



Australian Government
Department of Veterans' Affairs
OFFICE OF THE SECRETARY

David Sullivan
Committee Secretary
Foreign Affairs, Defence and Trade Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Sullivan

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

Thank you for the opportunity to provide a submission to this Inquiry.

The Department of Veterans' Affairs (DVA) has a strong and proud history supporting those men and women who have served our nation and their families who have made sacrifices to support them.

Mental health is a priority for the Government and DVA, and DVA welcomes the opportunity to outline mental health support available for veterans and their families.

The submission focuses on points a) and then d) through to i) of the Inquiry's terms of reference and it has four sections:

1. Mental health and DVA clients.
2. Support for transition.
3. Rehabilitation and mental health services.
4. Social support services.

Yours sincerely

Simon Lewis PSM
Secretary
24 June 2015

LOVETT TOWER
13 KELTIE STREET
PHILLIP ACT 2606

GPO BOX 9998
CANBERRA ACT 2601
AUSTRALIA

SENATE INQUIRY MENTAL HEALTH OF RETURNED ADF PERSONNEL

June 2015

*Submission
from the
Department
of Veterans'
Affairs*

INQUIRY INTO MENTAL HEALTH OF RETURNED ADF PERSONNEL

TERMS OF REFERENCE

The mental health of Australian Defence Force (ADF) personnel who have returned from combat, peacekeeping or other deployments, with particular reference to:

- a. the extent and significance of mental ill-health and post-traumatic stress disorder (PTSD) among returned service personnel;
- b. identification and disclosure policies of the ADF in relation to mental ill-health and PTSD;
- c. recordkeeping for mental ill-health and PTSD, including hospitalisations and deaths;
- d. mental health evaluation and counselling services available to returned service personnel;
- e. the adequacy of mental health support services, including housing support services, provided by the Department of Veterans' Affairs (DVA);
- f. the support available for partners, carers and families of returned service personnel who experience mental ill-health and PTSD;
- g. the growing number of returned service personnel experiencing homelessness due to mental ill-health, PTSD and other issues related to their service;
- h. the effectiveness of the Memorandum of Understanding between the ADF and DVA for the Cooperative Delivery of Care;
- i. the effectiveness of training and education offerings to returned service personnel upon their discharge from the ADF; and
- j. any other related matters.

Contents

| Section | Title | Page |
|----------|---|------|
| | Executive Summary | 3 |
| | Background: DVA and mental health | 6 |
| 1 | Mental health and DVA clients 1.1 Military experience and veteran cohorts 1.2 Suicide 1.3 Veteran families and mental health 1.4 Emerging issues | 11 |
| 2 | Support for transition 2.1 Memorandum of Understanding between DVA and Defence 2.2 Liability and non-liability support 2.3 Communication and notification 2.4 When compensation claims may be made 2.5 How compensation claims may be made 2.6 Support for making compensation claims 2.7 Resources for transition | 22 |
| 3 | Rehabilitation and mental health support services 3.1 Rehabilitation and vocational support 3.2 Support for vulnerable clients 3.3 Online mental health information 3.4 Mental health services 3.5 Veterans and Veterans Families Counselling Service | 31 |
| 4 | Social health support services 4.1 Overview of social health programmes 4.2 Homelessness | 46 |
| | Attachment A: Veterans' Affairs Overview | 52 |
| | Attachment B: Glossary | 54 |

EXECUTIVE SUMMARY

The Australian Government, through the Department of Veterans' Affairs (DVA),¹ delivers strong repatriation support to members and former members of the Australian Defence Force (ADF), and their dependants. For almost 100 years, DVA has recognised the unique nature of military service by providing a dedicated system of compensation, income support and health treatment for veterans and their families.² DVA's annual budget of around \$12 billion includes \$6.5 billion in income support and compensation and \$5.5 billion for health treatment, including mental health.

Addressing the mental health needs of veterans and their families is a pillar of the Government's plan for veterans' affairs. The Government's expenditure on mental health treatment for veterans and their families includes funding for online mental health information and support, GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, trauma recovery programmes for posttraumatic stress disorder (PTSD), and in-patient and out-patient hospital treatment. Most importantly, the funding for treatment is demand-driven – it is not capped. Where treatment is required, it is funded.

The Government and DVAs' focus for mental health is firmly on early intervention which is the main theme of this submission. The benefits of early intervention are clear, both for the veteran and their family. Recent Government budget initiatives further highlight the commitment to treating mental health conditions. Over recent years, significant funding has been invested in new initiatives aimed at improving the mental health of veterans, from improved access to treatment and counselling, through to improvements in the Department's management of clients with complex needs, including those with mental health conditions. Further, the Government is very focussed on improvements to reduce the time taken to process compensation claims, a key early intervention initiative.

DVA and Defence work closely together to assist severely wounded, injured or ill personnel to transition out of the ADF. Following the signing of a Memorandum of Understanding in February 2013, the two Departments have worked to improve the way information is shared to improve services for veterans. Significant steps have been taken to improve transition and management of mental health conditions.

Military service is a unique experience, both for the personnel who serve and their families who support them. Benefits of service include the protective mental health effects of identity, purpose and camaraderie. The occupational risks of service can include hardship, stress or danger, including in operational deployment, in training environments, providing disaster and humanitarian support or during border protection tasks. There are also the normal challenges of life like career changes, moving home, relationship breakdowns, grief and loss, and growing older that can impact upon mental health and wellbeing. For service

¹ In this submission, 'DVA' and 'the Department' are used interchangeably.

² For more information about these arrangements including eligibility see www.dva.gov.au.

personnel leaving the ADF, the transition into civilian life can also be a time of significant adjustment.

It is normal for people to react to risks or challenging events in their lives but sometimes these reactions are a sign of mental health concerns, particularly if the reactions persist or interfere with the ability to engage in normal life. In some cases, reactions or symptoms can emerge many years after an event. DVA's systems must cater for those exiting the military with a mental health condition, as well as for those whose condition develops many years after service.

DVA has programmes that not only focus on treating the symptoms of mental illness but also address the underlying causes of poor mental health. DVA focuses on promoting mental health and wellbeing, or resilience, including through DVA's mental health online portal *At Ease*.³ This includes self help and supportive phone apps, videos of veterans talking about mental health recovery, and information about professional support when it is needed. In addition, DVA implements health and wellbeing programmes, in partnership with the veteran and ex-service community, which focus on healthy lifestyle behaviours such as healthy eating, social connectedness and physical activity.

There are many services and professionals who can assist in the diagnosis and effective treatment of a mental health condition. GPs can play a primary role in identification of mental health concerns as they often have contact with individuals during times of high stress. Any former serving ADF member is able to access a post discharge health assessment by a GP that can assist in the early identification of mental health issues, and a Medicare rebate is available for this assessment. DVA also recognises that families may identify issues at home, and the *At Ease* portal provides assistance and advice to families seeking help.

DVA can pay for certain mental health treatment whatever the cause (the condition does not have to be related to service). These arrangements are available to those with operational service and many with peacetime service. From 1 July 2014, eligibility for these arrangements were expanded. From this date also, eligibility to access the services of the Veterans and Veterans' Families Counselling Service (VVCS) was also expanded. Since their commencement, the number of people accessing these services has steadily increased.

The following submission is broken into four sections and deals with:

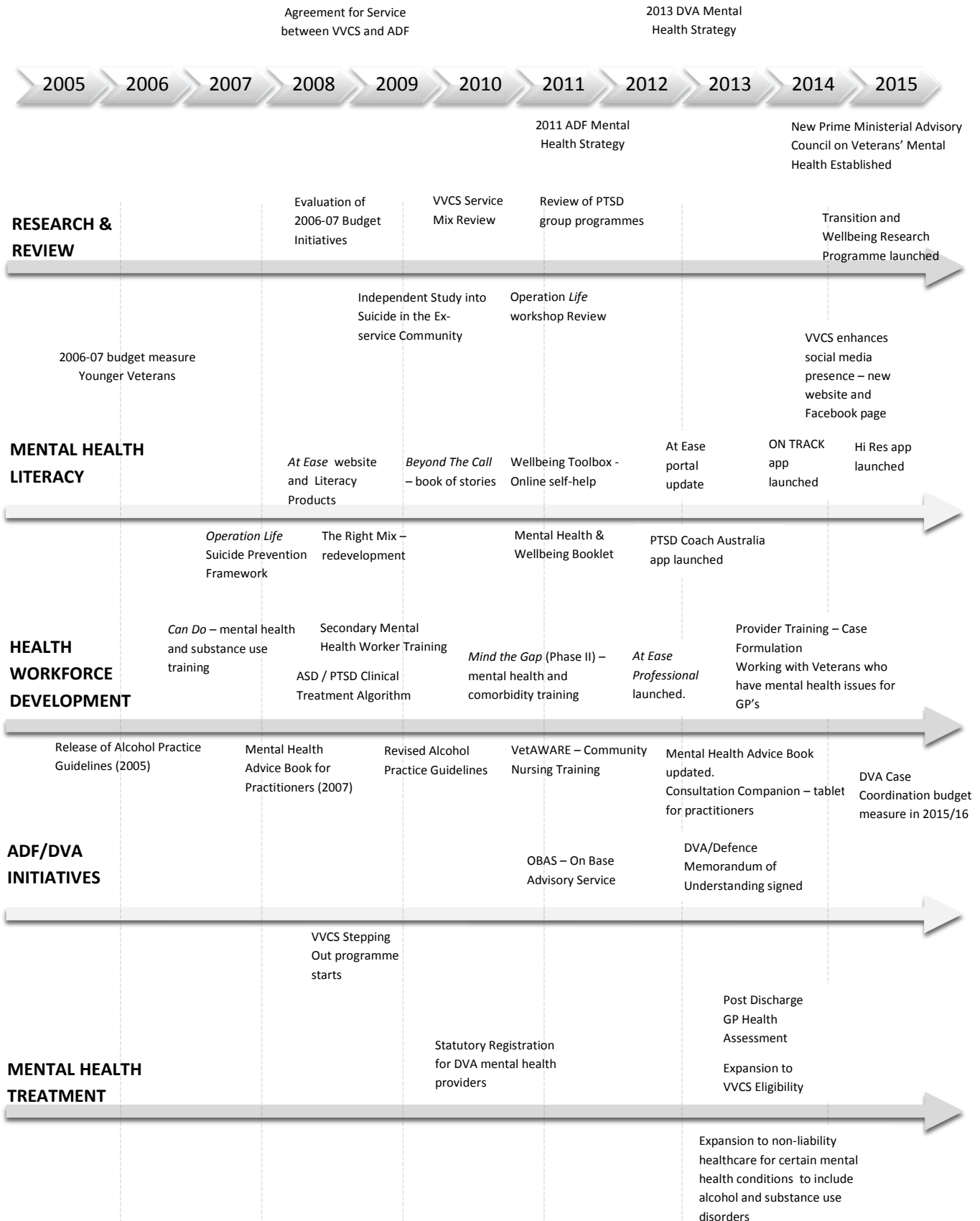
1. Mental health and DVA clients
2. Support for transition
3. Rehabilitation and mental health services
4. Social health support services.

As the community expects and demands, DVA is constantly evolving its practices to ensure a high standard of care for those who have served our nation now and into the future.

³ <http://at-ease.dva.gov.au/>

Insert 1: Decade of milestones in veteran mental health

This insert provides a snapshot of milestones in veteran mental health over the past decade.



BACKGROUND

DVA and mental health

Australia has a long and proud tradition of military service during times of war and on peacekeeping and humanitarian missions. For almost a century DVA has provided care and compensation for returned service personnel and their families. Treatment for mental health is an essential part of this commitment.

Over the past few decades, researchers, practitioners and DVA have learnt much more about mental health and how to treat mental illness. For instance, it is now 35 years since PTSD became internationally accepted⁴ and a large body of research has been undertaken to develop effective, evidence-based psychological and pharmacological treatments of PTSD.

The evidence shows that we can effectively treat mental health conditions, with many clients able to make a full recovery from their condition and lead productive and fulfilling lives. With effective treatment, approximately one third of those with chronic PTSD may recover with a single course of treatment, usually after three to six months. Another third of clients gain significant benefit although they may have residual symptoms of illness. For the remaining third, the focus is on maintenance and how to manage symptoms rather than 'recovery'.

DVA will continue to invest in building and using evidence in mental health promotion and treatment, so that the prospects for recovery can be improved in the future. This effort includes investing in research and providing support and resources to mental health practitioners to use evidence-based treatment and to apply new evidence as it is developed. DVA also needs to continue to support vulnerable clients and innovative treatment, especially where further or ongoing treatment is required to meet their needs.

The challenge for DVA is to encourage clients to seek help early if they are worried about how they are coping or feeling, and not to wait until the symptoms become overwhelming. Early intervention improves the prospect for recovery. DVA also needs to ensure that support and mental health treatment is ready, available and suitable to meet client needs, including in the context of the ex-military experience and transition into civilian life.

In late 2014, DVA undertook a survey to help improve client service. The survey was independently conducted and around 3,000 responses were collected.⁵ The results

⁴ When PTSD was included in the 1980 Diagnostic and Statistical Manual of Mental Disorders.

⁵ This includes 2,802 clients in a telephone survey and 253 clients in an online survey. The raw response rate for the telephone survey was 43% (total number of completed interviews (n=2,802) divided by the total number of sample records used (n=6,508 – excluding live sample records)). The adjusted response rate was 88% (total number of completed interviews (n=2,802) divided by the total number of completed interviews plus the total number of refusals/terminations (n=3,194)).

showed that 89% of clients were satisfied with DVA's client service⁶ and 90% of clients believed that the Department is honest and ethical in its dealings and is committed to providing high quality client service.⁷ DVA continues its engagement with all clients and stakeholders to make improvements where they are needed, including for mental health. Pleasingly, the 2014 results showed a significant improvement in the satisfaction of clients aged under 45 years.

DVA's emphasis needs to be on promoting health and wellbeing, preventing mental illness where it can and intervening early where problems do emerge, including for those younger servicemen and servicewomen who leave the Defence Force. DVA uses new and innovative ways to reach out to contemporary veterans, and encourage them to take action early to address any mental health concerns. This includes a single mental health online portal *At Ease*⁸ which brings together all DVA online products. Products include self-help and supportive phone apps, videos of veterans talking about their mental health recovery, and information about professional support and treatment options.

In addition, DVA implements health and wellbeing programmes in partnership with the veteran and ex-service community, which focus on seeking help when needed and healthy lifestyle behaviours such as healthy eating, social connectedness and physical activity. Programmes such as Men's Health Peer Education, Heart Health and Cooking for One or Two foster psycho-social benefits and complement DVA mental health focused initiatives.

It is also important to recognise that DVA's clients cover a broad spectrum of ages and experiences, including older veterans and war widows. The challenge that DVA faces is ensuring that it meets the needs of all those entitled to its services – those who have been with us for many years, those who are accessing our services for the first time and those who will access our services in the future.

DVA purchases a comprehensive range of services to meet the mental health needs of clients and in 2012-13 the Government spent almost \$179 million on meeting these needs. The Government's funding for veteran mental health treatment is demand driven, and it is not capped.

This includes funding for online mental health information and support, GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, trauma recovery programmes for PTSD, and in-patient and out-patient hospital treatment. This also includes funding for the Veterans and Veterans Families Counselling Service (VVCS) which provides free and confidential, nation-wide counselling and support for veterans, peacekeepers and families.

⁶ The 2014 results for overall satisfaction (89%) were marginally below the ratings awarded in the 2010 (93%) and 2008 (92%) surveys.

⁷For more details, see <http://www.dva.gov.au/dva-2014-client-service-survey>

⁸ <http://at-ease.dva.gov.au/>

In 2013-14, VVCS delivered 89,513 counselling sessions to 14,136 clients. In addition, VVCS delivered group programmes to 2,074 clients, provided 5,526 intake services that did not lead to counselling and the after hours crisis counselling service, Veterans Line, received 7,050 calls.

In the treatment of mental health disorders, we need to deal with immediate issues and symptoms first but also provide a direct pathway to more specialist services when required. For PTSD, there is a continuum of support available for clients - including self management and help (such as the mobile app PTSD Coach Australia), GPs, psychologist and psychiatric services in the community, pharmacology and trauma recovery programmes for PTSD.

It should also be noted while PTSD is often seen as a “signature illness” in veteran mental health, other mental health conditions are also important to address such as anxiety, depression, alcohol use disorder, and substance use disorder. For more detail, see section 1.

DVA operates within a broader mental health system and it is important to recognise that while there has been a significant expansion of mental health services over the past two decades in Australia, this sector continues to have workforce shortages in the face of growing demand especially in some regional areas.⁹ As with other areas of health care, pressures continue to be the growing burdens of chronic disease, growing numbers of people needing long-term care and support, and higher community expectations of health services.

DVA also needs to work with mental health professionals so they are attuned to ex-military needs. This is why DVA is continuing to strengthen the veteran mental health capabilities of service providers. When current and former serving personnel seek help, it needs to be both high quality and well-informed by a strong understanding of the military and post-military experience. Information and resources, including online training programmes, can be found on the *At Ease Professional* website.¹⁰

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. The measure will improve DVA’s capacity to provide one-on-one tailored packages of support to veterans with complex needs, including mental health conditions. It will also improve the level of support and early intervention assistance provided to an increasing number of veterans with complex needs, particularly those returning from recent conflicts.

⁹ Health Workforce Australia (2011) National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015, pages 3-4. <https://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf>

¹⁰ www.at-ease.dva.gov.au/professionals/

DVA acknowledges that it needs to learn from the past, use new knowledge about mental health, and continue to adapt its systems to new generations of veterans and their families.

Part of this effort is commemorating service and honouring those who have served. Earlier this year, Australia marked the completion of Australia's longest war and honoured, with a Welcome Home Parade, the men and women who served in Afghanistan on Operation Slipper.

In August 2016, a national commemorative service is being planned, in collaboration with the Vietnam veteran community, at the Australian Vietnam Forces National Memorial on Anzac Parade in Canberra, a memorial dedicated to Australians who served, suffered and died in the Vietnam War.

Validation of service and sacrifice is essential to the mental health and wellbeing of all veterans, including the contemporary cohort.

Insert 2: DVA's strategic approach

DVA is the primary service delivery entity responsible for developing and implementing programmes that assist the veteran and defence force communities. It provides administrative support to the Repatriation Commission and the Military Rehabilitation and Compensation Commission and is responsible for advising the Commissions on policies and programmes for beneficiaries and administering these policies and programmes. Further details are at Attachment A.

The Government's 2015-16 budget delivered around \$12 billion for veterans' affairs, including \$6.5 billion for pensions and compensation, \$5.5 billion for health care, and almost \$90 million for commemorations.

DVA Towards 2020 is a plan for how the Department will meet the challenges of a changing environment over the next few years. The Plan sets out how DVA is striving towards being client-focused, responsive, and connected across all its operations, including for mental health.

The *Veteran Mental Health Strategy 2013-2023* provides a ten year strategic framework to support the mental health and wellbeing of the veteran and ex-service community. It was developed to consider the changing needs of the Department's existing clients while also responding to the emerging needs of contemporary cohorts and their families. Three principles underpin the Strategy:

1. **prevention** – to reduce the onset and prevalence of mental health conditions
2. **recovery** – to encourage treatment, rehabilitation and, where possible, vocational employment
3. **optimisation** – to build resilience and maximise quality of life.

In March 2014, the Minister for Veterans' Affairs, Senator the Hon. Michael Ronaldson, announced the establishment of a new *Prime Ministerial Advisory Council* with a focus on veteran mental health. The Council advises the Prime Minister, the Minister for Veterans' Affairs, and the Government on high level strategic and complex matters relating to the mental health of veterans and their families. It is chaired by Vice Admiral Russ Crane AO, CSM, RAN (Ret'd) and the deputy chair is Mr Ben Roberts-Smith VC, MG. Currently, the Council has three strategic priorities:

1. **vocational rehabilitation**, including engaging with the corporate sector on the issue of civilian employment opportunities for transitioning members of the ADF
2. developing a **national communication strategy** to promote a positive view of service and its contribution, and to increase awareness of the available mental health services and the benefits of early intervention
3. **peer support**, which allows individuals to be suitably matched with peers to receive practical support in managing their mental health and wellbeing, leading to improved quality of life.

SECTION 1

Mental health and DVA clients

In order to promote early intervention in veteran mental health, it is essential that DVA continues to invest in its understanding of the characteristics and needs of veterans and their families, so that it can tailor mental health interventions to reach out and address the needs of different cohorts, including meeting the mental health needs of war widow/ers.

This section addresses point a) of the Inquiry's terms of reference and provides details on

1.1 Military experience and veteran cohorts

1.2 Suicide

1.3 Veteran families and mental health

1.4 Emerging issues.

1.1 Military experience and veteran cohorts

All veteran cohorts share the unique experience of military culture and life. It is common for those who have served to see themselves in different terms from civilians and they are bonded together by a common military and ex-military experience.

Military service involves a "...necessary major, somewhat forcible psychic reorientation".¹¹ It equips the service member with considerable skill and experience, and can also put the individual performing their duties in harm's way especially for those on operational deployment, including combat against enemy forces. The experience has both unique benefits and risks, which for mental health can include the protective effects of identity, purpose and camaraderie, and the difficulties in being away from family and friends for extended periods, exposure to trauma, and mental problems arising from physical injury.

Shared military experiences include responding to the physical and mental demands of training; working in the chain of command; living and working on bases and sometimes being away from family; friends and social networks; and moving from location to location. Important military differences include the nature and types of deployment; rank; and whether the member has served in the army, air force, or navy.

Our veterans reflect the broad range of serving personnel who have contributed to the ADF over the course of the last century. This military service includes the mass mobilisations of the First and Second World Wars, the Korean War, the Vietnam War, peacekeeping operations including in Rwanda and Somalia, and the contemporary operations from East Timor onwards including in Iraq and Afghanistan.

Additionally, approximately 14% of the ADF are female. Compared to other cohorts, DVA is seeing a higher proportion of females in the contemporary veteran cohort.

¹¹ Professor David Dunt *Independent Study Into Suicide in the Ex-Service Community*, page 4, <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/independent-study-suicide-ex-service>

This section sets out the characteristics of different veteran cohorts, important for tailoring mental health interventions to suit their needs.

Insert 3: Overview of mental health conditions

Veterans may apply to DVA if they have:

1. mental health conditions related to service in the ADF, in order to receive compensation and treatment (the liability pathway).
2. certain mental health conditions whatever the cause, in order to receive treatment only (the non-liability pathway).

Table 1 sets out the number of veterans with mental health conditions accepted by DVA as at March 2015. 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.

| Table 1: Veterans with mental health conditions accepted by DVA, March 2015 | | | |
|---|---------------------------------------|--------------------------------------|------------------|
| 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 |
| NOTES Some veterans are counted multiple times if they have more than one condition. Tables 3-6 use data only related to service (liability). | | | |

Table 2 shows the number of accepted mental health claims each year over the past decade, at a rate of between 3,100 to 5,350 claims each year.

| Table 2: Flow of accepted mental health claims accepted by DVA, January 2015 | | | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
| Related to service (liability) | 4,185 | 3,764 | 3,160 | 3,197 | 2,928 | 2,779 | 2,458 | 2,332 | 2,748 | 3,412 | 3,579 |
| For any cause (non-liability) | 1,158 | 1,228 | 1,146 | 819 | 841 | 880 | 786 | 758 | 956 | 1,149 | 1,680 |
| Net Total | 5,343 | 4,992 | 4,306 | 4,016 | 3,769 | 3,659 | 3,244 | 3,090 | 3,704 | 4,561 | 5,259 |
| NOTES This table is a count of claims. Some individuals are counted multiple times. | | | | | | | | | | | |

Veterans of Post-1999 Operations

DVA defines the contemporary cohort as those who have seen operational service with the ADF from 1999 onwards. This is a useful benchmark as the year in which the operational tempo for the ADF significantly increased and intensified, with deployments to East Timor, followed by other significant deployments, such as in Iraq and Afghanistan. The Department estimates that at present there are around 58,000 of these veterans.

The table below sets out the mental health conditions accepted by DVA as related to service for this cohort (liability only). It shows that 5.8% of members of this cohort have a mental health disability accepted by DVA as related to service.

| Table 3: Mental health accepted conditions for Post-1999 conflicts, March 2015 | |
|---|----------------------------|
| Number of veterans | Post 1999 Conflicts |
| Estimated current population | 58,100 |
| One or more accepted disabilities | 8,877 |
| One or more accepted mental health disabilities | 3,355 |
| PTSD and other stress disorders | 2,655 |
| Depression or dysthymia | 1,626 |
| Alcohol and other substance use disorders | 951 |
| Anxiety | 455 |
| Adjustment disorder | 289 |
| NOTES Includes East Timor, Afghanistan, Iraq, Solomon Islands and all other operations since 1999. This table has data only related to service (liability). | |

DVA has research underway to investigate the prevalence of mental health disorders of the contemporary cohort. The Transition and Wellbeing Research Programme¹² will examine the impact of military service on the mental, physical and social health of serving and ex-serving personnel, male and female, who have deployed to contemporary conflicts. For the first time, it will include a picture of mental health disorders in the initial years after transition from full time service. It will also investigate how individuals previously diagnosed with a mental health disorder access care, how mental health issues change over time, the mental health status of reservists, and the experiences and needs of families of serving personnel, ex-serving personnel, and reservists. Data collection started in June 2015, with around 25,000 ex-serving personnel, 20,000 serving personnel and 5,000 reservists, and their families, invited to participate.

¹² For more information, see <http://www.dva.gov.au/health-and-wellbeing/research-and-development/social-research/transition-wellbeing-research>

Peacekeepers

The Department estimates that there are around 10,400 veterans from operations from 1975 through to 1999, including in Cambodia, Iran/Iraq, Namibia, Rwanda, Somalia, Zimbabwe and other operations.

In the early 1990s, following the end of the Cold War, the number and scale of Australian peacekeeping deployments rapidly increased. For instance, during a period in 1993, Australia had over 2,000 peacekeepers in the field, with large contingents in Cambodia and Somalia.

The table below sets out the mental health conditions accepted by DVA as related to service for this cohort (liability only). It shows that 12.7% of members of this cohort today have a mental health disability accepted by DVA as related to service.

| Table 4: Mental health accepted conditions for 1975-99 operations, March 2015 | |
|--|-----------------------------|
| Number of veterans | 1975-1999 Conflicts* |
| Estimated current population | 10,400 |
| One or more accepted disabilities | 2,815 |
| One or more accepted mental health disabilities | 1,322 |
| PTSD and other stress disorders | 1,070 |
| Depression or dysthymia | 414 |
| Alcohol and other substance use disorders | 468 |
| Anxiety | 163 |
| Adjustment disorder | 41 |
| Notes Includes Cambodia, the Gulf War, Iran/Iraq, Namibia, Rwanda, Somalia, Zimbabwe and other operations between 1975 and 1999. This table has data only related to service (liability). | |

Research was commissioned by DVA on the health of Australian veterans of deployments on various United Nations sanctioned peacekeeping missions over the period 1989-2002.¹³ The research found most peacekeepers (65%) reported that they were in good, very good, or excellent health. Reported health service usage was high with 68% having recently seen a GP. 20% of participants are showing moderate levels of mental ill health and vulnerability, and a further 10% are reporting more severe problems. Over 80% of the peacekeepers with a mental health condition were accessing health services.

¹³ For more information, see <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/peacekeepers-health-study>

Vietnam Veterans

The Vietnam War was the longest conflict in which Australians were involved last century. Almost 60,000 Australians served in Vietnam, of whom 521 died and more than 3,000 were physically wounded. The current estimated population of Vietnam veterans today is about 45,000.

The table below sets out the mental health conditions accepted by DVA as related to service for this cohort (liability only). It shows that 58% of members of this cohort today have a mental health disability accepted by DVA as related to service.

| Table 5: Mental health accepted conditions for Vietnam conflict, March 2015 | |
|---|----------------|
| Number of veterans | Vietnam |
| Estimated current population | 44,400 |
| One or more accepted disabilities | 35,984 |
| One or more accepted mental health disabilities | 25,910 |
| PTSD and other stress disorders | 20,161 |
| Depression or dysthymia | 4,178 |
| Alcohol and other substance use disorders | 9,871 |
| Anxiety | 4,489 |
| Adjustment disorder | 291 |
| Notes May include some special overseas veterans who did not serve in Vietnam. This table has data only related to service (liability). | |

DVA has learnt important lessons from the Vietnam veterans' experience, not least as a result of how some veterans were treated by society upon return. Many have struggled and continue to struggle with the physical and emotional effects of their service. Their shared experience has left many Vietnam veterans with a remarkable commitment to look after each other and a determination to see that future generations of veterans do not have the same experience.

For some in this cohort, physical health problems associated with ageing may now exacerbate existing mental health conditions. The high prevalence of mental health conditions in this group may increase the complexity of care needs for some of these clients. Some Vietnam veterans will be reaching retirement, while others may be moving into residential care.

Older veterans

DVA estimates that there are today almost 60,000 veterans of the Second World War, Korea, Malaya, Far East Strategic Reserve and peacekeeping operations prior to 1975.

The table below sets out the mental health conditions accepted by DVA as related to service for this cohort (liability only). It shows that 15% of members of this cohort today have a mental health disability accepted by DVA as related to service.

| Table 6: Mental health accepted conditions for Pre-1975 conflicts, March 2015 (not including Vietnam) | |
|--|-----------------------------|
| Number of veterans | Pre-1975 not Vietnam |
| Estimated current population | 59,600 |
| One or more accepted disabilities | 32,572 |
| One or more accepted mental health disabilities | 9,076 |
| PTSD and other stress disorders | 3,137 |
| Depression or dysthymia | 1,331 |
| Alcohol and other substance use disorders | 1,215 |
| Anxiety | 3,637 |
| Adjustment disorder | 183 |
| Notes Includes Second World War veterans and mariners, Korea, Malaya, Far East Strategic Reserve and all peacekeeping operations prior to 1975. This table has data only related to service (liability). | |

Today, there are more opportunities for healthy, engaged and meaningful ageing than ever before. The challenge is to ensure optimal quality of life and opportunities for our older veterans to contribute their experience, while acknowledging that their physical and mental health needs may become increasingly complex as they age. They may be more susceptible to mental health concerns if they experience any of these risks:

- chronic physical health conditions, including chronic pain
- decreased mobility and loss of independence
- grief, guilt and loss associated with the death of a spouse, partner or significant other
- the impact of dementia related illness on traumatic memories
- providing long term care to others without respite
- a cumulative effect of multiple exposures to trauma over a lifetime (in both civilian and military settings).

Peacetime service

Of the 5,000 to 6,000 personnel who leave the ADF each year, a significant proportion have peacetime service only – especially during 1975-1999. Peacetime service can include duties such as domestic or international disaster assistance for bushfires, floods or humanitarian missions; military training exercises; border protection duties including at the Australian maritime borders; and duties on base.

Any military service involves risk of exposure to traumatic experiences, such as trauma arising from disaster assistance or serious training accidents. For instance, in 1996 two Black Hawk helicopters collided and crashed at the High Range Training Area near Townsville, resulting in the deaths of 18 ADF personnel and injuries to a further 12 personnel. In 2005, a Sea King helicopter crashed on Nias Island in Indonesia while on a humanitarian support mission, with the deaths of 9 ADF personnel.

Day to day stressors of military service can include significant periods away from home, family and friends while on posting and reduced access to social and family supports, including the impact on spouses and children. The table below shows, as at March 2015, there were 83,928 peacetime service veterans with service-related disabilities, of whom 8,108 had a mental health disability accepted by DVA as related to service.

| Table 7: Mental health accepted conditions for non-operational service, March 2015 | |
|--|--------------------------------|
| Number of veterans with | Non-Operational service |
| One or more accepted disabilities | 83,928 |
| One or more accepted mental health disabilities | 8,108 |
| PTSD and other stress disorders | 2,632 |
| Depression or dysthymia | 4,377 |
| Alcohol and other substance use disorders | 1,120 |
| Anxiety | 1,810 |
| Adjustment disorder | 1,144 |
| Notes This table includes veterans with service related disabilities that have not been attributed to operational service. This table has data only related to service (liability). | |

The 2010 *Defence ADF Mental Health Prevalence and Wellbeing Study* found deployed personnel did not report greater rates of mental disorder than those who had not been deployed. This finding provided evidence to help inform 2013-14 Budget initiatives, including expansion of eligibility to the Veterans and Veterans Families Counselling Service, and enhanced access to non-liability healthcare to a range of peacetime service personnel for certain mental health conditions.

1.2 Suicide

Suicide is unfortunately a leading cause of death in Australia, including for young men. Suicide prevention and support to those families who have been affected by the tragedy of suicide is a high priority for DVA. Our focus is on early intervention and support, and preventing suicide. This includes close work with Defence, for example on support to ADF members who are transitioning into civilian life to assist with access to services if needed (see Sections 2 and 3.5).

Generally, DVA only becomes officially aware of a death by suicide of a veteran through the dependant's compensation claim process. This occurs when a claim for compensation is lodged by a dependant in respect of the death of that veteran and a cause of death must be investigated to establish a link to service. DVA can become informally aware of reports about a veteran suicide from a variety of sources, including family members and media reports.

As at 30 March 2015, for claims received over the 10 years to 31 December 2014, DVA had determined 85 claims relating to death by suicide:

- of the 85 claims, 57 were accepted as service related
- of the 57 claims, 22 veterans were aged 55 or under at death.

In November 2014, DVA commissioned the Australian Institute of Health and Welfare to carry out a data matching exercise between deceased military superannuants from ComSuper and the National Death Index for reported incidences of suicide from 2001 onwards. DVA expects findings from this work by late 2015.

DVA has also commissioned the Australian Institute for Suicide Research and Prevention, Griffith University, to conduct a literature review to examine suicide amongst veterans both in Australia and internationally, and how this compares against the general population. The review will provide a national and international comparison point for suicide amongst Australian veterans and add to DVA's evidence base. This will extend to identifying population, demographic, health and other factors which may impact upon the rates of suicide.

The findings of the review will also provide context for the information being collected as part of the data matching exercise and inform DVA's existing resources and initiatives aimed at preventing suicide. This work will build on the 2009 *Independent Study into Suicide in the Ex-Service Community* by Professor Dunt.¹⁴

For information on DVA's suicide prevention and postvention resources see section 3.3 Online Mental Health Information (page 37) and section 3.5 VVCS Suicide Prevention Programmes (page 45) of this submission.

¹⁴ Professor David Dunt, 2009 *Independent Study Into Suicide in the Ex-Service Community*
<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/independent-study-suicide-ex-service>

1.3 Families and mental health

DVA recognises that supportive families of veterans can help protect veterans' mental health and encourage them to seek treatment for mental health concerns when it is needed. At the same time, family members and carers may need their own mental health support.

This section outlines some key studies commissioned by DVA on the implications of military service for families, including for mental health.¹⁵

Vietnam Veterans Family Study

In 2014, DVA released results of research into the families of Vietnam veterans, the Vietnam Veterans Family Study¹⁶, which examined the physical, mental and social health of Vietnam veterans and their families, covering a broad range of health outcomes.

Participants included:

- 10,000 randomly selected Army Vietnam veterans and their families including their partners, ex-partners, children, stepchildren, brothers, sisters, nieces and nephews.
- 10,000 randomly selected Defence Force personnel who served in the Army during the Vietnam War era (1962-1975) but who were not deployed to Vietnam and their families including their partners, ex-partners, children and stepchildren. This provided a control group representing comparable families.

The key findings were that the majority of sons and daughters born to Vietnam veterans are leading healthy and productive lives. That said, analysis found that the sons and daughters of Australia's Vietnam veterans are more likely to have considerable emotional, physical, and social issues when compared to sons and daughters of those who served in that era but did not deploy to Vietnam. Where there was an intergenerational impact of deployment for mental health, key factors included the serviceman's PTSD, harsh parenting, or problems at school.

Timor-Leste Family Study

In 2012, DVA released results of the Timor-Leste Family Study¹⁷ to investigate the effects on the health and wellbeing of the families of ADF members who were deployed to Timor-Leste.

¹⁵ The research may be found here <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies>

¹⁶ The report may be found here <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/vietnam-veterans-family-study>

¹⁷ The report may be found here <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/timor-leste-family-study>

No statistically significant differences were found between the physical, mental or family health of family members of people deployed to Timor-Leste when compared with comparison group family members.

Overall, the partners who participated in the Timor-Leste Study were found to be in good physical and mental health. Family health was measured in terms of 'cohesion and flexibility', 'communication' and 'satisfaction'. Most families displayed positive results for each quality.

Key findings from the study showed that partners of ADF members who reported stronger support networks, either through family, community or co-workers, also reported better mental health, lower psychological distress and fewer behavioural issues with their children.

If the ADF member had poor mental health, their partner was more likely to also report having poor mental health. This in turn had negative consequences for their children. Such a finding is consistent with Australian evidence about the general community, that if parents have mental illness then their children are also at increased risk of mental health problems.¹⁸ This reinforces the benefit of early intervention for mental health concerns, to improve the prospects of recovery.

Transition and Wellbeing Research Programme: Family Wellbeing Study

The Transition and Wellbeing Research Programme will include a Family Wellbeing Study to investigate the impact of military service on the health and wellbeing of the families of serving and ex-serving personnel. The families of approximately 35,000 personnel will be invited to participate, and it will be led by the Australian Institute of Family Studies. Nominated family members will be able to complete a survey from July to December 2015, with results due in 2016.

The Study will examine issues such as the:

- health and wellbeing of family members of current ADF members and those who have left the ADF
- family relationships and interactions
- children's education
- changes in employment and financial circumstances
- use of health and social supports by families, help-seeking behaviours and related outcomes.

¹⁸ For instance, see *Families where a parent has a mental illness*, Victorian Government, Department of Human Services (2007) <http://health.vic.gov.au/mentalhealth/families/index.htm>

1.4 Emerging issues

DVA is alert to emerging issues for mental health for veterans and their families, and will consider the results of its commissioned future research for any emerging issues.

- mild traumatic brain injury has come under increasing attention by military medicine in terms of concussive injuries. As a result of blast injuries and the use of improvised explosive devices in recent Middle East Areas of Operations, mild traumatic brain injury is emerging as a particular focus. While there is an international body of evidence on the prevalence and impact of this injury, the symptoms may mask PTSD.
- musculo-skeletal conditions and pain resulting from traumas to the body may emerge over time for some veterans. Sometimes this needs ongoing pain management and managing potential risks of mental health problems associated with ongoing pain.
- effectiveness of treatment programmes in sustaining mental health needs to be a focus. Sustaining good treatment outcomes for veterans coping with mental health problems is key to long term health and recovery.
- in the context of an ageing population, there is some evidence to suggest that there is a link between PTSD and particular behavioural profiles of dementia.
- continuing to ensure that mental health services are in place and accessible for female veterans. Compared to other cohorts, DVA is seeing a higher proportion of females in the contemporary veteran cohort.

DVA also needs to consider how to leverage broader reforms now being considered or underway in Australia's mental health system. For instance, the National Mental Health Commission was tasked with undertaking, and recently completed, the *National Review of Mental Health Programmes and Services*. Key policy directions suggested in the Review include system support to improve early intervention to reduce the impact of mental illness, to better match the type of intervention to the needs of the individual through a stepped care model, and to improve service planning and integration including at a regional level. The Government is currently considering its response to the Review, which will be informed through targeted consultations.¹⁹

A key question for DVA is how to leverage effectively from these broader reforms and innovations in DVA arrangements, where they can assist in meeting the mental health needs of veterans. Alternatively, DVA could consider facilitating access by veterans to specialised mainstream services where these services can best meet their needs.

It is also important to encourage mainstream providers to identify former serving military personnel, whether or not they are DVA clients. For instance, a GP health assessment is available for all former members of the ADF, with a rebate available under Medicare. This is available to all former ADF members, whether they are a DVA client or not. DVA can also pay for certain mental health treatment whatever the cause (available to those with operational service and many with more than three years peacetime service).

¹⁹ For details, see <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-policy>

SECTION 2

Support for transition

In order to promote early intervention for mental health and other areas, DVA is working closely with Defence to support transition from military service to civilian life, including supporting a former ADF member becoming a DVA client when needed.

For personnel separating from the military, the move to civilian life (also known as ‘transition’) can sometimes be stressful as the individual adjusts to life outside the military, to a new job, and often a new location. For those who are wounded, injured or ill, including with mental health conditions, there are additional challenges such as accessing care and support that will address their needs appropriately. For instance, an ill or injured ADF member may need specialised assistance in relocation and setting up arrangements at home, work, and for transport.

Not all ADF members who transition out of Defence lodge a claim with DVA. Currently, only one in five members with service after 2004 have a lodged a claim for compensation or applied for non-liability health care. This is why DVA has been working closely with Defence to get in contact with the other four out of five members.

Areas of co-operation between Defence and DVA include addressing when and how claims may be made, as well as reducing the time to process claims, so it is more flexible and simple for clients. In terms of mental health, it is important to promote early access to support and treatment if needed.

This section addresses point h) of the Inquiry’s terms of reference with details on:

- 2.1 Memorandum of Understanding between DVA and Defence
- 2.2 Liability and non-liability support
- 2.3 Communication and notification
- 2.4 When compensation claims may be made
- 2.5 How compensation claims may be made
- 2.6 Support for making compensation claims
- 2.7 Resources for transition.

2.1 Memorandum of Understanding between DVA and Defence

In February 2013, DVA and the Department of Defence signed a Memorandum of Understanding (MoU) for the ‘Cooperative Delivery of Care and Support to Eligible Persons’. The MoU sets a lasting, cooperative framework under which the two Departments work together to support current and former ADF members, as well as eligible families along a ‘continuum of care’ or ‘support continuum’.²⁰ The MoU has

²⁰ Under the MoU the ‘continuum of care’/ ‘support continuum’ refers to the coordinated and integrated support system extending across both Departments to deliver the required level of care and support to wounded, injured or ill eligible members and ex-members of the ADF.

been effective in ensuring that both Departments consider and respond to issues impacting upon the care and support of current and former ADF members and their families, with:

- Defence taking the lead in caring for and supporting serving members.
- DVA taking the lead in caring for and supporting war widows/widowers and dependants and wounded, injured or ill ex-service members.

The purpose of the MoU is to ensure that the key principles which govern the co-operative delivery of care and support arrangements for clients are best practice, remain effective and adapt to individual's changing needs.

Insert 4:
Principles of the Memorandum of Understanding
Between DVA and Defence

The principles include:

- the parties working together to ensure that eligible wounded, injured or ill ADF members and their families are supported and cared for during and after their service
- the framework of care and support, spanning both Departments, is enduring
- the funding arrangements that support the rehabilitation of members are defined and understood by the parties
- the parties sharing information to ensure that assessment and liability determination occurs as close as possible to the time the injury occurs
- communication with wounded, injured or ill ADF members, and supporting agencies, reflect the joint responsibilities of Defence and DVA.

The Defence DVA Executive Committee comprises the Secretary of the Department of Defence (Co-chair); Secretary of the DVA (Co-Chair); Chief of the Defence Force; Chief Operating Officer, DVA; and Deputy Secretary, Defence People Group. This Executive Committee is the principal governing body within the MoU framework and is responsible for setting the joint strategic direction for the delivery of care and support.

The Defence DVA Links Steering Committee is responsible for implementing the strategic direction set by the Executive Committee and for monitoring both the progress of the MoU and the performance of the support continuum .

The MoU has helped guide how DVA has worked with Defence to make the transition to civilian life as smooth as possible. The remainder of this section sets out key initiatives in this area.

2.2 Liability and non-liability support

There are two main ways clients may access support through DVA arrangements for:²¹

1. mental health conditions related to service in the ADF, for compensation and treatment (the liability pathway or compensation claims).
2. certain mental health conditions whatever the cause, for treatment only (the non-liability pathway).

The liability pathway (compensation claims)

If a serving or ex-serving ADF member has a medical condition (including mental health) for reasons related to their service, then he or she may make a claim to DVA for acceptance of liability for that condition. DVA assesses claims to establish whether the illness, injury or disease is related to service in the ADF.

DVA operates under complex legislative arrangements. Most claims are assessed under one or more of three pieces of legislation: the *Veterans' Entitlements Act 1986* (VEA), the *Safety, Rehabilitation and Compensation Act 1988* (SRCA), and the *Military Rehabilitation and Compensation Act 2004* (MRCA). See Attachment A for more detail.²²

Claims under VEA or MRCA are assessed using Statements of Principles for any disease, injury or death that could be related to military service, based on sound medical-scientific evidence. The Repatriation Medical Authority consists of a panel of practitioners eminent in fields of medical science whose role is to determine the Statements of Principles which state the factors which "must" or "must as a minimum" exist to cause a particular kind of disease, injury or death. Claims under SRCA are assessed using available medical evidence to support consideration of a disease, injury or illness.

If a claim for liability is accepted, then services and compensation may be provided, for instance, for an inability or reduced ability to work, or to recognise the effects of a permanent impairment resulting from a service-related event. Depending upon client needs and circumstances, services may include rehabilitation (including vocational assistance), medical treatment (such as the use of White or Gold Treatment Cards), attendant care, household services, and a range of other benefits – depending upon eligibility.²³

²¹ In addition and separate from these DVA arrangements, clients may also seek mental health support through the Veterans and Veterans Families Counselling Service (VVCS).

²² For a complete listing of DVA legislation, go to www.dva.gov.au/about-dva/legislation

²³ This is a brief overview only. For more information, see www.dva.gov.au.

The non-liability pathway

DVA can pay for treatment for diagnosed PTSD, anxiety, depression, alcohol use disorder or substance use disorder – whatever the cause. The condition does not have to be related to service. This is available to anyone who has deployed on operations overseas, and those who have completed three or more years of continuous full-time service in peacetime since December 1972. These arrangements are known as non-liability health care.

If a person has a diagnosis for one or more of these conditions and the relevant service, then he or she receives a White Treatment Card, which provides access to treatment through DVA arrangements. This can range from GP care, specialist care in the community such as from a psychologist or psychiatrist, and hospital care for those who need it.

The Government has recently introduced two major changes to make it easier to access these non-liability arrangements for mental health from:

- July 2014, a greater number of individuals with peacetime service only became eligible and treatment for alcohol use disorder and substance use disorder also became available.
- January 2015, DVA has been able to accept a diagnosis from a vocationally registered GP, a clinical psychologist, and a psychiatrist for these arrangements (formerly, a diagnosis from a psychiatrist only could be accepted).

2.3 Communication and notification

Defence and DVA have worked to strengthen how DVA connects with service personnel who are transitioning into civilian life.

Unless the member opts out, Defence notifies DVA when personnel start and complete the transition process of discharging from the military. DVA is conscious that not all individuals need or wish to access DVA services either immediately or at all. For this reason, the DVA Secretary writes to all ADF personnel who have commenced transition outlining services and support available. If the member opts out of details being provided to DVA, then this letter is provided by the Defence Community Organisation.

DVA is separately advised by Defence of members administratively separating for reasons associated with misuse of alcohol or involvement with prohibited substances, members medically separating, and members who have been seriously or very seriously wounded, injured or who are ill. This allows the provision of early support.

DVA also receives notifications from Defence in relation to fatalities. In these circumstances DVA works with partner agencies to quickly establish support and services for eligible dependants.

2.4 When compensation claims may be made

DVA has been working with Defence to encourage personnel to lodge claims for service related injuries closer to the time of wounding, injury or illness. This enables these injuries and illnesses to be investigated by DVA at the earliest opportunity, including while they are serving in the ADF, even if they are not currently receiving treatment for the condition. This is important because:

- ADF personnel are able to provide information in the claim about their condition closer to the time when the event or events causing the condition occurred – which subsequently assists DVA to investigate the circumstances which led to the injury or disease.
- it helps DVA to identify health and rehabilitation needs early, which helps with better health outcomes for the clients and long term management of the accepted condition.
- it may also allow DVA to pay compensation for service-related injuries, if appropriate, in a more timely manner (including if the ADF member is still serving).

This model does not prevent personnel lodging claims at a later stage if they choose or need to do so. Personnel can still lodge claims as they are discharging or after discharge (for some conditions such as PTSD, symptoms may only become apparent after many years).

The aim is to provide more flexibility to serving and ex-serving personnel as to when they are able to lodge a claim. Treatment under non-liability arrangements may also be accessed by eligible clients while a claim for compensation is being assessed.

2.5 Improving how compensation claims may be made

DVA has strengthened both its in-person and online support for clients to make a claim.

In terms of in-person support, DVA continues to work with the ADF to ensure that the transition from Defence to civilian life is as smooth as possible. Introduced in 2011-12, the On Base Advisory Service (OBAS) assists serving and discharging ADF personnel find out about Veterans' Affairs services, including rehabilitation, compensation, health services, and support, as well as encouraging the early lodgment of any claims. OBAS advisors are selected for their experience and understanding of DVA entitlements and processes and are placed at over 44 Defence bases on either a full or part-time basis.

In 2013-14, OBAS staff saw 4,160 new clients to DVA, an increase of 1,385 from 2012-13. In addition, OBAS responded to over 13,500 enquiries, an increase of over 4,600 from 2012-13.

Insert 5: DVA's On Base Advisory Service

- provides information and support relating to DVA services and benefits to all ADF personnel who seek assistance.
- provides support for any current or prospective compensation claims.
- provides early identification of health, rehabilitation and income support requirements post discharge.
- liaises with ADF Rehabilitation Programme to identify injured personnel and provide appropriate advice and support.
- liaises with Support Coordinators and other Defence personnel dealing with injured ADF personnel and provides appropriate advice.
- presents and participates in transition management seminars and information sessions and events.
- where requested, briefs ADF personnel and families as part of their pre and post deployment briefings.
- identifies and reports on trends and issues arising.

In terms of online support, DVA has invested significantly in its online capacity for clients, which makes interaction with DVA easier and more available for clients. Through the DVA website, clients can now access:

- an Entitlement Self Assessment, which comprises a series of questions to help existing and prospective DVA clients to assess their potential entitlements. It may be completed by a member or former member of the ADF including Reservists and Cadets or a dependant (including partner / spouse or child).
- my Account which is a quick, easy and secure way for clients to access many DVA services online. This includes updating of client contact details, accessing information about accepted medical conditions, making a transport booking, claiming for travel expenses, and accessing forms and fact sheets.
- online claiming for a range of DVA claims and applications, such as for liability, compensation following the death of a veteran, determining qualifying service, and service pension and income support supplement.

The online claiming process is a single claim process rather than the client needing to make separate claims under different pieces of legislation. Claims will be considered under all relevant legislation to ensure clients have access to the full range of benefits for which they are eligible. The feedback received from ex-service representatives and departmental staff following a trial clearly showed that a single claim form is far less complex for clients.

2.6 Reducing the times to process compensation claims

DVA has a number of strategies now underway to improve the timeliness of claims processing. For mental health, this is important for promoting early access to support and treatment if needed. Strategies to reduce the time to process claims include:

Reducing work on hand by:

- development of new workload management and forecasting tools that allow for better monitoring, reporting and distribution of work on a national basis.
- better distribution of work across the national rehabilitation and compensation workforce.

Improving client communication and engagement by:

- engaging with clients and/or their representatives throughout the claims process.
- for MRCA cases, new administrative protocols have been introduced to keep claimants informed of the claim's progress.
- working with claimants to resolve case-specific problems to avoid processing delays.

Improving case management practices by:

- better training, guidance, and support for claims assessors, including the development of planning tools and templates.
- better use of DVA's internal medical advisers.
- development of "age mix" and "time budget" concepts to give claims assessors simple strategies to ensure that cases do not become old in the first place.

Reviewing and improving business processes by:

- detailed examination of the compensation claims processes.
- validation of improvement initiatives.

The average times taken to process compensation claims under the VEA and initial liability claims under MRCA and SRCA for the financial years 2011-12 to 2013-14 were as follows:

| Table 8: Times Taken to Process Claims | | | | | |
|---|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| | TARGET AVERAGE days | 2011-12 OUTCOME days | 2012-13 OUTCOME days | 2013-14 OUTCOME days | 2013-14 FY CHANGE days |
| VEA | 75 | 74 | 79 | 75 | -4 |
| MRCA | 120 | 158 | 155 | 144 | -11 |
| SRCA | 120 | 180 | 171 | 160 | -11 |

At the end of the 2013-14 financial year, when compared to the previous financial year (2012-13), the times taken to process claims had reduced by 4 days under VEA, 11 days under MRCA, and 11 days under SRCA.

2.7 Resources for transition

DVA has produced a range of initiatives and programmes which can help support the transition into civilian life.

The *Stepping Out* programme is designed to help the transition from the ADF to civilian life. Participants learn about:

- the experience of change as part of life
- the transition from the ADF to civilian life
- skills for planning ahead
- skills for staying motivated and adaptable
- expectations, attitudes and troubleshooting
- maintaining relationships and seeking support.

This voluntary programme is held over two full days and is available across Australia. It is available for all ADF personnel and their partners, who are within three months of separation from the ADF or who have separated in the last twelve months. The programme is endorsed by the ADF and currently serving personnel attending the programme are considered to be on duty for the duration of the programme.

The *Wellbeing Tool Box* (www.wellbeingtoolbox.net.au) developed for DVA by Phoenix Australia – Centre for Posttraumatic Mental Health and SMS Technology is designed to assist veterans, former ADF personnel and their families identify mental health concerns, engage in self-care interventions and seek professional help if needed.

The Wellbeing Toolbox will be replaced shortly by the *High Res* website. This new website adapts the training modules and goal setting activities within the Wellbeing Toolbox to a more contemporary website which helps users manage day-to-day stressors and build resilience. It incorporates self-help tools and interactive learning resources for the ADF community to use through the ADF lifecycle, from training to transitioning and general life. It can also be used by ADF families. The website is complemented by the High Res app. Together, the High Res resources provide transitioning members with online and mobile resources designed specifically for their needs.

The *Support for Wounded, Injured or Ill Programme* also provides support for personnel from the point of injury through to ongoing support after military service. It is a joint Defence and DVA undertaking to provide coordinated, transparent and seamless support to individuals during their service and after transition from the ADF including by:

- enhancing support for personnel with complex or serious medical conditions who are transitioning to civilian life.
- improving information sharing between Defence and DVA relating to injury or illness.

- simplifying processes involved in applying for an acceptance of liability for compensation.
- streamlining and simplifying compensation claims handling.

All former serving members of the ADF can access a comprehensive health assessment from their GP, called the *ADF Post-Discharge GP Assessment*. This assessment is available to all former serving members of either the permanent or reserve forces. A rebate is available under the health assessment items on the Medicare Benefits Schedule. A key objective is to help GPs identify and diagnose the early onset of physical and/or mental health problems among former serving ADF members. In supporting this, DVA has funded the development of a specifically designed screening tool. This tool includes screening tools for alcohol use, substance use, PTSD and psychological distress, as well as information on how to access other DVA services that their patient may be eligible for.

DVA has also developed an information booklet for transitioning personnel and their families, *Mental Health and Wellbeing after Military Service*. This booklet provides information on strategies to address mental health issues that may arise during or after transition.

SECTION 3

Rehabilitation and mental health services

DVA encourages any veteran or family member who is worried about how they are feeling or coping to seek help early. This improves the prospects for recovery if there are any mental health concerns.

For those experiencing mental illness, social and economic participation, along with early intervention and prevention, can be a protective factor against the severity of their condition and it aids recovery even for those with the most severe mental health conditions.²⁴ In the general community, mental health disorders make the largest contribution of all the major health conditions to health-related labour force non-participation rates. As noted in the latest National Mental Health Report, for those in employment, untreated mental illness can diminish engagement and activity in the workplace. For those not in the workforce, mental illness can act as a barrier to gaining or holding a job.²⁵

DVA is a national purchaser and provider of health services in each state and territory, from public and private sectors, and from primary care in general practice settings through to hospital acute care. For mental health, this is a mix of direct service delivery, purchase of health services, and information to clients and providers.

In 2012-13, the Australian Government spent almost \$179 million on veteran mental health services. This includes funding for online mental health information and support, GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, trauma recovery programmes for PTSD, in-patient and out-patient hospital treatment and services through VVCS.

Funding for veteran mental health treatment is demand driven and it is not capped. If a DVA client needs mental health support, then funding is available to pay for it.

This section addresses points d), e), f) and i) of the Inquiry's terms of reference and provides details on:

- 3.1 Rehabilitation and vocational support
- 3.2 Support for vulnerable clients
- 3.3 Online mental health information
- 3.4 Mental health services
- 3.5 Veterans and Veterans Families Counselling Service.

²⁴ Australian Government (2011) *Joint submission to the House Standing Committee on Education and Employment Inquiry into mental health and workforce participation* page 3, http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_committees?url=e/mentalhealth/report.html

²⁵ Department of Health and Ageing (2013) *National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011*. Commonwealth of Australia, Canberra. Page 76, [http://www.health.gov.au/internet/main/publishing.nsf/Content/B090F03865A7FAB9CA257C1B0079E198/\\$File/rep13.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B090F03865A7FAB9CA257C1B0079E198/$File/rep13.pdf)

3.1 Rehabilitation and vocational support

For DVA, the passage of the *Military Rehabilitation and Compensation Act 2004* increased the focus on rehabilitation as part of the overall repatriation system for current and former serving members of the ADF. For wounded, injured or ill ex-serving personnel, rehabilitation is an essential part of their overall care and support.

Greater success in rehabilitation and retention within the ADF means that those who are discharged are generally in higher needs categories than they would be in any other civilian rehabilitation or compensation scheme. The options of returning to work in their original and usually preferred workplace or a similar position elsewhere in the ADF may have been exhausted. The ADF member has to pursue new opportunities and challenges while sometimes dealing with increased incapacity.²⁶

DVA's response is to use a tailored approach to meet the needs of the individual after discharge, which addresses medical, vocational, psychosocial and educational factors based upon the following principles:²⁷

- care and respect for the client
- early intervention processes and practices
- whole of person rehabilitation need.
- the client, and their significant other, is to be actively involved in the development of an appropriate rehabilitation plan/programme with realistic goals
- all key stakeholders to be actively involved in an effectively coordinated plan/programme of activities
- rehabilitation plans must be focussed on outcomes.

Rehabilitation programmes can include medical, dental, psychiatric, in-patient and out-patient care; physical exercise and physiotherapy; psychosocial training and counselling; aids and appliances; and modifications to workplaces, homes and cars.

The process for receiving rehabilitation begins with the client submitting a liability claim to DVA. Once a claim is accepted, a needs assessment is conducted to determine what services are suitable and available to the client.²⁸ Where appropriate, the client is referred for rehabilitation. Following referral, a DVA rehabilitation coordinator will organise a third-party rehabilitation provider to organise further assessment and preparation of a rehabilitation plan. Concurrent to the rehabilitation process, a client may also receive medical treatment and financial support such as incapacity payments and permanent impairment compensation.

²⁶ Commonwealth (2011) *Review of Military Compensation Arrangements* pages 32-33.
<http://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/reviews/mrca/mrcareport/vol2-full18032011.pdf>

²⁷ For more information, see <http://www.dva.gov.au/health-and-wellbeing/rehabilitation>

²⁸ There is no legislative requirement for clients whose claims are accepted under the *Veterans Entitlements Act 1986* to participate in rehabilitation programmes.

Insert 6: DVA's rehabilitation approach

Rehabilitation for DVA is based upon a whole of person approach. This ensures that physical treatment or return to work is not the only areas of focus, but that clients also benefit from other activities that may contribute to their overall wellbeing. This may include:

Medical Management Rehabilitation - aims to assist clients to manage the treatment of medical issues or severe disabilities. This could include support to organise medical appointments, treatment or medication, understand medical information, manage self care needs, and provide access to aids and appliances to mitigate the impacts of injuries or illness.

Psychosocial Rehabilitation - can help clients move forward following an injury, through improving mental functioning, recovery, community participation and quality of life. Activities are aimed at addressing barriers to recovery and achieving rehabilitation goals. The types of activities that might be included in a psychosocial rehabilitation plan are pain management programmes, counselling (either individual or group sessions), skill development, lifestyle or hobby programmes and attendant care services.

Vocational Rehabilitation - a key government priority which focuses on helping clients return to meaningful and sustainable employment through providing assistance and support. While a swift return to paid employment may be the primary goal for some clients, participation in other activities can also be considered a successful vocational rehabilitation outcome. Broadly, vocational rehabilitation activities include vocational assessment, guidance or counselling, functional capacity assessments, work experience, voluntary work, vocational training and job seeking assistance.

The table below sets out rehabilitation activity for the past five years. It shows an overall growth in rehabilitation activity during this period. The slight drop in the last year is because the fall in the number of rehabilitation assessments in the older group of clients under the *Safety, Rehabilitation and Compensation Act 1988* was not fully offset by the growth of assessments for newer clients under the *Military Rehabilitation and Compensation Act 2004*. It is expected that the number of clients receiving rehabilitation assessments will continue to increase in the future.

| Table 9: Rehabilitation activity by DVA (assessments completed) | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|
| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
| <i>Safety, Rehabilitation and Compensation Act 1988</i> | 944 | 988 | 1124 | 1113 | 830 |
| <i>Military Rehabilitation and Compensation Act 2004</i> | 475 | 557 | 765 | 1025 | 1132 |
| <i>Veterans' Vocational Rehabilitation Scheme</i> | 106 | 116 | 111 | 88 | 123 |
| Total | 1525 | 1661 | 2000 | 2226 | 2085 |

In the 2015-16 budget, the Government funded the measure *Veterans' Vocational Rehabilitation Scheme enhancement* with \$200,000 in 2015-16 and a total of \$700,000 over the forward estimates to improve the Scheme's operation. This will benefit participating veterans, particularly those in receipt of disability pension at the Intermediate and Special Rates. The measure will encourage workforce participation and provide better outcomes for veterans through a whole-of-person approach to their rehabilitation. Subject to the passage of legislation, this measure will commence in March 2016.

In September 2014, the Minister for Veterans' Affairs launched the Veterans Employment Assistance Initiative. This initiative enhances the employment assistance and support currently provided under DVA's rehabilitation programmes. It aims to help injured former ADF members reclaim independence, realise their skills and capabilities, and achieve their vocational rehabilitation goals post-service in three main areas:

- enhanced vocational rehabilitation arrangements
- employer engagement
- early engagement with clients through the ADF Rehabilitation Programme.

The first stage of the initiative was a six-month pilot run in South East Queensland from September 2014 to February 2015. The pilot aimed to monitor and evaluate the enhanced approach to vocational rehabilitation to ascertain the strengths of the approach and identify any improvements that could be made. An evaluation is currently underway of the pilot. Initial indications are that it has been successful, particularly in the areas of:

- improving confidence that vocational employment is possible and, in some instances, meaningful and sustainable employment has been gained.
- ensuring that the providers are able to individually tailor rehabilitation plans to suit the needs, abilities and aspirations of the veteran.
- improving a client's relationship with DVA by engaging with them whilst they are still employed by the ADF.

A number of ongoing business improvement activities have been completed in 2014-15 that impact upon the quality of support, provider knowledge, and coordination of DVA's rehabilitation programme. These include a range of new communication materials and stakeholder education with staff, rehabilitation providers and clients including:

- publication of an online rehabilitation e-learning package for clients and providers
- publication of rehabilitation success stories to promote rehabilitation pathways
- development of a new provider newsletter
- upgrade of DVA's rehabilitation website
- a new social media campaign
- publication of a rehabilitation online brochure and information pack
- active liaison and communication programme with key stakeholders including defence welfare groups and DVA's On Base Advisory Service.

These actions contribute to improvements in knowledge by all parties in DVA's best practice approach and whole of person model. Importantly, providers are encouraged to deliver a client centred model with services, including assessments and plans, that consider the individual requirements of each client and their needs.

As part of these ongoing improvements, changes have been made to the coordination and communication between DVA and the ADF Rehabilitation Programme to facilitate the transition of separating ADF members from this Programme to DVA's rehabilitation arrangements. ADF personnel already undertaking a rehabilitation plan with established goals in place are continued in the DVA environment, including, where possible, use of ADF rehabilitation providers to ensure an unbroken provider support environment for clients.

The MRCA Rehabilitation Long-Term Study is a joint Defence and DVA project that will examine the effectiveness of rehabilitation arrangements under MRCA within both the ADF and DVA, over the long term. The study arose from Recommendation 6.8 of the *Review of Military Compensation Arrangements*, which stated that: 'a long-term study of the effectiveness of MRCA rehabilitation arrangements within both the ADF and DVA, with respect to the level of rehabilitation services needed and the importance of the nexus with incapacity payments, should be undertaken'.

The study is in its early planning stage and will provide Defence and DVA with a clear understanding of the effectiveness of current rehabilitation programmes and services and an improved understanding of the client group. The focus of the study is towards gathering data over the long term for improvement of Defence and DVAs' rehabilitation programmes.²⁹

3.2 Support for vulnerable clients

As noted in the introduction of this submission, a proportion of DVA clients have chronic mental health needs and need ongoing support and treatment. DVA has a number of strategies in place to support vulnerable clients, including:

- case coordinators for clients with complex needs who have caused, or may be in danger of causing, harm to themselves or to others. Case coordinators assist at-risk clients with complex needs to navigate DVA services and benefits in order to minimise their risk of self-harm. Coordinators also provide a primary point of contact for clients and assist them and their families with other psychosocial needs external to the Department. Participation in case coordination is voluntary and therefore a client can choose to accept or decline the service.

²⁹ More information about the Study is available at <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/mrca-rehabilitation-long-term-study>

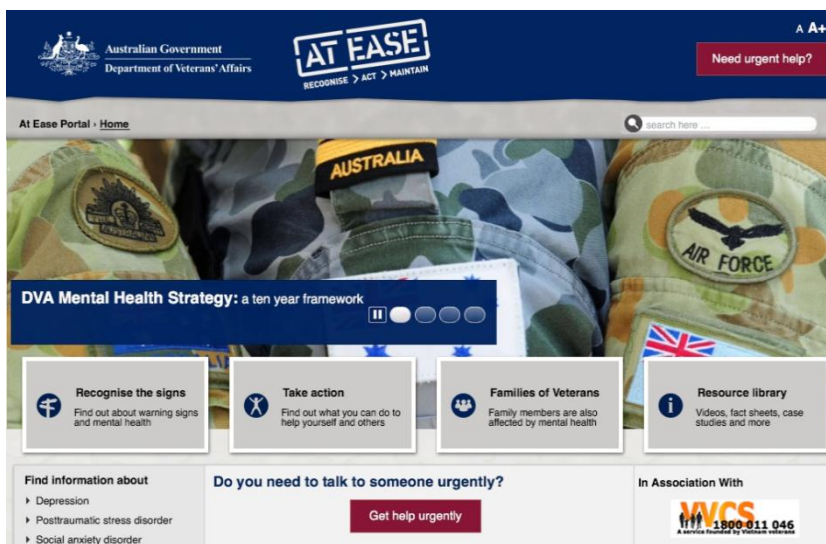
- the Client Liaison Unit which assists vulnerable clients who have been referred from within DVA if there has been a breakdown in relationship between a client and an area of the Department.

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. The measure will improve DVA's capacity to provide one-on-one tailored packages of support to veterans with complex needs, including mental health conditions. It will also improve the level of support and early intervention assistance provided to an increasing number of veterans with complex needs, particularly those returning from recent conflicts.

3.3 Online mental health information

In order to reach members of the veteran and ex-service community on mental health matters, including those who are not DVA clients or who are reluctant or unable to seek help, the Department uses education and awareness activities to promote good mental health and help-seeking behaviours.

*At Ease*³⁰ is DVA's mental health portal offering mental health and wellbeing information and resources for veterans and serving personnel, their families, friends and carers as well as health providers. This site is complemented by the website and Facebook pages of the Veterans and Veterans Families Counselling Service (VVCS),³¹ which links members of the community directly to the counselling arm of the portfolio.



³⁰ www.at-ease.dva.gov.au

³¹ www.vvcs.gov.au

The *At Ease* portal includes the following websites and mobile applications:

Websites

- *At Ease: Serving, ex-Serving and Reservist ADF personnel, Veterans and Families*
A site to help recognise the symptoms of poor mental health, find self-help tools and advice, access professional support and learn about treatment options. Families can find advice on how to keep their family healthy while caring for someone with a mental health condition.
- *The Right Mix: Your Health and Alcohol*
The Right Mix is DVA's alcohol management site. It encourages the 'right balance' of alcohol, diet and exercise to achieve a healthier lifestyle. The Right Mix uses interactive tools, information and strategies to help reduce drinking levels and raise awareness about alcohol-related harm.
- *Operation Life Online*
Operation Life Online is a website designed to raise awareness about, and help prevent, suicide in the veteran community. The website can help those worried about suicide for themselves or someone else, if someone close recently suicided or attempted suicide. Along with useful contacts and resources, the site offers learning tools, case study videos and a comprehensive quiz.

Videos

- The *At Ease* portal also includes a range of YouTube videos with real life veterans and families talking about mental health and access to a range of mobile applications.

Mobile Applications

All mobile applications (apps) are free from the App Store (iOS) and Google Play (Android).

- PTSD Coach Australia: A self-help smart phone app designed to help serving and ex-serving personnel understand and manage the symptoms that may occur following exposure to trauma. The app provides education about PTSD, information about self assessment and professional care, and tools to manage the stresses of daily life with PTSD.
- ON TRACK with The Right Mix: A self-help smart phone app to help serving and ex-serving personnel manage their alcohol consumption. Users can track the number and type of drinks consumed; the amount of money spent; and review the impact this has had on their wellbeing and fitness by showing the amount of exercise required to burn off the kilojoules consumed.
- High Res (High Resilience): A self-help smart phone app to help serving and ex-serving ADF personnel, and their families, manage stress 'on the go' and build

resilience over time. This will be particularly helpful for those managing the daily stresses of service career, deployment, injury, transition to civilian life and life post-service. The app helps users test their immediate reactions to a stressful situation and adjust their response by using the stress management tools in the app. Users can also optimise their performance and build mental resilience by regularly practising the tools. The High Res app was developed in collaboration with Defence and is based on the ADF's BattleSMART (self management and resilience training) programme. The app will complement the High Res website which will be available later in 2015.

3.4 DVA purchasing of mental health services

DVA is a national purchaser and provider of health services worth around \$5.5 billion a year for some 210,000 clients. The Department purchases health services in each state and territory, from public and private sectors, and across the spectrum of service delivery from hospital inpatient delivery to primary care in general practice settings.

In its purchasing of mental health services, DVA's focus is to address the unique mental health needs of its clients. For veterans, this includes those who have experienced trauma from deployments, including from improvised explosive devices, exposure to life threatening situations, mental health problems from serious illness and injury such as loss of limb, and other risks. The Department also considers mental health more broadly, in terms of the range of mental health issues that can arise from the military and ex-military experience whether deployed or not.

To meet these needs, DVA's mental health programmes are a mix of direct service delivery, purchase of health services, and information to clients and providers. In 2012-13, the Australian Government spent almost \$179 million on veteran mental health services. DVA provides access to mental health services by purchasing across Australia from public and private hospitals, clinical psychologists and allied mental health workers, GPs, and psychiatrists.

Counselling services are provided through VVCS which provides intake and assessment, counselling, case management, and group programmes to eligible current and former members of the ADF and their families. DVA also provides a range of mental health literacy, education and training resources for clients and service providers.

The Government's expenditure on mental health treatment for veterans and families is demand driven and uncapped. As shown in the following table, the level of expenditure has grown from approximately \$161 million in 2009-10 to almost \$179 million in 2012-13.³²

³² The growth in expenditure from 2011-12 to 2012-13 was due partly to growth in demand and partly to revised data definitions and business rules for reporting.

| Table 10:DVA Mental Health Expenditure | | | | |
|---|----------------|----------------|----------------|----------------|
| | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
| TOTAL (Million) | \$160.9M | \$164.9M | \$166.1M | \$178.6M |

A more detailed breakdown of the 2012-13 expenditure is set out in the table below.

| Table 11:DVA mental health expenditure 2012-13 | | |
|--|--------------|---|
| Category | \$m | Description |
| Mental health budget measures | 3.6 | Population measures including <i>At Ease</i> website; mobile phone applications; and provider engagement training and resources. |
| General Practitioners | 24.0 | Provide mental health assessment and access to treatment. |
| Allied Mental Health Workers | 3.1 | Provide assessments and consultations, including group and individual therapies from professionals such as psychologists or social workers. |
| VVCS | 27.3 | Counselling support and mental health treatment by psychologists and social workers. Includes case management services, group programmes and psycho-education programmes. |
| Psychiatrists | 18.8 | Provide psychiatric assessments, diagnoses, medicine management and clinical reviews as well as ongoing treatment. |
| Pharmaceutical | 26.5 | Includes anti-depressants, psycho stimulants and dementia-related drugs. |
| Private Hospitals | 36.6 | Contracts with private hospitals for the purchase of emergency, acute care and outpatient mental health services for the veteran community. |
| Public Hospitals | 37.3 | Arrangements with all state and territory governments. Public and private hospitals expenditure also includes trauma recovery programmes for post traumatic stress disorder provided in hospitals around the country. |
| Phoenix Australia (formerly Australian Centre for Posttraumatic Mental Health) | 1.4 | Provides evidence based expert advice to inform and underpin DVA's policies and programmes. |
| Total | 178.6 | |

In terms of care for older clients, the measure *Veterans' Supplements in Residential Care and Home Care Packages* was introduced on 1 August 2013, as part of an overall aged care reform package.

The Supplement in Residential Care recognises that veterans may have difficulties accessing appropriate aged care services, and aims to ensure that a veteran's accepted mental health condition does not act as a barrier to accessing such care. The supplement is paid to the aged care provider at a rate of \$6.69 per day.

The Veterans' Supplement in Home Care recognises the additional costs involved in delivering appropriate care to veterans with an accepted mental health condition. The supplement is paid as an additional 10% on top of the basic subsidy amount for each level of package.

As at January 2015, \$4.2 million has been paid to residential aged care providers for the Veterans' Supplement in respect of 1,041 eligible veterans.

DVA's role exists within a broader mental health system, which has undergone considerable reform and expansion over the past two decades. Responsibility for mental health is also spread across Commonwealth and state/territory health systems, including for instance the state community health systems such as drug and alcohol services and mental health crisis teams.

A key question for DVA is how to leverage effectively from broader reforms and innovations, bringing them into veteran arrangements where they can assist in meeting the mental health needs of ex-serving personnel or facilitating access by veterans to specialised mainstream services where these services can best meet their needs. It is also important to encourage mainstream providers to identify former serving military personnel, whether or not they are DVA clients.

DVA's strong focus is on purchasing evidence-based care, so that our clients can access treatment and care that has the best prospects for their recovery. This means DVA puts a strong focus on research and quality to underpin its purchasing.

DVA partners with clinical experts such as Phoenix Australia – the Centre for Posttraumatic Mental Health for the provision of expert advice and assistance for developing resources for providers about mental health services for veterans.

Examples of resources available for providers include:

- *Mental Health Advice Book* – aims to update the knowledge base of practitioners who regularly treat veterans, as well as inform those who may be less familiar with veterans' mental health issues.
- *Veteran Mental Health Consultation Companion* – a tablet device application that offers practitioners evidence-based consultation checklists and interactive assessment

measures with automatic score calculations and Australian military interpretations. Available in both iOS and android formats.³³

- *Online training programmes in veteran mental health* – examples of modules include Understanding the Military Experience, Case Formulation and PTSD Psychological Interventions.
- *Evidence Compass* - a website whereby research literature is organised, reviewed, synthesised and disseminated on questions of high importance to the treatment of veterans.

Insert 7:

Phoenix Australia – Centre for Posttraumatic Mental Health

Phoenix Australia – the Centre for Posttraumatic Mental Health (formerly the Australian Centre for Posttraumatic Mental Health) is a not-for-profit organisation, operating through the University of Melbourne, which aims to build the capability of individuals, communities and organisations to prevent, recognise and reduce the adverse mental health effects of trauma. It achieves this through world class research, service development and education.

DVA established the Centre in 1995 as part of the 1994 “Younger Veterans” Budget initiative to improve mental health services provided to veterans.

DVA currently provides around \$1.4 million core funding annually to the Centre for the provision of expert advice and support to DVA to ensure the veteran and military communities receive continual gold standard support and treatment in relation to mental health issues.

This funding ensures DVA has immediate access to the infrastructure, capacity and capability to respond to DVA's specific needs and specialist knowledge of the research literature and practice around the world. Specifically, this includes:

- research
- provision of expert advice
- expert participation in programme meetings, advisory groups and committees
- literature reviews
- strategic planning seminars.

The Centre's activities are governed by a Board of Management, with an independent Chairperson. DVA has two representatives on the Board.

The arrangement has helped DVA purchase high quality mental health treatment.

³³ The app is free at www.at-ease.dva.gov.au/professionals/clinical-resources/vhmc2_app/

3.5 Veterans and Veterans Families Counselling Service (VVCS)



VVCS provides free and confidential, nation-wide counselling and support for war and service-related mental health and wellbeing conditions. A family inclusive organisation, support is also available for relationship and family matters that can arise due to the unique nature of military service.

Through its national, integrated, 24 hour service delivery system VVCS provides: individual, couple and family counselling, and support for those with more complex needs; group programmes to develop skills and enhance support; an after-hours crisis telephone counselling line, Veterans Line, information, education and self-help resources, including a Facebook page and website,³⁴ and referrals to other services or specialist treatment programmes where appropriate.

All VVCS counsellors, whether centre-based, outreach provider or telephone crisis line counsellor, have an understanding of military culture and work with clients to find effective solutions for improved mental health and wellbeing.

VVCS has integrated cognitive processing therapy into its treatments available to support clients dealing with complex combat trauma. In partnership with Phoenix Australia, VVCS is undertaking a study that aims to identify factors that contribute to sustainable clinical practice change and improvement, to help guide future policy and workforce training decisions. This research will evaluate how cognitive processing therapy is being delivered, how it impacts on client outcomes and factors that support sustainable practice change and improvement to the benefit of clients.

National Advisory Committee

VVCS activities are overseen by an independent, consultative body, established in 1981, that provides consultation based advice to the Minister for Veterans' Affairs on the effectiveness of VVCS. The VVCS National Advisory Committee provides advice, guidance and consultation on the needs of the veteran and defence community, to identify opportunities for growth and guide the priorities of VVCS.

Membership of the Committee includes representatives from the veteran and defence communities, medical and allied health professionals, key VVCS client groups and ex-officio representatives including one of the three Repatriation Commissioners, the VVCS National Manager, the Director General of the Defence Community Organisation and the Regimental Sergeant Major of the Army.

³⁴ www.vvcs.gov.au

Eligibility

VVCS is undergoing a period of change, with a gradual increase in client numbers and changing client demographics following the drawdown from the Middle East Area of Operations and an ageing Vietnam-era client cohort.

Over the past decade, the proportion of clients (including eligible members, partners and children) under the age of 50, has increased from 46 to 69 per cent of total clients. In any given year, VVCS will provide services to over 20,000 clients nationally, around half of whom are eligible serving or ex-serving ADF members and the remainder are their family members.

Within this context, VVCS is cognisant of the need to maintain high levels of support to the ageing Vietnam veteran population and their families and to ensure it is flexible and responsive to the generational and operational change impacts now being seen in the VVCS client base.

The cohorts that can access VVCS are subject to periodic review. Most recently, in July 2014, the Government extended eligibility to current and former ADF members who served in domestic or international disaster relief operations; served in border protection operations; served as a submariner; medically discharged; or were involved in a serious training accident. This expansion included access for the dependent children (up to age 26) and partners of these members. Access was also extended to the partners, dependent children and parents of members killed in service-related incidents.

DVA consulted a wide range of stakeholders during the review process that resulted in this expansion. The Government continues to monitor the need for additional groups to have access to VVCS.

Significantly, VVCS does not turn away members of the veteran and ex-service community who are in need or distress. VVCS is able to provide limited counselling as part of its duty of care and can refer people who need ongoing support and are not eligible for its services to more appropriate support options.

It is also important to note that where a person's clinical needs are outside VVCS core business or the clinical skill base in any location it may be necessary to refer to other specialist mental health services such as: trauma recovery programmes for PTSD, hospital psychiatric services, drug and alcohol services, child and adolescent mental health services.

Eligibility for VVCS services extends to a broad range of members from across the veteran and ex-service community and their families.³⁵

³⁵ A list of VVCS eligibility can be found at: <http://www.vvcs.gov.au/Clients/eligibility-at-a-glance.htm>.

How VVCS operates

VVCS has a counselling centre in every capital city, as well as in a range of major regional centres that have large ADF and veteran populations, such as Townsville. Since 2010, VVCS has also applied a 'satellite centre' model, that enables clients to access a VVCS staff clinician through a medical supercentre or serviced office. Satellite centres are generally located close to ADF bases.

Augmenting the counselling and case management services provided by its staff clinicians, VVCS maintains a national network of contracted outreach counsellors, of whom 722 provided services to VVCS clients in 2013-14. This national network comprises both psychologists and mental health accredited social workers who provide services to clients when travel to a VVCS centre is impractical.

VVCS clients are connected to support 24 hours a day through the national 1800 number (1800 011 046) that connects to the nearest VVCS counselling centre during business hours and is also VVCS' after-hours crisis telephone counselling line, Veterans Line.

As part of its service suite, VVCS also delivers clinical treatment and psycho-educational group programmes that address common client presenting issues. Depending on individual client need, programmes may be: an early intervention tool, assisting clients to identify concerns and proactively support their mental health; an adjunct to counselling; and/or a support tool following treatment for mental health conditions, such as PTSD or depression.

The table below presents the number of VVCS services delivered per financial year from 2009-10 to 2013-14. Of interest is the significant increase in services, with the exception of VVCS group programmes, which have decreased during the same period. A revitalisation of the VVCS group programme suite has been identified as a priority to ensure this service offering is meeting the needs of contemporary cohorts.

| Description | Table 12: VVCS Services | | | | |
|--|---------------------------|---------|---------|---------|---------|
| | Number per Financial Year | | | | |
| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
| Counselling sessions delivered | 53,164 | 57,405 | 63,651 | 73,063 | 89,513 |
| Intake not leading to counselling | 2,348 | 2,972 | 3,354 | 4,232 | 5,526 |
| Group programmes | 3,181 | 3,395 | 2,897 | 2,488 | 2,074 |
| Veterans Line | 4,610 | 5,332 | 5,497 | 5,306 | 7,050 |

Additionally, VVCS has a social media presence, incorporating a Facebook page and a website, which offers an effective combination of tools to connect with clients, invoke conversation on mental health recovery and link with other mental health networks and organisations.

Crisis Assistance Programme

The Crisis Assistance Programme is a nationally available programme managed by VVCS that offers short-term emergency accommodation to Vietnam veterans in crisis. The programme aims to help reduce stress that might lead to family violence or family break up rather than providing a traditional “homelessness” service. It links the client into services provided by VVCS such as counselling, case management, and group programmes that assist with managing stress.

The Programme was established as part of the Government’s response to the Vietnam Veterans’ Health Study; as such access is formally targeted to Vietnam veterans. Whilst this criteria remains, access is extended on compassionate grounds on a case by case basis to any veteran in crisis where needed. The Programme is not well utilised; in 2013-14, four clients accessed the program, this compares to three in 2012-13 and four in the previous year.

Like all VVCS programmes, information about the Programme is provided on the VVCS website and all counsellors and staff, including Veterans Line staff are briefed on the initiative. VVCS is working with the Department on a programme review to assess its future and any changes that could be recommended. This will include an assessment of the Programme’s relevance and effectiveness of service delivery.

Suicide Prevention Programmes

The OperationLife suicide awareness and prevention workshops, website, and forthcoming smart phone app, underpin DVA’s contribution to the National Suicide Prevention Strategy. The national strategy provides the platform for Australia’s national policy on suicide prevention, which has an emphasis on promotion, prevention and early intervention to address mental health issues and reduce suicide rates.

VVCS offers a range of OperationLife products and services, comprising Applied Suicide Intervention Skills Training (ASIST), safeTALK and ASIST Tune Up workshops.

safeTALK is a half-day workshop that provides members of the community with sufficient information to recognise those who may be considering suicide and connect them with appropriate intervention services. ASIST is a two-day, intensive workshop that equips participants with the skills to intervene when suicide is likely and reduce the immediate risk or secure additional resources for this purpose. ASIST Tune Up is a half-day ‘refresher’ workshop for people who have previously completed ASIST.

The core objective of a veteran suicide prevention programme is to increase the number of people in the veteran and ex-service community who have the skills and confidence to recognise and act on signs of suicide risk in others.

SECTION 4

Social health support services

For DVA, it is essential to support the underlying causes of good mental health and recovery, and not only focus on treating the symptoms of mental illness. In this light, DVA recognises the crucial connection between mental and social health, and over the last few years has put considerable effort into updating social health initiatives.

This is crucial to manage emerging issues such as homelessness, where early intervention is key.

This section addresses point g) of the Inquiry's terms of reference and includes details on:

- 4.1 Overview of Social Health programmes
- 4.2 Homelessness.

4.1 Overview of social health programmes

DVA invests in social health programmes because the research literature strongly demonstrates that there is a correlation between good social health and good mental health. If people are engaged with others and their community, look after themselves and seek help early if they need to, their quality of life can be noticeably improved. The table below outlines the range of social health programmes that DVA funds or offers. Where possible, it has also included usage data over the last 12 months. The programmes are divided into two groups – population level programmes which are available to all veterans, whether or not they have had operational service, and programmes which have individual eligibility requirements.

| Table 13: DVA Social Health Programmes | | |
|---|---|--|
| Programme Name | Description | Data and participation |
| Population Level Programmes | | |
| Veterans' Health Week | Veterans' Health Week provides an opportunity for veteran and ex-service community members and their families to participate, connect and influence the health and wellbeing of themselves and their friends. This is an annual event with changing themes that centre around health and wellbeing issues relevant to the veteran and ex-service community. DVA partners with ex-service and community organisations to facilitate these activities at a local level. | Over 14,000 participants across 160 events |
| Men's Health Peer Education | The aim of the Men's Health Peer Education programme is to improve the health of male veterans. This is achieved by using trained volunteers to encourage them to understand their health and wellbeing and to work in partnership with professional providers in managing any identified issues. | 350 volunteers nationally |
| Day Clubs | Day clubs are operated by ex-service or community organisations and generally are attended by older people. They are open to veterans and the general community. The clubs aim to reduce social isolation and offer a programme of health-enhancing activities. | 143 Day clubs nationally with an estimated 5,000 participants. |
| Cooking for One or Two | The 'Cooking for One or Two' programme is designed to improve confidence in preparing a variety of healthy meals using easy cooking techniques. | 5 to 10 programmes a year with 10-15 participants. |
| Veteran and Community Grants | DVA supports local community initiatives through Veteran and Community grants. These grants aim to maintain and improve the independence and quality of life of members of the veteran community by providing financial assistance for activities, services and projects that sustain and/or enhance wellbeing. | Varies depending on funding round |

| Table 13: DVA Social Health Programmes | | |
|--|--|---|
| Programme Name | Description | Data and participation |
| Individual Entitlement Programmes | | |
| Heart Health ³⁶ | The Heart Health Programme aims to increase physical health and wellbeing through practical exercise, nutrition and lifestyle management support. It is a 52 week Programme and includes two physical activity sessions per week and 12 health education seminars. The programmes can be offered to individuals or a group. | Approximately 1,500 participants in 2014-15 to date |
| Stepping Out ³⁷ | The Stepping Out Programme provides information and skills to manage the transition from the ADF to civilian life. It is a practical programme that explores the concepts of major life changes, teaches skills for planning ahead and staying motivated and adaptable as well as setting expectations about what civilian life can look like. | 32 programmes in 2013-14 |

4.2 Homelessness

Any instance of homelessness amongst our veteran population is of concern to DVA.

Homelessness is a complex issue that is associated with many issues other than inadequate income or lack of access to affordable housing. It tends to be associated with a range of factors, often in combination, such as housing crisis, family breakdown, alcohol and/or substance use disorders and mental health issues.

Early intervention is essential in considering this issue, and DVA's focus is on the following areas:

1. Prevention
2. Practical Assistance
3. Research.

This section of the submission sets out in more detail the action DVA is undertaking on homelessness amongst the veteran population.

³⁶ For more information, see <http://www.veteranshearthealth.com.au/>

³⁷ For more information, see <http://www.vvcs.gov.au/Services/GroupPrograms/stepping-out.htm>

Current legislative and funding framework

Within the Federal Government, the Department of Social Services has responsibility for policy and funding matters relating to housing and homelessness. While DVA has no direct legislated role in the provision of housing and/or accommodation services, DVA does work closely with other government and non-government agencies in identifying and assisting members of the veteran community at risk of homelessness. On 23 March 2015, the Minister for Social Services, the Hon. Scott Morrison MP, announced the Government will provide \$230 million to extend the National Partnership Agreement on Homelessness for two years to 2017.

Current data

Several media reports have cited a figure of 3,000 homeless veterans, or 3,000 veterans sleeping rough on any given night. This figure is likely to be derived from a 2009 report, *Veterans at Risk*, which was commissioned by DVA and used a particularly wide definition of the terms ‘veteran’ and ‘homelessness’.

This study involved interviews with 60 homeless former serving members and dependants. It indicated a higher incidence of mental illness and substance abuse among homeless veterans than the general population of homeless men. It also found slightly more than half of those interviewed were in receipt of DVA benefits or income.

It is important to note that:

- the study’s authors used a very broad definition of veteran, including partners of veterans.
- they also used a broad definition of homelessness, including ‘sub-standard housing’.
- it has been 6 years since the study, and a lot of work has been undertaken by DVA and Defence in that time, especially to help military personnel ‘transition’ into civilian life after their discharge.

DVA considers that the current estimate of homeless veterans is likely to be in the order of 200-300 Australia wide. DVA is working to gain a more accurate estimate (see below).

**Insert 8:
Reasons for seeking homelessness services**

For the general community, the Australian Institute of Health and Welfare identified the following reasons for clients of specialist homelessness services:

- almost 60% of clients identified housing affordability or financial difficulties as a reason for seeking assistance. Housing crisis was identified by 30% of clients.
- domestic and family violence or relationship/family breakdown was identified as a reason for seeking assistance for 53% of clients.
- all reasons for seeking assistance show how common health issues are among the client group. Mental health, medical issues or problematic substance use were recorded as one of the reasons for seeking assistance for 20% of clients.
- lack of family or community support was also one of the reasons for seeking support for 16% of clients.³⁸

Prevention

As noted earlier in this submission, DVA is working with Defence to support transitioning members, including to ensure they understand their entitlements and the services available to them from DVA. These initiatives have been detailed earlier in this submission, but it is important to include them here as part of the overall support provided to transitioning members which includes helping to prevent homelessness or insecure housing.

The *On Base Advisory Service* assists serving and discharging ADF personnel find out about Veterans' Affairs services, including rehabilitation, compensation, health services, and support, as well as encouraging the early lodgement of any claims. DVA officers working for this Service are selected for their experience and understanding of DVA entitlements and processes and are placed at over 44 Defence bases on either a full or part-time basis.

All former serving members of the ADF can access a comprehensive health assessment from their GP, called the *ADF Post-Discharge GP Assessment*. This assessment is available to all former serving members of either the permanent or reserve forces. A rebate is available under the health assessment items on the Medicare Benefits Schedule.

DVA can pay for treatment for diagnosed PTSD, anxiety, depression, alcohol use disorder or substance use disorder – whatever the cause. The condition does not have to be related to service. This is available to anyone who has deployed on operations overseas, and many with more than three years peacetime service.

³⁸ Australian Institute of Health and Welfare 2014. Specialist homelessness services: 2013–2014. Cat. no. HOU 276. Canberra: AIHW. Page 14,
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549998>

Practical assistance

If DVA receives a report of a homeless veteran, with the individual's permission, DVA staff will provide the following assistance:

- referral to local homelessness agencies to assist with an immediate accommodation solution
- referral to the VVCS, which can offer support to connect with local ex-service organisations offering longer term assistance
- investigation by a senior DVA staff member to ensure that the veteran is receiving all benefits and entitlements to which they are entitled
- referral to Centrelink to assess potential for benefits or for further support
- arranging for changes in income support payments if this would assist a client in need.

Research

DVA has over the years undertaken a number of key health studies and research projects that underpin the development of DVA's mental health policy and programmes.³⁹

As noted earlier in this submission, the Transition and Wellbeing Research Programme is the most significant study DVA and Defence have ever undertaken into service personnel who have recently transitioned out of service. This research programme is about to survey some fifty thousand people who are ex-serving, reservists, currently serving personnel or family members in order to find out about their physical and mental health, including risk factors for homelessness and the protective factors that allow people to either cope or not.

³⁹ For more information on this research, see, <http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies>

Attachment A

Veterans' Affairs Overview

The Veterans' Affairs portfolio is responsible for providing a range of programmes of care, compensation, income support and commemoration for the veteran and defence force communities and their families. The portfolio is administered by the Minister for Veterans' Affairs and has four key entities.

Department of Veterans' Affairs

The Department of Veterans' Affairs administers three outcome areas, as outlined in the Budget Portfolio Statements. These are:

Outcome 1: Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation, and other support services, including advice and information about entitlements.

Outcome 2: Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.

Outcome 3: Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preservation of Australia's wartime heritage, and official commemorations.

The Department also administers legislation that governs veteran access to care and support entitlements:

1. The *Veterans' Entitlements Act 1986* (VEA) which provides compensation, income support and health services for those current and former members of the ADF who have rendered service in wars, conflicts, peacekeeping operations and certain other operational deployments before 30 June 2004. Current and former ADF members with peacetime service between 1972 and 1994 and some veterans with warlike service and non-warlike service after 1 July 2004 may also have access to certain VEA entitlements.
2. The *Safety, Rehabilitation and Compensation Act 1988* (SRCA) is workers' compensation legislation that applies to members and former members of the Australian Defence Force, Reservists, Cadets and Cadet Instructors and certain other persons who hold an honorary rank in the ADF, as well as members of certain philanthropic organisations that provide services to the ADF.
3. The *Military Rehabilitation and Compensation Act 2004* (MRCA) provides compensation and rehabilitation for current and former members of the Australian Defence Force as well as Cadets, Cadet Officers and Instructors whose injury or disease is caused by service on or after 1 July 2004. Note that the MRCA superseded the SRCA at this date for DVA, as well as most of the provisions contained within the VEA.

Individual clients may have eligibility under one or more of these Acts. The Department also administers other legislation such as the *Defence Service Homes Act 1918* and the *War Graves Act 1980*.

Repatriation Commission

The Repatriation Commission is the policy body responsible for the administration of the VEA and its range of compensation and income support pensions, allowances and other healthcare services. The functions and powers of the Repatriation Commission are set out in sections 180 and 181 of the VEA. The three-member Repatriation Commission comprises:

- the President, Mr Simon Lewis PSM, who is also the Secretary of DVA and the Chair of the Military Rehabilitation and Compensation Commission
- Deputy President, Mr Craig Orme AM CSC
- Repatriation Commissioner, Major General Mark Kelly AO DSC.

Military Rehabilitation and Compensation Commission (MRCC)

The MRCC is the policy body responsible for the administration of the MRCA and the SRCA (as it relates to current and future Australian Defence Force members and their families). The programmes provided under these Acts include permanent impairment payments, incapacity payments, and healthcare and rehabilitation programmes. The MRCC comprises the three members of the Repatriation Commission and three additional members: one nominated by the Minister for Employment and two nominated by the Minister for Defence. The six-member Commission comprises:

- the Chair, Mr Simon Lewis PSM, who is also the Secretary of DVA and the Chair of the Repatriation Commission
- Deputy President, Mr Craig Orme AM CSC
- Repatriation Commissioner, Major General Mark Kelly AO DSC
- Rear Admiral Robyn Walker AM RAN, Commander, Joint Health Command, Department of Defence
- Air Vice- Marshal Tony Needham AM, People Capability, Department of Defence
- Ms Jennifer Taylor, Chief Executive Officer, Comcare, who is also a member of the Safety, Rehabilitation and Compensation Commission.

Australian War Memorial

The Australian War Memorial is an agency within the portfolio that maintains and develops the national memorial to Australians who have died in wars or warlike operations. It also develops, maintains and exhibits a national collection of historical material, and conducts and fosters research into Australian military history.

Attachment B

GLOSSARY

| | |
|-------------------|---|
| ADF | the Australian Defence Force |
| Defence | the Department of Defence |
| DVA | the Department of Veterans' Affairs. For the purposes of this submission, 'the Department' and 'DVA' are used interchangeably. |
| GP | General Practitioner |
| MoU | Memorandum of Understanding between Defence and DVA |
| MRCA | <i>Military Rehabilitation and Compensation Act 2004</i> |
| OBAS | the On Base Advisory Service |
| PTSD | posttraumatic stress disorder |
| SRCA | <i>Safety, Rehabilitation and Compensation Act 1988</i> |
| Transition | the process of an ADF personnel member discharging from the military into civilian life. |
| VEA | <i>Veterans' Entitlements Act 1986</i> |
| Veteran | For the purposes of this submission, 'veteran' has the broader meaning of any former serving personnel of the Australian Defence Force. |
| VVCS | the Veterans and Veterans Families Counselling Service |