

Supplementary Submission to the Senate Inquiry into the mental health of Australian Defence Force personnel who have returned from combat, peacekeeping or other deployments

1. DVA's case management services

Context

At the Narrabeen hearing of the Inquiry, the Committee heard evidence about the issue of case management for vulnerable clients. It is a priority for DVA to provide additional support and assistance for vulnerable clients as part of Australia's overall repatriation system.

A small proportion of DVA clients are known to the Department to be vulnerable with complex and multiple needs. This might be because the client has:

- serious wounds, illnesses or injuries as a result of his or her service;
- a severe mental health condition;
- relationship or interpersonal difficulties;
- complex psychosocial needs; or
- a mix of some or all of these factors.

Types of support available

A client's vulnerability may become known to DVA at different times, and it is important to provide a response that can be tailored to the individual's need. The following table sets out different types of case management support available for vulnerable clients, with data on client uptake or population, and references to further detail in DVA's main submission.

In general, case management can refer to support provided to clients for:

- access to DVA systems and supports, usually referred to as 'case coordination'. These services are provided through DVA's case coordination service; and
- access to health care and community services, usually referred to as 'clinical care coordination'. These services are provided through DVA's health care card arrangements (for instance, through social workers) and also through the Veterans and Veterans Families Counselling Service (VVCS).

In the 2015-16 budget, the Government funded a new measure worth approximately \$10 million over the forward estimates to improve DVA's case coordination (see page 8 of DVA's main submission for more detail). As of 8 February 2016, in response to the announcement contained in the 2015 Budget, DVA implemented a single, nationally consistent model for supporting complex and multiple needs clients.

In line with the aim of the Budget initiative, there is a focus on supporting clients with mental health conditions and/or complex needs. Staff working within the new model will provide a single point of contact where appropriate, help clients navigate DVA's processes to ensure they are accessing all of their entitlements, and connect clients with other community-based services and support where relevant.

Program/Support	Data on client uptake or population ¹	Further detail in DVA main submission
<p><i>DVA's case coordination service</i></p> <p>This is a single service providing those clients requiring additional support with a primary or single point of contact for the whole of the Department.</p>	<p>From January 2010 to June 2015, over 1,100 clients were referred to the Case Coordination Program.</p> <p>As part of the information exchange strategy between Defence and DVA, in 2014-2015 Defence issued DVA with:</p> <ul style="list-style-type: none"> • 17 NOTICAS* priority notifications; and • 961 medical separation notifications. <p>*Where a member is medically classified as seriously or very seriously wounded, injured, or ill (defined as an injury or illness that endangers the person's life; significantly disables the person; or materially affects the person's future life).</p>	<p>Page 29 & Pages 35-36.</p>
<p><i>Social work services under DVA's allied health arrangements</i></p> <p>Social workers help clients overcome a range of problems in relation to stressful life events such as death or divorce and assist them to deal with family, health, employment, income support or accommodation related issues. The services provided by eligible social workers may include:</p> <ul style="list-style-type: none"> • general counselling and case management; and • health service co-ordination and facilitating access to community services. 	<p>In 2014-15, there were 906 clients who received support under DVA's social work allied health items, for treatment or case coordination.</p>	<p>Pages 38-39</p>

¹ Note: the same client may access more than one type of support. This data should not be summed to obtain an overall total.

Program/Support	Data on client uptake or population ¹	Further detail in DVA main submission
<p><i>Veterans and Veterans Families Counselling Service (VVCS)</i></p> <p>VVCS provides free and confidential, nation-wide counselling and support for war and service-related mental health conditions, such as posttraumatic stress disorder (PTSD), anxiety, depression, sleep disturbance and anger.</p> <p>VVCS supports a number of clients in complex situations with comorbidities and or who find it difficult to engage and manage the range of health and social care services they require.</p>	<p>In 2014-15, there were 227 clients who had their cases managed by VVCS. This compares with 126 complex care cases managed in 2013-14.</p>	<p>Pages 42-45</p>

2. How DVA manages overpayments for clients with an identified mental health condition or serious injury.

Context

At the Canberra hearing of the Inquiry, the Committee asked DVA about the issue of overpayments and how these are handled by DVA.

From 1 July 2010 to 30 June 2015, DVA paid its clients approximately \$35.04 billion in pensions. Over the same period, debts were raised for 104,776 clients, who were overpaid a total of \$144.6 million in pension payments. This amount equates to less than half a per cent (0.41 per cent) of the total pension payments made by DVA during this period.

The Department can waive or defer the right of the Commonwealth to recover from a person the whole (or part) of a debt that is recoverable. During the last 5 year period, DVA waived \$9.8 million and wrote off \$1.7 million of overpayments.

New procedures

DVA wishes to inform the Committee that since DVA made its main submission to the Inquiry, it has established new procedures for recovering overpayments from clients who have an identified mental health condition or serious injury.

The purpose of the new procedures is to assist clients affected by overpayments who are, or may be, seriously ill, vulnerable or at risk of self-harm or harm to others.

Content of the procedures

The procedures provide comprehensive guidance to DVA staff, including:

- How to identify clients with mental health conditions or serious injury;
- Reference to the Protocols for Dealing with Clients at Risk;
- The role of DVA's Case Coordination Service in the notification and management of overpayments;
- Steps to be taken when notifying clients of overpayments; and
- Steps to be taken when there are any changes to a recovery plan.

3. Permanent impairment across multiple acts

Context

At the Brisbane and Canberra hearings of the Inquiry, the Committee heard evidence about the issue of offsetting. DVA thought it useful to clarify detail about the permanent impairment methodology in particular.

Permanent impairment across multiple Acts

As noted in DVA's main submission to this Inquiry (see page 52), the Department administers three main pieces of legislation that govern veteran access to care and support entitlements:

1. The *Veterans' Entitlements Act 1986* (VEA).
2. The *Safety, Rehabilitation and Compensation Act 1988* (SRCA).
3. The *Military Rehabilitation and Compensation Act 2004* (MRCA).

Individual clients may have multiple eligibilities under one or more of these Acts.

The assessment of impairment under the MRCA is based on a whole person impairment methodology. That is, where multiple service related conditions exist, the impairment resulting from all service related conditions is not simply added arithmetically, but must be combined by applying a formula which progressively discounts the rating assigned to each subsequent impairment so that the total can never exceed the maximum amount (e.g. 100 per cent) of compensation for their service conditions.

The whole person impairment method is not a new concept, and has been part of the VEA since its introduction in 1986. One of the principles underlying the permanent impairment methodology is equity. It ensures that an ADF member with eligibility under two or more different pieces of legislation does not receive more compensation for impairment compared to what another member might get under one piece of legislation for the same impairment.

The permanent impairment methodology is different to other offsetting arrangements which ensure a person is not compensated twice under separate schemes for the same incapacity or death.

The methodology for the assessment of permanent impairment compensation under the MRCA is made via a disallowable instrument, known as MRCA Guide to the Assessment of Rates of Veterans' Pensions (GARP M).

2012-13 budget changes

As a result of a recommendation in the *2011 Review of Military Compensation Arrangements* and a 2012-13 budget measure of around \$33 million for increased compensation benefits to claimants, the permanent impairment methodology was improved from 1 July 2013.

These changes applied to all future permanent impairment decisions made on and from 1 July 2013, and retrospectively to all decisions made since 1 July 2004 when the MRCA was introduced. Since 1 January 2014, DVA has been reviewing progressively about 1,800 past decisions to reassess compensation under the new methodology. In these retrospective reviews, where the application of the new methodology results in a lower amount of compensation, the existing rate will apply until a future new assessment results in a higher amount. Most reviews result in more or the same compensation payable. Where the new

methodology produces a higher amount, the difference between results of the new and old methodology is paid to the veteran as a lump sum back payment and the new methodology result applies for any on-going payments.