

**Joint Standing Committee on Foreign Affairs, Defence and Trade, Defence Sub-Committee's
inquiry into the Review of the Defence Annual Report 2013-14**

Answers to questions on notice to the Department of Veterans' Affairs

Question on Notice

Outcome: 2 Program: 2.5

Topic: Department of Veterans' Affairs clients

MR MARLES asked:

Mr MARLES: They are all post-1990.

Mr Orme: That is post-1999.

Mr MARLES: 1999.

Mr Orme: That is really the Timor period.

Mr MARLES: Would you expect a different set of stats for the Vietnam era, and even the Second World War era?

Mr Orme: We do have those stats, but I do not have them—

Mr MARLES: But they would be different proportions, is the question. Maybe take that on notice.

Answer

This answer provides details on:

1. the total number of veterans with mental health conditions accepted by the Department of Veterans' Affairs (DVA); and
2. data on mental health conditions for specific veteran cohorts.

1. Total number of veterans with mental health conditions accepted by DVA

There are two pathways by which veterans can seek assistance from DVA if they have a mental health condition:

- any mental health condition related to service in the Australian Defence Force (ADF), in order to receive compensation and treatment (the liability pathway)
- certain mental health conditions (Post Traumatic Stress Disorder (PTSD), anxiety, depression, alcohol use disorder and substance use disorder) whatever the cause, in order for DVA to pay for treatment (the non-liability pathway).

The table below sets out the current total number of veterans¹ as at 27 March 2015 with health conditions accepted due to their ADF service. It shows that 147,318 veterans had one or more disabilities accepted by DVA, of whom 49,668 veterans had one or more accepted mental health disabilities.

¹ In this context, 'veteran' means any former or current member of the ADF with a claim accepted by DVA.

**Joint Standing Committee on Foreign Affairs, Defence and Trade, Defence Sub-Committee's
inquiry into the Review of the Defence Annual Report 2013-14**

Answers to questions on notice to the Department of Veterans' Affairs

| Table 1: Veterans with mental health conditions accepted by DVA | | | |
|--|---------------------------------------|--------------------------------------|------------------|
| Number of veterans with: | Related to service (liability) | For any cause (non-liability) | Net total |
| One or more accepted disabilities | 143,652 | 34,451 | 147,318 |
| One or more accepted mental health disabilities | 45,953 | 15,526 | 49,668 |
| PTSD and other stress disorders | 28,875 | 11,705 | 31,501 |
| Depression or dysthymia | 11,649 | 4,102 | 13,976 |
| Alcohol & other substance use disorders | 13,273 | 322 | 13,532 |
| Anxiety | 10,406 | 2,214 | 11,932 |
| Adjustment disorder | 1,911 | N/A | 1,911 |
| NOTE Some veterans are counted multiple times if they have more than one condition. | | | |

2. Data on mental health conditions for specific veteran cohorts

The following data relates to accepted service related conditions for veterans alive as at 27 March 2015.

| Table 2 | Older Veterans including World War 2 | Veterans of Vietnam War | Veterans of conflicts from East Timor onwards (Post-1999) |
|---|---|--------------------------------|--|
| Estimated current population ² | 59,600 | 44,400 | 58,100 |
| With at least one accepted condition related to service | 32,572 | 35,984 | 8,877 |
| With at least one accepted mental health condition related to service | 9,076 | 25,910 | 3,355 |
| With PTSD or other stress disorder | 3,137 | 20,161 | 2,655 |

Further information and data is contained in the DVA submission to the Senate Inquiry into the mental health of serving ADF personnel at http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health/Submissions

² The estimated current population number does not represent all DVA clients but an estimation of the number of veterans who are alive.

**Joint Standing Committee on Foreign Affairs, Defence and Trade, Defence Sub-Committee's
inquiry into the Review of the Defence Annual Report 2013-14**

Answers to questions on notice to the Department of Veterans' Affairs

Question on Notice

Outcome: 2 Program: 2.5

Topic: Department of Veterans' Affairs clients

MR MARLES asked:

Mr MARLES: What proportion of veterans are clients?

Mr Orme: That is an excellent question. We do not have that data per se. We can extrapolate the figures and take it on notice. But we can talk about the hundreds of thousands of Australians who have served. You can become a client of DVA in a number of ways. One is to be a serving member or ex-serving member. You can be a partner, a spouse or a widow. You can be a child of a veteran who has entitlement and a benefit. It is an easy question but it can be a more complex answer. We have a range of clients—320,000 clients at the moment.

Answer

Of the around 450,000 personnel who have served in the Australian Defence Force since the start of the Vietnam war, it is estimated that a third have made a claim with DVA. This estimate includes personnel who are not currently receiving any services or benefits from DVA, for example, deceased veterans who were DVA clients, individuals who no longer require support from DVA, and individuals whose claims were rejected.

This estimate may not include clients who are accessing DVA services which do not require a claim, including counselling services provided through the Veterans and Veterans Families Counselling Service.

**Joint Standing Committee on Foreign Affairs, Defence and Trade, Defence Sub-Committee's
inquiry into the Review of the Defence Annual Report 2013-14**

Answers to questions on notice to the Department of Veterans' Affairs

Question on Notice

Outcome: DVA General; Program: DVA General

Topic: On Base Advisory Service

Senator FEENEY asked:

Mr FEENEY: The US Army—somebody, somewhere. My second question is an Army-centric question, but perhaps it applies to the whole of the ADF. There are joint teams of ADF and DVA folk placed in, particularly, the bigger bases, who were to have a stronger case-management approach in terms of people transitioning from Army into civilian life. How are those teams going? Are they being adequately resourced? I think there was universal acclaim at their establishment, and their work is very important. What can you tell us about the trajectory for those organisations and what learnings we have accumulated to date?

Mr Orme: That is a great question. It was only in 2010 that we did not have a DVA presence on bases, and, as part of the work that was done under the Army Support to Wounded, Ill and Injured Program, one of the outcomes was to get greater integration of DVA officers onto the bases to get closer to the point of contact. That is a trajectory that we will continue on. The OBAS, or On Base Advisory Service, is on about 43 bases around Australia, and we have attempted to co-locate those DVA officers as closely as we can to the health providers and the rehabilitation providers on bases, so that we can make the integration with the ADF rehab project goal 1, goal 2 and goal 3—goal 3 being the transition to medical discharge—as early as possible. It has been, I would say, a great success so far, in not only engaging with those who are transitioning but also being able to provide awareness information and lectures to people, engaging with commanders and seeing the people around from DVA as part of the fabric of military service. We have found them to be successful so far. We are currently in the process of going through a program review, identifying the goals of the program—the objectives—and our performance, so as to be able to come back and make a more robust, demonstrated argument for cost-benefit and for the improved relationships. But certainly it has brought DVA closer with the ADF. It has brought the ADF to understand that DVA is part of the process. It has linked the work health and safety issues related to injury with compensation, with the recognition of an injury that has occurred, because, ultimately, if you go back to the issue we talked about, of liability, the fundamental question is to make the link between the service and injury, to determine liability. In that case, once we have the linkage between an injury at point of injury and that record going through to DVA and on the medical record then we can establish liability much, much earlier. In a lot of the cases, the delays we have are trying to establish that link, often many years after the event, between service. So OBAS, the On Base Advisory Service, partnering with Defence, is working very effectively.

Mr FEENEY: What can you tell us about resources—and perhaps you will want to take this on notice—and funding and how that is being supported by Defence and DVA?

CHAIR: Could you take that on notice, as we are running out of time. Mr Jones, my apologies for changing the order; you have the call.

**Joint Standing Committee on Foreign Affairs, Defence and Trade, Defence Sub-Committee's
inquiry into the Review of the Defence Annual Report 2013-14**

Answers to questions on notice to the Department of Veterans' Affairs

Answer

As at 1 July 2015, there are 25 DVA staff employed to provide the On Base Advisory Service (OBAS) duties in either a full-time or a part-time basis. DVA has remained flexible to respond to changing demands.

DVA has a full-time presence on two bases (Enoggera and Lavarack in Queensland) and a part-time presence on 40 bases that are visited regularly and routinely. As the program is demand driven, DVA staff also visit other bases as requested.

The Deputy Commissioners in each State Office of DVA are responsible for the ongoing management and resourcing of the OBAS. Funding for resources is through the Deputy Commissioners' budget allocation.

OBAS was implemented as a result of the Support for Wounded, Injured or Ill Program. The OBAS visiting schedule is an agreement between DVA and the individual ADF base and is dependent on local demand. The ADF provide a suitable location for the On Base Advisors. Where possible, the advisors are located at Defence Health Centres or within the health precinct allowing easy access for ADF members.