specialists
 - d. Some are self-medicating and experiencing adverse reactions
 - e. Many are isolated from family and other social supports and are suffering with crippling addictions
 - f. regular calls for suicide interventions

Where we have the ability and capacity we connect the inquiries with the services we have at PPC or attempt an assisted handover to a dedicated service in the region. It should be noted that the reason people are contacting us in crisis is often because regular crisis assistance has failed them.

²¹ <https://www.propatria.com.au/ppc-news/its-official-we-have-our-home>

²² <https://www.nsw.gov.au/regional-nsw/programs-and-grants/archived-regional-growth-fund/business-case-and-strategy-development-fund-faqs>

²³ See attached research documentation for information in the types of treatments and therapies PPC is investigating



Strength of the Pro Patria Centre Model

PPC has a continuous improvement focus, reflecting on successful, established operational models, then adapting and improving the success criteria to the needs of PPC clients in Wagga Wagga and the Riverina.

1. Coordinate veteran care models are successful in achieving better life outcomes, reduced hospitalisations, readmissions and hospital emergency presentations.²⁴
2. Collaboration between service providers engaged by the veteran with the support of a dedicated care coordinator is effective in delivering a truly veteran centric care model.²⁵
3. A 'whole family approach' enhances resilience, reduces psychological health risks.²⁶
4. Successful health and wellbeing outcomes for veterans and their families requires holistic and integrated services, treatments and programs beyond the current Australian veteran centre "hubs" providing military compensation advocacy and social programs.²⁷

Recommendations

1. The Commonwealth Government prioritises the Coordinated Veterans' Care (CVC) Program to include organisations like PPC as a trusted partner in connecting veterans and their families with health providers.
2. Establish dedicated pathways and forums for specialists who are successful in treating chronic and acute conditions e.g.:
 - a. Therapies for endocannabinoid systems;
 - b. Hyperbaric Oxygen Therapy applications successfully used in other "Five Eyes" countries plus Israel;
 - c. Nutrition as an integrated first line of treatment
 - d. Stem cells therapies and neuroscience
3. Commonwealth Grants for veteran support programs include the requirement for collaboration with appropriate and relevant community-based agencies to achieve a genuine, veteran centric model of care by linking capabilities and expertise.
4. Establish pathways for data sharing on best practice with evidence-based approaches.
5. Establish a Commonwealth funded program for engagement and employment of veteran and family care coordinators, to work alongside veterans to navigate and design a program of support according to their specific needs.
6. Establish a veteran support sector industry body to develop service and practice standards for providers, with requirements for agreed relevant qualifications, ongoing professional development, and evidence of compliance with performance standards.

²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6542928/>

²⁵ <https://ijic.org/articles/10.5334/ijic.5500>

²⁶ <https://pubmed.ncbi.nlm.nih.gov/26703905/>

²⁷ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Transforming Health Care to Create Whole Health: Strategies to Assess, Scale, and Spread the Whole Person Approach to Health; Meisner M, South-Paul J, Krist AH, editors. Washington (DC): [National Academies Press \(US\)](#); 2023 Feb 15.



Contact:

The Board
Pro Patria Centre Ltd
PO Box 5150 Wagga Wagga bc NSW 2650
contact@propatria.com.au

19 Morshead Street
Ashmont NSW 2650

www.propatria.com.au