



**VIETNAM VETERANS ASSOCIATION OF AUSTRALIA Inc  
SUBMISSION TO  
JOINT STANDING COMMITTEE ON FOREIGN AFFAIRS,  
DEFENCE AND TRADE (COMMITTEE)  
ENQUIRY INTO TRANSITION FROM THE ADF 2018.**

This submission is in response to an invitation by the Australian Parliament dated 20 June 2018 and our responses are related to the points raised in the terms of reference.

1. The barriers that prevent ESOs from effectively engaging with ADF members, the Department of Defence and Department of Veterans' Affairs to provide more effective support to ADF Personnel as they transition out of service;

*V.V.A.A. Comments: In past experiences members of the V.V.A.A. acting as advocates for veterans were invited to offer their services at Defence transition seminars and in fact were invited regularly onto military bases to assist serving members.*

*This access was progressively withdrawn by Defence with an explanation that security may be compromised, even though many offering their services had held high security clearances while in service this was not seen as relevant or manageable?*

2. The model of mental health care while in ADF service and through the transition period to the Department of Veterans' Affairs;

*V.V.A.A. Comment; V.V.A.A. advocates dealing with serving members, particularly those with mental health issues, have identified in Defence a lack of empathy, support and understanding of the difficulties being experienced by the serviceman or women and there is at least an impression Defence want the problem individual to "go away."*

3. 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

*V.V.A.A. Comments; There is a perceived perception that once the individual is no longer fully productive to defence the sooner they are out of the service the better for the service, it has been equated to an attitude "replace a pair of worn out boots rather than repair them."*

*Successful transition from an individual point of view can be long and stressful. Apart from the effect of discharge on the individual and family before a replacement lifestyle can be re-established, the delays in transfer of support and management from Defence to Department of Veterans Affairs creates unnecessary problems.*

*A major part of transition is the physical transfer of the individual, and often family, from the place of last service posting to the place of enlistment or a new area of civilian accommodation and employment. This cannot, in many cases, have any meaningful effect until the physical move is carried out.*

#### 4. Any related matters.

*V.V.A.A. Comment; Defence neglect to use, or at least underutilise, a valuable resource in the ex-service community to assist in the transition process. While not all ex serving members may be suitable, a vetting system could produce and maintain a workable pool of resources and experience.*

Regarding point 2, the committee may consider:

- Limitations of the current services being provided by the private and state health systems

*V.V.A.A. Comment; This does not consider the responsibility of Department of Veterans Affairs for ongoing health support for service related medical problems.*

*Non-service related conditions are effectively covered as they are for all citizens.*

- Whether the waiting times and service limitations of the state systems, particularly mental health care, are acceptable for veterans needing treatment

*V.V.A.A. Comments; Mental health care for ex-service men and women is provided by the Department of Veterans Affairs through the Non-Liability Mental Health Care Program. It is a DVA responsibility to ensure services are available, not a State responsibility unless under contract to DVA.*

- Documentation of treatment response for PTSD and improvements of treatment outcomes, given the limitations of current evidence-based interventions

*V.V.A.A. Comment; Documentation of treatment responses and outcomes should be of the highest order as it should also be for all medical conditions.*

- The responsiveness of Defence and DVA to emerging international knowledge in the care of veterans and the advice of health professionals

*V.V.A.A. Comment; The delays currently experienced in the re-vamping of the highly successful Men's Health Peer Education Program indicate a lack of responsiveness that should be addressed as a priority.*

- The optimal structure and range of services that could be provided by a national network of clinics for ADF

*V.V.A.A. Comment; The historic transfer of the Repatriation Hospitals and related medical facilities that were, in some cases, available to Defence are long gone.*

*While there were some regional benefits in those changes, particularly regarding travel, there were some disadvantages identified later, these include reduction in priority service for service men and women.*

*A suggested solution could be to contract specific city and regional medical centres and facilities to give priority to Defence needs.*



Kenneth H Foster OAM JP  
National President V.V.A.A.  
9 July 2018