

Submission to the Joint Standing Committee on Foreign Affairs, Defence and Trade inquiry into transition from the ADF

Background:

Numerous complexities impact the smooth transition from Defence into civilian life; manifesting in high rates of unemployment amongst ex service personnel and poor health outcomes for many; with the impacts even greater for those with mental health issues and protracted medical claims.

These concerns have been recognised for some time and whilst progress has been made in some areas and the veterans ecosystem continues to swell we believe there is an opportunity to streamline utilisation of the service offerings and commit to improving outcomes for ex service personnel whilst providing new critical data to the Commonwealth.

Research:

APM reviewed all ADF and DVA cases across their portfolio and have analysed the data to gain insights into the transitioning population. Key findings included the extended delay from injury to referral, from injury to discharge, and then being referred by DVA for rehabilitation counted to an average of 311 weeks. This also alluded to a population of members with unidentified and undeclared barriers we have termed the 'Hidden Risk' population. Anecdotal feedback suggests these hidden risk members may be administratively discharging, disengaged with Defence and DVA, or discharged members who find adjustment to civilian life challenging or present with a delayed health issue.

Mental Health:

The 2010 ADF Mental Health Prevalence and Wellbeing Study found that 22 per cent of the ADF population (11,016) had experienced a mental disorder in the previous 12 months and more than half of the ADF population had experienced a mental disorder in their lifetime, a significantly higher rate than experienced by the general Australian population. Both Defence and DVA agree that early identification and treatment of mental ill-health is essential for achieving the best outcomes for ADF members and veterans. However, the Study found that 'a significant number of personnel with mental disorders had received no care in the previous 12 months'. This is consistent with the UK and US experience which shows that less than half of veterans who believe they might need assistance actually seek out that help.

A report into veteran employment has found the unemployment rate to be more than three times higher than the national average.

A recently released Veteran Employment Report, provides a snapshot into the state of military to civilian employment transition. The report reveals the difficulties faced by thousands of veterans as they seek to move from service to civilian employment.

Key data includes:

- The total veteran unemployment rate is unknown but expected to be significantly higher than the national average of 5.9 per cent;
- On average, veterans take a 30 per cent pay cut when they transition from the military to a civilian job;
- 19 per cent of veterans are underemployed (not working in jobs that match their skills), compared with the national average of 8.5 per cent; and
- Unemployment is a major contributor to the high rates of veteran suicide in Australia (Senate inquiry finding/Australian Institute for Suicide Research and Prevention).

Improving Employment Outcomes:

In 2016 APM identified a concern with long delays in actioning referrals to DVA for medically discharged ADF personnel. The delays were negatively impacting a smooth rehabilitation transition and impacting on health and employment outcomes.

Following consultation with ADF and DVA a “Timely Engagement Pilot” was established to link exiting ADF members with DVA prior to discharge to ensure a smooth transition and continuation of suitable support. We facilitated a process to ensure that both the ADF and DVA case managers can liaise and be engaged through the medical discharge and are seeing improvements in employment outcomes as a result. However, the level of transition support and services offered to ADF members who are not medically discharged is of ongoing concern and there are still very high levels of unemployment and poor social and health outcomes seen amongst ex service personnel. This pilot has not made it into national policy.

Transition:

A number of veterans have spoken of the intensity and length of their initial training in Defence compared with a short two-day transition seminar when leaving. There are inconsistencies and confusion regarding the rehabilitation, education, and re-skilling services that are available to veterans.

Ideally we would like to see a consistent transition process be made available to all when they leave the ADF – focusing on the capability to find meaningful work after their service.

It is estimated that around 5,500 ADF personnel leave the military each year, 1,000 through medical discharge, with those who do find employment seeking jobs in the Defence, IT, engineering and mining and metals industry. Whilst a number of veterans are identified through the DVA processes (medical discharge or claims) there are many others who are leaving the military and presenting to ‘mainstream’ services for assistance (housing, counselling, financial aid, and job seeking).

Solution - Proposed Service Model Considerations:

- Social participation – studies show better outcomes where social links/peer supports are in place
- Support coordination – overarching care coordination/support role – deal with basics first (housing, medical care etc.)
- Recovery models e.g. PHAMs /PIR – focus on peer supports
- Employment pathway – partnerships/re training/peer support/dedicated employers and industries

Incorporated into the model are the key elements of early intervention best practice, including:

- Contact and service being initiated as quickly as possible once discharge is planned (up to 2 years best practice and showing better results in the UK)
- Care coordinators recognised as being part of the military family and with an allied health background providing a holistic view
- Flexibility, with supports targeted to the specific needs of the individual - barriers such as rank/training limits need to be removed
- Life Counselling delivered by trained and competent staff - consideration for peer supports to complement

- Holistic model – ensuring social and family supports also in place
- A focus on what can be achieved, not what can't
- Incorporating work directed strategies that monitor the progress of the individual at a pace realistic for them
- Evaluation to determine the success of the program
- Robust data collection and analysis points driving intelligence in veterans' engagement, performance and the utilisation of the ecosystem