Submission No 41

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

Organisation:

Department of Veterans' Affairs – Answers to Questions on Notice

Joint Standing Committee on Foreign Affairs, Defence and Trade

Question 1

Can you update the committee on what number of PTSD/mental health cases have been resolved [including] ... a rolling 10 year look back just to get an idea of whether there is a trend happening.

Answer

The table below contains mental health (including Posttraumatic Stress Disorder (PTSD)) cases over ten years between 2002-03 and 2011-12. Only primary level decisions have been captured here, and includes all determinations made under the *Veterans' Entitlements Act 1986* (VEA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA) over this time period.

Year	Veterans	Determinations	Accepted	NIF	Rejected
2002/03	4,125	5,537	3,376	51	2,110
2003/04	3,347	4,521	2,765	35	1,721
2004/05	2,794	3,999	2,338	22	1,639
2005/06	2,640	3,805	2,081	32	1,692
2006/07	2,459	3,643	2,051	25	1,567
2007/08	2,061	2,982	1,744	5	1,233
2008/09	1,943	2,865	1,597	7	1,261
2009/10	1,985	2,943	1,685	10	1,248
2010/11	1,744	2,579	1,465	13	1,101
2011/12	1,802	2,616	1,475	2	1,139
Total	24,900	35,490	20,577	202	14,711

Table: Primary level service related mental health disability determinations

Notes for Table:

- 1. Where a veteran has had disabilities determined in multiple years he or she is counted in each relevant year, but only once in the veterans total.
- 2. 'NIF' stands for 'no incapacity found'. 'Accepted' means condition accepted as service-related under the relevant Act. 'Rejected' means condition not accepted as service-related under the relevant Act.
- 3. These are only primary level decisions and do not include decisions on subsequent appeals of those rejected primary decisions.
- 4. The data may be different to some information already in the public domain about veterans with mental health conditions, because the information in the table has been extracted on the basis of primary level determinations using Statement of Principles (SoPs). SoPs are instruments used by the Department to establish a service connection to determine liability for conditions claimed under the VEA and the MRCA.
- 5. As a veteran may have more than one mental health condition and may claim more than once, the number of determinations is greater than the number of veterans during the period.
- 6. Determinations under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) are not included in the table because the SoP regime is not used for SRCA determination.

Question 2

Do you have key performance indicators on the time taken to assess claims?

- a) When a claim comes in, how long does it take to get assessed?
- b) If you do, what are the KPI's, how are you going against them and have you benchmarked against our allies?

Answer

a) Yes – the Department has key performance indicators for the determination of claims under the *Military Rehabilitation and Compensation Act 2004* (MRCA). For determination of initial liability claims and permanent impairment claims the target is 120 days on average.

- Initial Liability the average time it took to finalise initial liability claims in 2011-12 was 158 days;
- Permanent Impairment in 2011-12, the average time it took to finalise permanent impairment claims was 127 days; and
- Incapacity payments the Department endeavours to finalise claims within 120 days on average. However, there is a mechanism to provide interim payments to clients prior to finalisation of their claims. In 2011-12 the average time it took to finalise claims for incapacity payments was 104 days.

The claims process can be protracted as it may involve the claimant having to attend medical appointments, waiting for medical reports, seeking further medical opinion or requesting documentation from the claimant or from the Department of Defence.

b) The KPIs for claims processing and performance are noted above. The Department does not benchmark against our allies due to key differences in legislation, veteran populations and delivery models.

Furthermore, DVA is undertaking a range of initiatives to reduce the time taken for MRCA claims long and short term. These initiatives include delivery of further training and guidance to staff, streamlining of business processes and redevelopment of ICT tools.

Question 3

Are there any statistics in your system in relation to mental illness of people who leave the forces and become DVA beneficiaries?

Answer

The Department of Veterans' Affairs (DVA) only becomes aware of a serving or ex-serving member's potential condition when they lodge a claim with or seek treatment from DVA. Therefore, DVA is unable to determine the number of Australian Defence Force (ADF) members who separate with a diagnosed mental health condition. Furthermore, personnel who separate may not be identified by the ADF as having a mental health condition if they have not been diagnosed or if they have not sought help through ADF mechanisms.

See also answer to Question 1. The data provided in that table relates to those who have claimed with DVA.

Question 4

Ms BRODTMANN: Thank you for your submission and also for presenting today. I have just a couple of questions, and you can take some of them on notice. I am interested particularly in the cultural change program that you are engaging in at the moment. We have had many complaints about the fact that a number of individuals in DVA do not understand the military, they do not understand the rank system, and there is no understanding of the value system that drives the people that they are dealing with. I would just be interested to get a sense of what is actually encompassed in that cultural change program, if I could. As I said, it is on notice. If you could just send us the document that is that program, that would be wonderful.

Answer

The Department's Cultural Change program takes a blended learning approach, involving a broad range of delivery mechanisms, including face-to-face workshops, presentations at various forums, specific training for certain job roles, on-the-job training and e-learning, where appropriate.

The objectives of the program are to:

- improve staff understanding of our diverse client group, particularly the contemporary clients;
- help build client-focused relationships between DVA staff and clients; and
- enhance DVA's client service culture and delivery.

The areas covered include:

- understanding military culture and the impact it can have on mental health;
- sessions involving current and former serving members talking about their military experiences and their experiences dealing with DVA;
- sessions involving senior DVA management, including the Secretary, covering the strategic challenges facing DVA;
- managing challenging behaviours from clients;
- suicide awareness;
- strategies for dealing with complex cases; and
- strategies for taking a more client-centric or whole-of-client approach to service delivery.