Senate Inquiry into Suicide by Veterans and Ex-Service Personnel
Canberra Hearing - 6 February 2017
Answers to Questions on Notice

Questions tabled during Public Hearing

Topic: Comparison of compensation outcomes ADF vs PS
(Hansard, p 52)

Senator LAMBIE asked:

Can you tell me, when it comes to the public service and the military, if somebody in the military is made a paraplegic yet somebody in the public service falls down a set of stairs and becomes one, who comes out with the most money? Who is looked after better?

Answer

The table below compares indicative compensation outcomes for a member of the Australian Defence Force (ADF) with paraplegia related to service under the *Military Rehabilitation and Compensation Act 2004* (MRCA) to indicative compensation outcomes for a public servant with a work related injury that results in paraplegia under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA).

	MRCA	**SRCA**
Permanent Impairment	96 impairment points (IP) under the Guide to Determining Impairment and Compensation - $335.73 weekly amount (including maximum lifestyle effects). This can be converted to a partial or total lump sum. **Total lump sum $448,971.73** Plus; • 80 or more IP – additional compensation of $86,429.75 for any dependent children along with a gold health care card and access to MRCAETS education assistance per child. • 60 or more IP – automatic entitlement to Gold Card (see below). • 50 or more IP – consideration for Special Rate Disability Pension (SRDP; see below). • Eligibility for financial and legal advice up to $2,549.31 each.	99% WPI whole person impairment under the Comcare Guide to the Assessment of the Degree of Permanent Impairment - $181,204.49. Plus maximum non-economic loss (NEL) - $68,638.10. **Total PI lump sum $249,842.59**

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	MRCA	**SRCA**
Treatment	Treatment via a DVA Gold Card which provides free treatment for all conditions for life. Includes Veterans Supplement of $6.20 per fortnight.	Treatment costs deemed to be appropriate and reasonable for medical treatment obtained only in relation to the accepted injury.
Incapacity	• Normal Earnings (NE) at time of injury or at time of discharge from the military whichever is more beneficial. • 100% NE for the first 45 weeks after discharge, reduced to 75% thereafter. • No reduction of incapacity by 5% as in the SRCA. • Addition of a remuneration loading for discharged full time military members of $158.16 per week. • Consideration of SRDP for persons who are chronically incapacitated (see below).	• Normal Weekly Earnings (NWE) at time of injury • 100% NWE for the first 45 weeks after injury, reduced to 75% thereafter. • Reduction of incapacity payable by 5% in lieu of a notional superannuation contribution.
SRDP	The MRCA provides a person who is at least 50 IP, chronically incapacitated and unable to work for more than 10 hours a week, a choice to receive the SRDP in lieu of incapacity payments. This may provide access to other income support and ancillary benefits, and includes a 'TPI' embossed gold health care card, MRCAETS education assistance for all Dependent children Current maximum rate of SRDP is $673.45 per week.	No equivalent provision for SRCA.

Note: Calculations are based on the maximum functional loss resulting from a hypothetical scenario of paraplegia under both the SRCA and the MRCA. Rates of payment are as 16 February 2017.

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Topic: Communication with Australian Peacekeeper and Peacemaker Veterans Association
(Hansard, p53)

Senator LAMBIE asked:

Why did he send you email in the first place about those two? Why did it come to that? Did he just come out and send you an email about that? Mr Orme, there are allegations floating around that you tried to interfere with a witness to the Senate committee hearing. Did you make any phone calls to the peacekeepers association whatsoever? Have you made any in relation to the witnesses that are up here? What communications have you had with the—
Mr Orme: He was updating the commission, so it also came to me. It was simply advising us that those two individuals had been stood down from the APPVA. That was the purpose of his email.
CHAIR: Do organisations normally contact you—
Members of the audience interjecting—
CHAIR: Order!
Mr Orme: We will table it.
Senator LAMBIE: You can pass all that on to me, Mr Lewis and Mr Orme.

Answer

Mr Orme, Deputy President, did not make any phone calls to the Australian Peacekeeper and Peacemaker Veterans Association (APPVA). Mr Orme did not make any phone calls in relation to the witnesses.

A copy of the email history between Mr Orme and Mr Thomas, President, APPVA, is included below.

From: Allan Thomas
Sent: Monday, 6 February 2017 12:51 PM
To: Orme, Craig
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Craig I believe Ruth Lambert has made changes to the initial article this morning after my disappointment at what she has written, go to http://www.heraldsun.com.au/news/victoria/inquiry-witnesses-cry-foul-over-department-of-veterans-affairs-actions/news-story/1a91e75d20e9344995879e2ac6668012 I have not seen the article nor do I wish to believe anything that comes out of Fairfax media after what you eluded me to this morning.

Regards

Allan Thomas
From: Orme, Craig
Sent: Monday, 6 February 2017 12:28 PM
To: 'Allan Thomas'
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Thanks Allan – very much appreciated.
Cheers
Craig

From: Allan Thomas
Sent: Monday, 6 February 2017 12:18 PM
To: Orme, Craig
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Hello Craig, I have managed to discuss the article with Ruth Lambert and express my disappointment with her in regards to what I supposedly stated, she has now taken the time to make changes on the electronic copy of the SMH. I am sadden at the fact that these journalist are able to fabricate stories to suite their client's interest without obtaining all evidence first, very disappointed. Ruth was very apologetic to me about the article in the papers I said it brings a lot of discredit to both the APPVA and DVA in stating the incorrect.

Regards

Allan Thomas

From: Orme, Craig
Sent: Monday, 6 February 2017 11:33 AM
To: 'Allan Thomas'
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Allan,
I understand your position and be assured I have no doubt that you did not make the statement. It continues to challenge us that what is reported is often inaccurate at best and misleading at worst. That's why it is important to us and to me that where the reporting is blatantly wrong then we take the effort to correct the record. I appreciate your support in this.
Thanks
Craig

From: Allan Thomas
Sent: Monday, 6 February 2017 11:20 AM
To: Orme, Craig
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

I had a call from Ruth Lambert on Sunday and she asked me a few questions about the 2 individuals, as I stated to Ruth Lambert that the association relies heavily on BEST Funding to assist in supporting the needs of advocates within the association in providing support to the wider veterans' community.

I mentioned to Ruth Lambert that the association has not funded and will not fund such activities of the two individuals as this was not approved by state or the national committee. In regards to what Ruth Lambert put out in the papers after our email conversation I had spoken to both State President's about non-authorisations of travel in particular the two individuals in question and stated that under no circumstances where they to be funded, I had spoken to the two presidents and they asked why I was

asking these questions, I advised them that I was trying to be transparent with the DVA and that I had an email conversation with you. At no stage when Ruth Lambert contacted me did I make any accusations of the DVA or you making any comments or asking about funding of the two individuals. I have tried contacting Ruth Lambert to right the wrong as she is fabricating or trying to discredit me and you by placing that sort of statement in the papers. I will continue to ring her in hope that she corrects and not misleads the general public in painting a picture that is not correct, my apologies for any inconvenience this has caused as this is not from me the statements made.

Regards

Allan Thomas
National President of the APPVA
From: Orme, Craig
Sent: Monday, 6 February 2017 10:50 AM
To: 'Allan Thomas'
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Allan,
Thanks – I understand your position and look forward to assisting you to achieve your Association's aims.

You may not have seen it but you are quoted in this morning's Melbourne Herald Sun as follows: "APPVA president Allan Thomas confirmed Mr Orme had contacted him via email, asking about the funding." The headline for the article reads "Vets suicide fury – Senate Inquiry witnesses cry foul over department's actions". The article also says "Mr Thomson said the DVA's Repatriation Commissioner deputy president Craig Orme had "demanded to know who was paying for the trip."

Can I ask that you take action to correct the record? As you know, I have not asked about the funding of the two witnesses, yet this article is based on the erroneous information that I queried the funding. This has caused great damage to the Department and my reputation and the way I assume the journalist has misquoted you has led to this incorrect story.

Again, notwithstanding all of that we look forward to working with the APPVA.

Cheers
Craig

Craig Orme DSC AM CSC
Deputy President |Repatriation Commission
Australian Government Department of Veterans' Affairs

From: Allan Thomas
Sent: Monday, 6 February 2017 9:04 AM

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To: Orme, Craig
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Craig, thank you for your email I was not aware that this was taking place nor am I aware that the association was funding any such activity to Canberra without the approval from State or the National Executives. Given the heightened activity within the association with the stepping down of two key personnel who have been around for some time I have to reassure those in executive positions that this is a positive step in the right direction. This will all be explained in our up and coming QGM on the 7 February 2017 via telephone linkup.

I will be looking at addressing and instilling some Protocols for and when using the association name or logo on social media. I will be advising State Presidents of this and to be vigilant in this area as to not bring any disrepute onto the association and its members or any other organisation.

I look forward to establishing ongoing consultations with the Commission and DVA in 2017.

Regards

Allan Thomas

Allan Thomas **JP**
National President
Australian Peacekeeper & Peacemaker Veterans' Association Inc.

From: Orme, Craig
Sent: Friday, 3 February 2017 2:19 PM
To: 'Allan Thomas' Lewis, Simon Kelly, Mark
Subject: RE: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED] [SEC=UNCLASSIFIED]

Allan,

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Thanks for your email and for the information you provided concerning Executive positions in APPVA. We appreciate your frankness and candour and also the opportunity for us to meet to chart the way ahead. I can assure you that DVA is firmly focussed on supporting our Veterans and their families, while also recognising the very important role played by Ex Service Organisations such as yours. We see our aims to be very similar and strongly encourage our mutual endeavours to be complementary. We also appreciate the challenges faced in realms of social media, where it seems anyone can say what they like regardless of its veracity.

We also look forward to meeting with you and Paul Copeland in the near future. While I would like to focus on the positives, I must say that I was a little surprised today when I saw that the two former members of your executive you mentioned were listed on the program of the Senate Inquiry for Monday here in Canberra as representing the APPVA. I am not sure whether you were aware of that. However, that aside I am confident that we can work together as you have outlined and we look forward to a productive relationship.

Cheers
Craig

Craig Orme DSC AM CSC
Deputy President |Repatriation Commission
Australian Government Department of Veterans' Affairs

From: Allan Thomas
Sent: Thursday, 2 February 2017 8:11 AM
To: Lewis, Simon Kelly, Mark Orme, Craig

Subject: Removal of Michael Quinn and Rod Thompson from Executive Positions within the APPVA [TO BE CLASSIFIED]

Good morning gentlemen, Happy New Year to you all. As the National President of the APPVA it is my duty to inform you that in light of recent events that have taken place between the DVA and APPVA I have had to remove Michael Quinn from his duties as the National Vice President of the APPVA and also his position within Victoria as the President of the Victorian APPVA. I have also informed Mr Rod Thompson that his duties as the National Entitlements Officer has ceased this happened prior to the Christmas period. Both executive members have been relieved of their appointments as not to cause any further concerns within the association and this will be confirmed at our National QGM on the 7 February 2017 by me the National President. The removal of Mr Quinn and Mr Thompson will remain in force pending the outcome of the investigations and of the letters received by both members from DVA.

I must remind you that both Mr Quinn and Mr Thompson are now ordinary members only of the association within their respective states. Mr Copeland and I will be visiting Canberra in the near future

and would like to discuss the best way forward for the DVA and APPVA in light of recent setbacks between the organisations.

I must inform you all that I have no authority and never have over social media, members of the association act on their own accord when putting articles on the various social media sites. Mr Quinn and Mr Thompson are members of the RSL and various other organisations within their respective states and if they seem to be doing any unjust to the APPVA they are also doing unjust to the RSL and those other organisations, the only thing I am able to do is ignore the comments made on social media sites.

Thank you for your time, I am trying to be as transparent as possible with DVA given the events that have taken place in 2016, I can only look forward from here on in. I will liaise with your secretaries regarding a meeting hopefully in Mid-March 2017.

Regards

Allan Thomas

Allan Thomas **JP**
National President
Australian Peacekeeper & Peacemaker Veterans' Association Inc.

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Topic: Advice from ESO to the Secretary
(Hansard, p53)

The Chair asked:

CHAIR: Mr Lewis, just a query: is it normal for organisations to advise you of change in their membership or executive?
Mr Lewis: It is quite common. I have received several from the RSL just in recent times.
Senator Lambie: That is the RSL. Maybe you can table that evidence. Can you supply that evidence for the last two years on what you have just said, Mr Lewis. That would be wonderful. Can you take that on notice? Thank you.

Answer

The Department of Veterans' Affairs regularly receives advice from ex-service organisations regarding change of membership. This information is received in a variety of ways, including through emails, phone calls and letters.

Below is a sample of correspondence received by the Secretary of the Department of Veterans' Affairs over the last two years regarding membership and other ex-service organisational changes.

Date of correspondence	Name or Organisation	Subject matter
15 April 2015	The Returned and Services League of Australia (Tasmania Branch) Inc	Request to update records regarding Tasmanian State President
25 June 2015	Vietnam Veterans' Federation	New VVFA Leadership Team
26 February 2016	Legacy	Key developments, including appointment of new National Chairman
30 May 2016	Vietnam Veterans' Association of Australia	End of agreement and withdrawal from MOU with another ex-service organisation
8 June 2016	Returned and Services League of Australia	Change of National President
13 July 2016	Soldier On	Changes within the organisation
14 January 2017	The Naval Association of Australia	Retirement of National President and introduction of successor
25 January 2017	Returned and Services League of Australia	New RSL National Senior Advocate (Government Relations)
2 February 2017	Soldier On	Introduction of new Activities Officer
2 February 2017	Australian Peacekeeper and Peacemaker Veterans' Association Inc.	Advice regarding removal of officeholders

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Topic: Processing of Claims
(Hansard, p 56)

Senator KAKOSCHKE-MOORE asked:

How many claims to DVA, once submitted, have been withdrawn by the applicant? We have heard evidence that for some people it is all too hard and they just give up and say, 'You know what? I can't do this anymore.'

Answer

In 2015-16, there were 23,397 liability claims lodged under *the Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation Act 1988* and the *Military Rehabilitation and Compensation Act 2004*. Of these claims, 166 (0.7 per cent) were withdrawn at the request of the client. The Department is unable to provide details of the reasons clients choose to withdraw claims as our systems do not record this level of detail.

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Topic: Processing of Claims
(Hansard, p 57)

Senator Senator KAKOSCHKE-MOORE asked:

How long is DVA's oldest unresolved claim?

Answer

As at 6 February 2017, the oldest liability claim was 536 days old. The delay in finalising this claim was due to the time taken to obtain medical evidence from the applicant's treating general practitioner and treating specialist. This claim has subsequently been finalised.

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Topic: Processing of Claims
(Hansard, p 57)

Senator KAKOSCHKE-MOORE asked:

We have also heard from witnesses that the turnover of DVA staff, particularly claims delegates, seems to be quite high. Do you have any information for us on retention rates?

Answer

In 2015-16, the retention rate for APS 5 claims delegates in the Rehabilitation and Compensation group was approximately 93 per cent. The reasons for staff separating during the financial year were; retirement, transfer or promotion within the Australian Public Service, resignation or end of employment contract.

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Topic: Requirement for Specialists' Medical Reports
(Hansard, p58)

Senator KAKOSCHKE-MOORE: asked:

"Senator KAKOSCHKE-MOORE: So a psychologist would not be considered a specialist?
Ms Foreman: That is right, for treatment.
Senator KAKOSCHKE-MOORE: Is that something that you would be prepared to review based on the evidence that we have heard that the time it takes for clients to access psychiatrists and then get the reports is slowing down the process?
Ms Foreman: Senator that is something we could consider. There are a wide array of psychologists, as you know, but I think the commissions are always open to suggestions, if there are other ways of doing things.
Senator KAKOSCHKE-MOORE: Can I put that as a request that you do look at it?
Mr Lewis: Certainly.

Answer

It is a longstanding practice of the Department of Veterans' Affairs (DVA) to seek opinions from medical specialists in the case of claims for liability. For claims relating to liability for mental-health conditions, this would mean that DVA requires an opinion from a psychiatrist.

DVA has amended the diagnostic requirements for claims for mental-health conditions under the Non-Liability Health Care arrangements and now accepts diagnoses from clinical psychologists and general practitioners, as well as from psychiatrists.

DVA will review its current practices and provide advice to the Repatriation and Military and Rehabilitation Commissions (which have policy responsibility for DVA-administered legislation). DVA will need to consult with relevant professional bodies as part of this work.

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Topic: DVA to respond to evidence to the Inquiry that DVA fees for psychiatry and psychology services are resulting in providers from withdrawing from treating DVA patients.
(Hansard, p 61-62)

The Chair, Senator GALLACHER/ Senator LAMBIE asked:

CHAIR: What do you say to the proposition that your schedule of fees means veterans are not being treated? That is what was put to us by psychiatrists and psychologists.
Mr Lewis: On occasion we can have a prior approval process, so we do actually pay, on occasion, above our schedule rates.
Senator LAMBIE: On occasion?
Mr Lewis: Yes, we do.
Senator LAMBIE: Could you show us the numbers to that please. Could you provide the numbers.
CHAIR: Mr Lewis, you would be privy to the evidence that was given to us about the various rates.
...
CHAIR: All I am saying is: evidence was given by professional people that the schedule fee paid by Veterans' Affairs could be detrimental to veterans' health. I would just like that answered. I would like someone in your department to review that evidence and rebut it or put your position—in writing please.

Answer

The Department of Veterans' Affairs (DVA) acknowledges the anecdotal evidence provided to the Committee about psychiatrists and psychologists not accepting DVA arrangements or withdrawing from these. While DVA has data about payments for health services provided to DVA clients, it is not possible to discern trends from the data about the extent of provider participation in DVA arrangements.

Defence arrangements

Defence provides holistic health services to ADF personnel in order to maximise operational capability and care for those who are wounded, injured or ill. In the non-deployed environment it does this through its garrison health system. On base health services provided within the system are delivered by a mixed workforce of ADF, APS and contractors, inclusive of mental health professionals. The on-base contractor health workforce is provided under the contract with Medibank Health Solutions, which also provides off-base specialist and allied health services, pathology, imaging and radiology, and an after hours nurse triage service.

On-base contractors are paid at an hourly rate under the contract with rates varying depending on the region where the service is delivered, Defence does not have visibility of the fee paid by Medibank Health Solutions to individual off-base psychologists or psychiatrists under the health services arrangement, as fees are set by Medibank Health Solutions independent of the Defence contract. As a result it is not possible to directly compare Defence fees with those of DVA.

DVA fees for psychiatry and psychology services

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DVA health card arrangements are designed to allow the funding and delivery of services through a nationally consistent framework to meet the needs of DVA clients across the country.

DVA arrangements for medical services, including psychiatry are aligned to Medicare; although DVA fees are set at a higher rate than comparable Medicare fees.

DVA psychiatry consultations are paid at 135 percent of the equivalent Medicare fee, with a psychiatrist consultation of between 45 minutes and 75 minutes currently $247.95 under DVA and rebated under Medicare at $156.15 (which is 85 per cent of the Medicare fee).

In 2010 when DVA introduced individual fee schedules for each allied mental health profession, the fees reflected the MBS-equivalent time based items and were paid at 100% of the MBS rate, as part of a package negotiated with the relevant provider associations at the time.

Under current DVA arrangements for clinical psychology, a consultation lasting 50 minutes or more attracts a fee of $148.95 where the equivalent is rebated under Medicare for $124.50 (which is 85 percent of the Medicare fee of $146.45). The indexation of the DVA fees has been paused since November 2014, with the pause to continue until 30 June 2018.

DVA clients do not need to seek reimbursement or incur an out-of-pocket expense when services are provided by a psychologist participating in DVA arrangements, nor are the number of consultations available to DVA clients capped. In contrast, a Medicare patient receives a maximum benefit for a consultation of the same length, with any potential charges in excess of the Medicare benefit being the responsibility of the patient, and with an annual service cap. In addition DVA funds a broader range of services than those available under the MBS, such as trauma therapy and cognitive assessments.

In the event that a practitioner may not accept DVA fees or there are no providers, DVA provides assistance in identifying another suitable practitioner, providing transport assistance, or considering a provider's request to fund services above DVA fees. An 'above fee' request is determined on the basis of clinical need, and includes consideration of the patient's ability to reasonably access another suitable practitioner.

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Topic: Non-liability health care
(Hansard, p63-64)

Senator BACK asked:

My final question relates to the recent announcements with regard to the non-liability health care... Is there any feedback yet in terms of the benefit, if at all, of that expansion to include the wider group? ... Are you able to tell us what those numbers are, and can they translate into dollars of expenditure?
Mr Brown: We have numbers here for calendar years. In the 2016 calendar year for non-liability health care for mental health conditions, we had 8,049 successful claims, which was a 55 per cent increase on last calendar year.
Senator BACK: Bearing in mind that this expansion was for six months of 2016, we can take it that there has been a focus—
Mr Lewis: There definitely would have been, but I think we can give you a precise number. We just might need to take it on notice from 1 July.

Answer

In the six months following the implementation of the Budget measure expanding eligibility for non-liability health care, from 1 July 2016 to 31 December 2016, a total of 4,946 applications for non-liability health care were accepted. This is a 59% increase on the 3,103 applications approved in the previous six months (1 January 2016 to 30 June 2016).

It is not possible to accurately determine the expenditure this represents, as it is not tracked separately from DVA's general health programs.

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Topic: Suicide Prevention Trial Site for Townsville
(Hansard, p 64)

Senator LAMIBIE asked:

Last year there was an initiative by the PM, who announced a suicide prevention trial site for Townsville. That was over six months ago. He did that two days before a story called 'Saving our sons' came out and opened right up what is going on under Veterans' Affairs. Could you please tell me why nothing has been done? There are no terms of reference for that trial and no funding has been allocated.

Ms Campion: Issues in relation to the funding being made available would really need to be directed to the health portfolio. But the trial will be being led by the North Queensland primary health network, which is funded through the health portfolio.
CHAIR: But the question you were asked was: 'Has it been funded and has it started?' and the answer is no, but you need to go back to health.
Mr Lewis: Chair, we will take it on notice. We will consult our colleagues in the health department and we will respond on notice on that.

Answer

This project is being led by the Department of Health, which has provided the following advice:

The trial being led by the North Queensland Primary Health Network (NQPHN) is one of 12 Primary Health Network trial sites which will focus on innovative and collaborative approaches to suicide prevention. Funding of up to $1 million per year, for three years, will be provided to the NQPHN through to June 2019, with $1 million in funding to be provided to the NQPHN in 2016-17. Following a roundtable discussion last December led by the former Minister for Health and Aged Care and the Minister for Veterans' Affairs, a Veterans Suicide Prevention Project Steering Committee was established consisting of representatives from the NQPHN and local ex-service organisations to commence initial planning and conduct further consultation activities. The Department of Health is working closely with the Steering Committee to develop next action items for the trial

Any further information regarding the trial sites should be sought from the Department of Health.

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Topic: Cost of contractor attending Senate Inquiry Hearings on behalf of Department
(Hansard, p 65)

Senator LAMBIE asked:

Senator LAMBIE: You have had a gentleman who apparently is being paid by DVA to show up at those inquiries; he has been a contractor or whatever. What is his sole purpose, please?

Mr Lewis: I think you are talking about Ian Kelly, a former DC of South Australia.

Senator LAMBIE: How much did you pay him, Mr Lewis?

Mr Lewis: It will be relatively modest, but I can take it on notice.

Answer

Mr Ian Kelly, a former Department of Veterans' Affairs (DVA) Deputy Commissioner South Australia, was engaged to support DVA in relation to the Senate Inquiry into Suicide by Veterans and Ex-serving Personnel. Mr Kelly has been paid $31,875 to date.

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Topic: Information access
(Hansard, pp 65-66)

Senator LAMBIE asked:

Ms Spiers: I sort of missed the first part of the question, but, if I can try to rephrase it, I think you are asking me: when they put in a section 59 or a section 331 request, why don't they get all the file?
Senator LAMBIE: Yes.
Ms Spiers: Those powers are not designed that way. I apologise for not having the wording in front of me, but it is something like, 'it is to do with a particular claim.' If they want information about a claim that has just concluded or is still in the pipeline somewhere, they get the information about that. If they want all of their information, they are welcome to use the Freedom of Information provisions. As I have said earlier to this committee, we get a number of those claims. I can assure you that we do not charge at all for claims for personal information from the individual. The Freedom of Information Act does not allow us to do that. We do get some requests for personal information from third parties, and we occasionally charge on those, but if a client wants to see their entire record, their entire file, they are welcome to do that under FOI. We can provide them with a copy or, if they want to come into the office to view their files, they are welcome to do that.
Senator LAMBIE: But it must be under an FOI, not those two numbers that I have just expounded to you.
Ms Spiers: Correct. They are not an open provision for their entire files; they are to do with specific claims. I am happy to table with the committee what the words are; I just did not bring them along with me today.
CHAIR: That is fine.

Answer

Section 59 of the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) and section 331 of the *Military Rehabilitation and Compensation Act 20014* (MRCA) require the Military Rehabilitation and Compensation Commission (MRCC) to provide to a claimant any document held by the Commission that relates to a claimant's current claim.

A current claim includes:

- a claim that is yet to be determined;
- a claim in which liability has been accepted but the extent of liability may require further determination; or
- a determined claim to which review /appeal rights remain available.

Where a person requesting documents has no current SRCA or MRCA claims, section 59 and section 331 do not apply. Documents are not provided under section 59 or section 331 where the documents are:

- not related to the claimant's claim;
- publicly available through other sources and can be easily purchased or otherwise obtained (in such cases, the claimant will be advised how he or she can obtain the publicly available information);
- documents that attract legal professional privilege;

- documents that contain information held about departmental investigations which is of its nature deliberative (i.e. opinions, advice and recommendations relating to the deliberative processes of the Department);
- documents relating to departmental investigations and other reports not directly related to a claim under the MRCA or SRCA, such as audit reports and reports to the Department's Executive regarding claims processing improvements; or
- documents that would otherwise be provided but contain medical or other information which, in the opinion of the MRCC, could cause harm to the claimant or another person if released.

Requests for information not related to a current claim or for information relating to claims under the *Veterans' Entitlements Act 1986* (VEA), will be processed under the *Freedom of Information Act 1982* as there is no equivalent provision in the VEA to sections 59 and 331.

The wording of the information access provisions in SRCA and MRCA are as follows:

Section 59 of *Safety, Rehabilitation and Compensation Act 1988* – Certain documents to be supplied on request

(1) A relevant authority shall:
  (a) on request by a claimant—give to the claimant any document held by the authority that relates to the claimant's claim; or
  (b) on request by the Commonwealth in respect of a claim affecting the Commonwealth or a Commonwealth authority—give to the Commonwealth any document held by the relevant authority that relates to the claim; or
  (c) on request by a licensed corporation in respect of a claim affecting the corporation—give to the corporation any document held by the relevant authority that relates to the claim.

(2) This section also applies in relation to the determination of a request under section 25 and for that purpose:
  (a) a reference to a claim shall be read as a reference to the request under that section; and
  (b) a reference to the claimant shall be read as a reference to the person who made the request.

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Section 331 *Military Rehabilitation and Compensation Act 2004* – Certain documents to be supplied on request

(1) Any of the following persons may request the Commission to give him or her any document held by the Commission that relates to the claim:
   (a) if the claim is made in respect of a member or former member—the member or former member's service chief;
   (b) if the claim is made in respect of a dependant of a deceased member—the deceased member's service chief;
   (c) in any case—a person who has made a claim under section 319.

(2) The Commission must comply with the request

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Written Questions

Topic: Identification of 'at risk' cohort
(Written Question on Notice)

Senator GALLACHER asked:

At the hearing on 6 February 2017, the committee heard that roughly 17 per cent of personnel leaving the ADF are medical discharges. What actions is DVA taking to track and assist personnel discharging from the ADF who are likely to be at high risk of suicide in later years? Does DVA have any programs to actively identify and engage with personnel leaving the ADF who are likely to have complex needs and requirements? For example, veterans likely to have difficult claims involving multiple legislative schemes or veterans being discharged with difficult to assess medical conditions?

Answer

Early Engagement Model

Defence and DVA continue working together to develop technical solutions to improve the way information is shared between the departments. In the past, ADF members were not known to DVA until they made a claim. To overcome this, an Early Engagement Model (EEM) has recently been implemented to ensure that DVA knows its clients as soon as they enlist in or leave the ADF.

The first stage of the EEM commenced in December 2016 with about 5,000 new and separating members being registered with DVA. All new and separating ADF members are now registered automatically with DVA regardless of whether they have made a claim. When a member needs DVA in the future, they will already be registered as a client.

Registration with DVA will also be used to establish a relationship with members and former members. DVA will utilise these relationships to ensure members are aware of the services and support DVA provides, which will likely reduce the time between a service-related event occurring and a claim being made.

As the EEM develops, automatic registration will expand to include other events, such as when a member renders service which attracts eligibility as Qualifying Service or is seriously wounded, injured or ill.

For clients who have not been registered under the EEM at this stage, DVA has implemented its Coordinated Client Support and DVA Reconnects initiatives to connect with and assist veterans in need of assistance.

Coordinated Client Support

A Government announcement in the 2015 Budget has allowed DVA to significantly increase its capability to support veterans, widows and dependents with complex and multiple needs through the expanded Coordinated Client Support (CCS) model.

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Following endorsement by DVA's Executive Management Board in June 2015, this support program was implemented on 8 February 2016, bringing together a number of existing state-based service models into one national program under management of a Senior Responsible Officer. The additional budget funding enabled the Department to undertake a national recruitment process, which more than doubled DVA's previous capacity to support clients with complex and multiple needs.

The CCS service model identifies three levels of support required to cater to the differing needs of our clients. CCS is responsible for the delivery of services at Level 2 and Level 3, where a higher level of service provision is required to support the client than what can normally be provided through DVA's general business processes, given the complexity of their circumstances. The service is delivered by skilled and experienced Coordinators, who work in a non-clinical capacity to support clients with navigating claims processes, accessing DVA benefits and services, and coordinating access to services across federal and state Government departments and community-based organisations. This can include facilitating access to advocacy support through Ex-Service Organisations, rehabilitation services, medical treatment including mental health services, financial supports, home assistance, and a range of other services.

The service provided by the CCS program can be described as:

- Level 3 – provides comprehensive support via a primary or single point of contact, and works with a range of stakeholders to assist the client to navigate the claims process where the client has minimal existing support and/or requires a high level of support and intervention to manage these processes.
- Level 2 - provides guided support, and is targeted at clients with complex needs assessed at a lower risk and with than those at Level 3, who require a moderate level of assistance in navigating access to benefits and entitlements.

The intent of both levels of support is to provide either short or long term intervention as required based on the client's individual needs, with a view to building capacity to transition to self-management. Once a client's identified needs have been met, they are transitioned to Level 1, for self-management within DVA's existing business processes.

DVA clients may access the CCS Program on referral through internal channels, the ADF and ex-service organizations/Nominated Representatives. Referrals are processed by a national Intake Team, who assess each individual referral by way of a telephone assessment with the client and/or their nominated representative.

Participation in the CCS program is voluntary, therefore the client must consent to participate prior to their acceptance into the service, except in the case of referrals made due to unreasonable behaviors.

In order to ensure clients requiring the service are identified for referral as soon as possible, the CCS Program:

- Maintains strong links with the ADF and the Australian Defence Force Rehabilitation Program (ADFRP) in order to encourage referrals for serving members who are separating from the ADF and who require additional support due to the complexity of their health needs, personal circumstances, and/or DVA entitlements. Links are maintained by participating in training, promotion of the CCS program within the ADF through on base presentations, and working closely alongside DVA On Base Advisory Service (OBAS) staff.

- Partners with Ex-Service Organisations (ESO) to identify clients requiring additional support through promotion and education by Departmental staff, and by DVA Deputy Commissioners at various stakeholder forums.

- Provides regular information and training sessions to DVA claim assessors, service delivery and OBAS staff in how to identify and refer clients to the CCS Program who may have complex needs and require support.

The national program has been successful in its implementation to date, receiving more than 800 referrals in 2016, and currently supporting more than 700 clients with complex needs at Levels 2 and 3. This includes a significant number of clients identified as requiring support through their separation from the ADF on medical or administrative grounds.

DVA Reconnects

In addition to the implementation of the CCS Program, the additional budget initiative allowed for the Department to undertake a national project to ensure re-engagement with a number of complex, high-risk client groups. This project work is also undertaken by the Coordinated Client Support (CCS) Program.

Aiming to reconnect with our clients through the provision of a complex and multiple needs assessment, the DVA Reconnects Project seeks to contact those Veterans aged 50 years and under who have rendered operational service in either the Iraq or Afghanistan theatres of operation, and who have one or more of the following conditions:

- Post-traumatic stress disorder
- Major depression/Dysthymic disorder
- Substance abuse
- Acquired and/or traumatic brain injury

Contact with these Veterans is occurring over a series of phases:

Phase I
Veterans aged between 40 - 50 years who've rendered operational service in IRAQ.
Phase II
Veterans aged between 40 – 50 years who have rendered operational service in Afghanistan.

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Phase III
Veterans aged between 20 – 40 years who have rendered operational in both IRAQ and Afghanistan.

Contact is made with each group of clients via letter, inviting them to contact DVA to make an appointment to discuss their case and under the complex and multiple needs assessment. These assessments provide an opportunity for the clients to ask questions or raise issues regarding their DVA entitlements or access to other services, and obtain information in regards to additional benefits or services they may be entitled to access. It also affords the Department opportunity to ensure those clients are aware of how to access essential services such as medical treatment and mental health services, and refer clients to access additional support where needed. Where this assessment identifies that a client requires additional support, they may be referred for acceptance into the CCS Program at Level 2 or Level 3, as appropriate.

Following on from the voluntary component of this project, clients who have not responded to the written invitation will be contacted by telephone to make an additional offer of an appointment, to ensure maximum opportunity for this service is afforded to all clients.

The DVA Reconnects Project has been met with overwhelmingly positive feedback from clients, who have reported the initiative has assisted them in better understanding the benefits and entitlements available to them, and has facilitated their access to additional supports where needed.

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Topic: Data Issues
(Written Question on Notice)

Senator GALLACHER asked:

A significant issue in relation to collection of suicide data and statistics relates to the identification of veterans and ex-service personnel. Has DVA completed any work on identifying veterans and ex-service personnel through other Commonwealth databases and card systems such as Medicare? Could veterans be identified through the additional of a small visual indicator on Medicare cards?

Answer

Identifying veteran and ex-service personnel

During the 2016 election campaign, the Government committed to require Commonwealth agencies to identify whether their clients are veterans and to make that information available to ex-service and other organisations that provide support for homeless veterans. The Minister for Veterans' Affairs has written to relevant Commonwealth Ministers (Health, Aged Care and Sport; Social Services; Human Services; Small Business; Education and Training; and Employment) to nominate officers to work with the Department of Veterans' Affairs (DVA) on the feasibility of developing a standardised military service history indicator to use in Commonwealth agency data collections. This work will commence shortly.

Issues in relation to the addition of a visual indicator on Medicare cards include a standard indicator to define a 'veteran' (which is being considered by the process outlined above). The implementation of such an initiative would involve the Department of Health and the Department of Human Services as the policy and operational owners of Medicare, and the Department of Defence for the purpose of identifying current and former serving members in accordance with privacy considerations.

In late 2014, DVA negotiated the inclusion of an ADF indicator to the My Health Record that allows an individual to self-identify as being a current/former member of the ADF. This allows treating clinicians to identify individual patients who may have needs arising from service or be entitled to DVA funded treatment or other DVA entitlements.

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Topic: Simplification of Legislation Schemes
(Written Question on Notice)

Senator GALLACHER asked:

A point frequently raised with the committee related to the complex, fragmented and confusing nature of the compensation legislation for veterans. This was viewed as an obstruction to legitimate claims by veterans, a troubling challenge for advocates and cause of waste and mismanagement in DVA. Many submitters advocated for a single simplified system. Has DVA completed any assessment of this approach to legislative reform since the Review of Military Compensation Arrangements? What are the policy justifications for maintaining multiple legislative schemes? What would be the practical challenges of developing a single, simple legislative scheme for veterans?

Answer

Chapter 8 (*Legislative Framework for Veterans' Entitlements*) of the Submission by the Department of Veterans' Affairs to the Senate Inquiry on Suicide by Veterans and Ex-Service Personnel, provides an account of the policy justifications for maintaining multiple legislative schemes and some of the challenges associated with developing a single legislative scheme.

The idea that there should be a single piece of veterans' affairs legislation has been thoroughly examined in a number of inquiries. The most recent of these was the Review of Military Compensation Arrangements (RMCA) which reported to Government in 2011. It was preceded by the Review of the Military Compensation Scheme (1999) and the Review of Veterans' Entitlements (2003).

The RMCA Steering Committee noted that the *Military Rehabilitation and Compensation Act 2004* (MRCA) was introduced to address the complexities created by the concurrent operation of the *Veterans' Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation Act 1988* (SRCA). However, as it is still possible for claims to be made under the VEA or SRCA for conditions arising from service before 1 July 2004, the operation of these three Acts continues to create complexity and confusion for some claimants, particularly for those who have coverage under more than one of these Acts. It is likely that this situation will remain for some time to come, because while MRCA claims will become the majority of claims received in the decades to come, claims under the VEA and SRCA will not be exhausted for many years.

After considering options for simplifying DVA's legislative framework, the RMCA Steering Committee concluded that consolidating entitlements into one Act would be extremely difficult and would require the resolution of several complex, sensitive and potentially controversial issues, including the fact that compensation entitlements under the three Acts are structured differently.

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As noted in DVA's submission to this Senate Inquiry, there are a number of other reasons why there is no simple, singular approach to address or fix the current legislative complexities including:

- there are accrued rights issues in changing entitlements once they have been accrued through periods of service;
- complex transitional arrangements would be needed to protect existing entitlements and ensure no detriment to individuals; and
- uniform compensation benefits could be seen as inconsistent with the nature of military service, and would imply, or could be interpreted to mean, that all military service is the same.

There are a number of reasons for maintaining multiple legislative schemes:

- other compensation jurisdictions have generally been based on the date of injury approach;
- embarking on the legislative amendments required to consolidate the Acts would be a considerable body of work requiring significant resourcing, extensive consultation with stakeholders over a long period of time;
- the consolidation of the VEA, SRCA and MRCA would result in some claimants being worse off and others better off. It would not be possible to achieve an equitable outcome for all stakeholders;
- there is the potential for people's accrued rights under a particular Act to be violated if a single legislative scheme were to be introduced; and
- any proposed changes would also require substantial consequential amendments to other Commonwealth, State and Territory legislation as well as transitional arrangements which are complex by nature.

DVA is committed to identifying opportunities to align and streamline its practices and procedures within the current legislative framework to make it simpler for DVA clients to understand what they are entitled to and how to claim. DVA also looks for appropriate opportunities to make legislative change to improve consistency of entitlements. For example, in recognition of the unique nature of ADF service, Government has tabled legislation to separate the compensation arrangements for Part XI (Defence) members from other Commonwealth employees with coverage under the SRCA.

The *Safety, Rehabilitation and Compensation Legislation Amendment (Defence Force) Bill 2016*, which was introduced to Parliament on 9 November 2016 will, if passed, re-enact the provisions of the SRCA for ADF members as the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA).

Not only will the DRCA separate the legislative framework for defence-related claims from civilians currently covered under the SRCA, it will give the Minister for Veterans' Affairs policy responsibility for all relevant compensation legislation for ADF members and veterans. Currently, the Minister for Employment has responsibility for the SRCA. Commencement of the DRCA will also enable the Minister and the Military Rehabilitation and Compensation Commission to consider possible changes to align the Act with the MRCA, which would not have been appropriate for civilians with coverage under the Act.

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Topic: Lump Sum Payments
(Written Question on Notice)

Senator GALLACHER asked:

A number of submitters have raised the appropriateness of lump sum payment options for younger veterans who may lack the financial knowledge or advice to make an informed decision about their long term future. Does DVA acknowledge this is an issue for veterans? What is DVA doing to ensure that younger veterans are making informed decisions regarding lump sum payments?

Answer

The Department of Veterans' Affairs provides for compensation up to a statutory limit (currently $2,549.31) to be paid for the cost of financial or legal advice in three separate circumstances.

A person who is assessed with 50 or more overall impairment points under the *Military Rehabilitation and Compensation Act 2004* is entitled to be reimbursed for financial or legal advice obtained in respect of the choice to convert periodic permanent impairment compensation into a whole or part lump sum. Similarly, a Wholly Dependent Partner eligible for compensation following the death of a member, is entitled to be reimbursed for the cost of obtaining financial or legal advice in respect of the choice to convert periodic payments into a whole or part lump sum.

Clients are advised in writing that DVA will reimburse the cost (up to the statutory limit) of obtaining advice designed to assist them in making the choice. This advice is provided in the letter of offer made to the client. Obtaining financial or legal advice in these circumstances is encouraged but not mandatory.

Where a person is chronically incapacitated and meets certain eligibility criteria, a person may be offered the choice to receive the Special Rate Disability Pension (SRDP) in lieu of ongoing incapacity payments. These persons are also offered compensation for the cost of obtaining financial or legal advice in respect of that choice. If the person wishes to choose SRDP, obtaining financial advice is mandatory.

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Topic: Overpayment and Underpayment Process
(Written Question on Notice)

Senator GALLACHER asked:

DVA overpayment and underpayment processes were identified as an additional stress for veterans, particularly where they had existing mental health issues. What processes do DVA use to ensure veterans are paid the correct amount? How does DVA ensure that data-matching with other agencies does not result in incorrect payments for veterans? Can DVA outline its policy in relation to the recovery of a claimed debt from a veteran? What options are there for the veterans to challenge a decision if the assessment of an overpayment is incorrect?

Answer

What processes do DVA use to ensure veterans are paid the correct amount?

The Department of Veterans' Affairs (DVA) uses a range of processes and strategies to ensure that clients are receiving their correct entitlements.

DVA has a client obligation strategy which involves the following key components:

- issuing all new income support pension clients with a *You and Your Pension* booklet. This booklet informs the clients of their rights, benefits and legal obligations that they have under the *Veterans' Entitlements Act 1986* and *the Social Security (Administration) Act 1999;*
- periodic letters are sent to income support recipients to remind them of their obligations. Clients who are on less than the maximum rate pension receive a letter every two years with their full obligations and income and asset listing. Clients who are on the maximum rate of pension are reminded of their full obligations every five years;
- additional information on client obligations in regard to specific circumstances or issues are outlined within the DVA Fact Sheets covering each of these topics. These Fact Sheets are available on the DVA website and from DVA offices; and
- the Department has an extensive Quality Assurance Program which monitors the quality and consistency of decisions and determinations made.

To complement these strategies, there are departmentally driven control activities in place which include departmental initiated reviews (e.g. enhanced compliance reviews, periodical payment or medical reviews), identity checking and data-matching programs with other Government agencies (e.g. death data matching).

How does DVA ensure that data-matching with other agencies does not result in incorrect payments for veterans?

Any discrepancies identified under the automated Data-matching Program are checked manually against a client's records to verify the identity and data have been matched correctly. Once the match has been verified and a discrepancy detected, a letter is sent to the client to request further information/documentation to determine the client's correct entitlement. The information provided by the client could result in them having an overpayment. The client is informed of the

outcome and invited to contact the Department if they disagree or have difficulties in repaying an overpayment.

Can DVA outline its policy in relation to the recovery of a claimed debt from a veteran?

DVA is legislatively bound to administer debts and overpayments across the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation Act 1988 and* the *Military Rehabilitation and Compensation Act 2004*. Departmental policies, Secretary Instructions and procedural manuals are available to support staff.

If clients are paid more than they are lawfully entitled to receive, those monies are recoverable debts. The majority of overpayments are for relatively small amounts and occur when clients do not meet their obligations to advise DVA of changes in their circumstances or, they no longer meet the specific eligibility requirements for a certain benefit. Changes in a client's circumstances can mean that they are entitled to either a higher or lower benefit. When an overpayment occurs, a repayment plan is developed based on the client's capacity to repay the debt.

Aged clients who experience large pension reductions and have no representative are contacted by telephone before receiving written advice from the Department. There are also guidelines for staff to follow for contacting clients with mental health conditions who have overpayments. Recovery is always within the client's capacity so they are not adversely affected. Clients are able to contact DVA if they have difficulties in repaying an overpayment.

While most overpayments are recovered, in certain circumstances some are waived or written off.

When an underpayment occurs, the client is advised in writing by the Department and the arrears are paid to the client's regular pension payment account, in a single lump sum.

What options are there for the veterans to challenge a decision if the assessment of an overpayment is incorrect?

If a client is dissatisfied with a decision about a claim, cancellation, suspension or termination of a pension, they can speak with the delegate who made the original decision. The contact details of the original delegate are usually shown on the letter which was sent to explain the decision.
If after discussing the case with the original delegate the client still believes the decision is wrong, they have the right to ask for an internal DVA review. If after the internal review the client is still dissatisfied with the DVA decision, they can request an external review by the Veterans' Review Board and/or the Administrative Appeals Tribunal.

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Topic: Delayed and Disjointed Assessments of Claims
(Written Question on Notice)

Senator GALLACHER asked:

Several submissions argued, and provided examples, that some claims were being processed by DVA in a disjointed or unsatisfactory manner. Problems included errors in communication (excluding advocates), inaccurate record keeping, duplicated processes, limited continuity of key personnel, a high turnover of staff and long delays in processing times. Some partly attributed problems to poor information management and different stages of claims processes being undertaken in different State offices. Can DVA elaborate on recent reforms that are being undertaken to address these issues and provide a quick, accurate and seamless service to veterans?

Answer

The Department of Veterans' Affairs (DVA) is transforming to put veterans at the centre of everything it does. To this end, the Government provided $24.8 million over two years in the 2016-17 Budget for DVA to develop a second pass business case for Veteran Centric Reform, which will simplify and streamline business processes and replace legacy ICT systems. The business case will be considered by the Government as part of the 2017-18 Budget process.

If funded and implemented, Veteran Centric Reform will result in:

- A simpler, better, digitally enhanced experience for DVA clients
- Successful transition from the ADF
- Improved mental and physical health and wellbeing for veterans and their families
- An ICT platform that mitigates risk and improves service delivery
- A sustainable funding model
- Transition to whole-of-government alignment

In the interim, DVA has commenced a two-year program, known as the Improving Processing Systems (IPS) Program, to redesign and redevelop key rehabilitation and compensation (R&C) systems. This program received $23.9 million through a new policy proposal that was funded in the 2016-17 Budget.

IPS is designed to improve the short-term capability and sustainability of critical ICT business applications that underpin compensation and rehabilitation processing systems, which have been assessed as having a high likelihood of catastrophic failure and are experiencing increasingly more frequent outages.

The program is being rolled out in four releases, the first of which occurred over the weekend of 26/27 November 2016. This release provided a stable, reliable and user-friendly system for R&C staff in the Registration, Incapacity Payments and Non Liability Health Care teams and included improvements to mail registration, new claims registration, incapacity claims and new and improved correspondence letters.

The remaining three releases will occur in May and November 2017 and May 2018 and will see improvements for the following areas: R&C Accounts, Permanent Impairment, Initial Liability,

Rehabilitation, Needs, Special Rate Disability Pension and Reporting and External Partner Data Exchange.

The program is also focusing on improving the underlying business processes which are impacted by the improvements to these ICT systems, which, over the course of the program, should improve claim processing times and reduce backlogs.

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Topic: Non-Liability Health Care
(Written Question on Notice)

Senator GALLACHER asked:

Many submitters have praised the recent extension of non-liability health care to veterans for some conditions. Is there scope for this reform to be extended further? How are the costs and savings associated with extending non-liability health care options for certain conditions and treatments assessed? How does DVA provide advice on whether conditions are more or less appropriate for a non-liability health care approach?

Answer

Further expansion of non-liability health care would need to be considered by Government in the Budget context. Financial modelling can be based on existing non-liability health care recipients and generally applied to extensions. Some costs will be partially offset with the Department of Health. Data on incidence rates and estimates of those with one or more additional mental health conditions co-occurring with an existing non liability health care mental health condition are also relevant when providing advice to Government on the costs associated with extending non-liability health care options for veterans.

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Topic: Medico-Legal Assessments
(Written Question on Notice)

Senator GALLACHER asked:

Many veterans who wrote to the committee were dissatisfied with the DVA medico-legal assessments of their claimed conditions, particularly where these assessments significantly differed from the assessments made by their own health practitioners. Others reported unnecessary assessments being required by DVA and multiple assessments imposing a burden on claimants.
• What are the thresholds/reasons for DVA to seek an independent medico-legal assessment?
• How are these health professionals selected by DVA? What is the structure of their remuneration?
• Are assessment sessions tailored to the claimed condition or are they standardised? For example, would the reports of these sessions take into account that a veteran may have a variable condition or a veteran may be reluctant to disclose the extent of a mental condition to an untrusted new health professional?
• Does DVA take into consideration, and seek to minimise, the burden on veterans where more than one assessment may be required to consider a claim?

Answer

What are the thresholds/reasons for DVA to seek an independent medico-legal assessment?

The DVA guidelines state that a report from a treating specialist is preferred. DVA may use external, non-treating medical practitioners (often a medico-legal firm) to seek an independent report in those cases where;

- the client does not have a treating specialist or, more rarely, where the delegate is dissatisfied with the treating doctor's response e.g. there is conflicting information;
- insufficient information is provided with the claim and it is necessary to ask the client to undergo a medical examination e.g. to determine the level of impairment, the deterioration and/or the permanency of the condition;
- the treating specialist cannot or will not provide the required information; or cannot provide it in a timely manner;
- a subsequent report still does not meet the diagnostic criteria;
- a report is deficient in some aspect and a report from a further medical professional is required for the purpose specified in the referral.

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How are these health professionals selected by DVA? What is the structure of their remuneration?

Medico legal companies are selected on a case by case basis, taking into consideration:

- the information required by DVA and the qualifications of the doctor;
- the quality of reports provided by the company;
- the geographic location;
- timeliness; and
- cost.

There is no schedule of fees or contract and payment is on a case by case basis, depending on the number and length of appointments/examinations and information required.

Are assessment sessions tailored to the claimed condition or are they standardised? For example, would the reports of these sessions take into account that a veteran may have a variable condition or a veteran may be reluctant to disclose the extent of a mental condition to an untrusted new health professional?

The information requested from a medico legal firm is tailored to the specific conditions being assessed in the report. DVA staff will utilise the in-house contracted medical advisers to:

- draft specific questions for the provider; and
- speak directly with the medical practitioner to ascertain further information and clarify reports.

If there is already a treating specialist, a report will be obtained from that specialist. A veteran will only be asked to disclose information to a new health professional where the information is unavailable from an existing specialist.

Does DVA take into consideration, and seek to minimise, the burden on veterans where more than one assessment may be required to consider a claim?

Yes, delegates will discuss appointments with the veteran to reduce the burden, and in some cases the appointment will cover whole body assessments to assess all the conditions claimed.

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Topic: Adversarial Approach of DVA to Claims and Legal Costs
(Written Question on Notice)

Senator GALLACHER asked:

The committee received evidence that some view DVA as having an aggressive, litigious and adversarial approach to claims by veterans, particularly in appeals and legal proceedings. What guidelines does DVA have in relation to appeals and legal actions? Is there a consideration of the impact on the veteran and the public interest before DVA challenges a decision made against it? Does DVA, or its lawyers, use the issue of legal costs to dissuade veterans from pursuing legal appeals regarding their entitlements?

Answer

The Attorney-General's *Legal Services Directions 2005*, incorporating the Commonwealth's obligation to act as a model litigant, provide standards and obligations which the Department of Veterans' Affairs (DVA) must comply with in the conduct of all litigation.

In the vast majority of cases appealed to the Administrative Appeals Tribunal (AAT), the Department (as the Military Rehabilitation and Compensation Commission or the Repatriation Commission) is the "Respondent" and responds to appeals initiated by the veteran. Where the AAT makes a decision that is unfavourable to the Department, DVA may initiate an appeal to the Federal Court on a point of law. Before any such appeal is lodged, DVA obtains external legal advice on the prospects of the appeal. DVA would only lodge such an appeal where the case involved a significant point of law or where there was no existing case law or conflicting case law and it would be desirable to have the point of law determined to provide certainty. In addition, any appeals initiated by DVA to the Federal Court must be considered and endorsed by the Repatriation Commission or the Military Rehabilitation and Compensation Commission.

DVA and its legal representatives do not use the issue of legal costs to dissuade veterans from pursuing appeals regarding their entitlements. Generally, before the AAT each party bears their own costs, although under section 67 of the *Safety, Rehabilitation and Compensation Act 1988* and section 357 of the *Military Rehabilitation and Compensation Act 2004*, the AAT may in specified circumstances order that the Commonwealth pay the costs of the veteran claimant. There is no scope under the *Veterans' Entitlements Act 1986* for the AAT to order the Commonwealth to pay the veteran's costs. However, it is noted that veterans may be able to access legal aid in the review of specified VEA decisions before the AAT without having to satisfy a means test.

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Topic: Statements of Principles
(Written Question on Notice)

Senator GALLACHER asked:

Can DVA/RMA respond to the criticism of the Statements of Principles (SoP) made in Mr Allan Anforth's submission (Submission 208) that they are unfair to veterans? If the SoP favours the veteran then the Commission can [rely] upon other evidence to contradict the SoP and deny the claim…[i]f the SoP does not favour the veteran then the veteran cannot rely on other evidence to support what may otherwise be a valid claim (p.9). Others have suggested that, while the SoPs promote consistency for those veterans with conditions that fit within them, they are a rigid approach which significantly disadvantages a group of veterans whose genuine claims fall narrowly outside the SoPs. This might be because scientific understanding of medical conditions is continuously being improved or an individual has a specific or uncommon health issue related to service. Has DVA considered amendments to promote more flexibility to ensure that this cohort of veterans is not disadvantaged by the SoP approach?

Answer

The Department of Veterans' Affairs (DVA) is not itself responsible for the making, maintenance and investigation of SoPs. Rather, the responsibility for this lies with the Repatriation Medical Authority (RMA). The RMA regularly reviews SoPs to ensure that they remain in keeping with the latest developments in medical science. Eligible veterans and members are entitled to request the RMA to review the contents of a SoP where they have information to support a contention that the SoP is not consistent with the latest medical science.

It is important not to confuse the consideration of whether a condition is related to service (which is decided on the basis of SoPs) with other findings of fact made in the determination of a claim, such as the particulars of a veteran's service. The Commission must apply SoPs and accordingly, it does not (and cannot) seek evidence which contradicts the relevant SoP in the circumstances of an individual case. Claims are decided on the basis of the totality of evidence available to the Commission, with the relationship of the claimed condition to the veteran's service being determined according to the relevant SoP.

DVA does not have any discretion in applying existing SoPs and must apply the factors strictly as they appear in the SoPs to claims made under the *Veterans' Entitlements Act 1986* and the *Military Rehabilitation and Compensation Act 2004*.

Any amendments to current legislation would be a matter for Government.

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Topic: Alternative Treatments
(Written Question on Notice)

Senator GALLACHER asked:

A number of veterans have highlighted the potential efficacy of alternative non-medical treatments for veterans who may be at high risk of suicide. These include yoga, meditation, assistance dogs and equine therapy. Does DVA do any work in assessing the efficacy of alternative treatments as beneficial to the specific needs of veterans? Should veterans and ex-service personnel be able to access appropriate non-clinical treatment options for mental health issues? How could alternative treatments be supported by DVA to assist veterans?

Answer

DVA funds treatment on the basis of a clear evidence base in consideration of a fundamental duty of care to our client group; to ensure that treatment is safe and clinically effective; that treatment represents a cost-effective expenditure of public money; and that funding of treatment is consistent with the broader approach across government and the health care system.

DVA relies on a range of mechanisms both internal and external to DVA and Government to ensure that treatment is supported by an evidence base. The Department monitors emerging technologies, therapies and research locally and internationally to ensure that evidence from clinical trials and research can be considered in the development of appropriate policy responses for the funding of treatment. In terms of medical and pharmaceutical services, DVA uses the regulatory, clinical and cost-effectiveness assessment processes administered by the Medical Services Advisory Committee, the Pharmaceutical Benefits Advisory Committee and the Therapeutic Goods Administration within the Health portfolio. For posttraumatic stress disorder (PTSD), treatment should be in accordance with the *2013 Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder* endorsed by the National Health and Medical Research Council.

Most 'alternative non-medical treatments' or alternative therapies do not presently have any reliable evidence-base to support the claimed clinical benefits. In recent years, DVA has received a range of requests to fund alternative therapies on the basis of claims that they constitute treatment of mental health conditions, particularly PTSD. These have included assistance dogs, art therapy, equine therapy, gardening, trekking and bush retreats. All general requests of this nature are declined due to the absence of a reliable evidence base.

DVA recognises that there are many activities which, while they do not constitute evidence-based treatment, may nevertheless be a helpful adjunct to treatment with benefits for a person's wellbeing. In instances where a wellbeing activity may be used to maintain and improve the independence and quality of life of members of the veteran community, a Veteran and Community Grant may be available to support an organisation to undertake the activity. These Grants are not available for activities that have a specific medical focus.

In addition to treatment, DVA provides rehabilitation programs which can support a range of activities appropriate to a veteran's needs and can be requested in order to achieve an agreed rehabilitation goal. Activities are time limited, focused on overcoming barriers to the person's

recovery, wellness and rehabilitation, and specifically linked to rehabilitation goals agreed with the veteran at the outset of the process. These may be psychosocial activities, which aim to improve life management skills, health self-management skills, social connectedness and meaningful engagement with family and the broader community. A rehabilitation program therefore may include, for example, short term yoga or meditation courses, illness-self management programs, or community/adult education courses such as music, art, or photography.

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Topic: Statements of Principles
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

Further to question 15 - Unresolved Claims What is DVA's oldest unresolved claim under each of the following;
a) Veterans' Entitlements Act 1986 (VEA); and
b) Military Rehabilitation and Compensation Act 2004 (MRCA); and
c) The Safety, Rehabilitation and Compensation Act 1988 (SRCA).

Answer

a) As at 6 February 2017, the oldest liability claim under the VEA was 440 days old. The delay in finalising this claim was due to the time taken to obtain medical evidence, from the applicant's treating general practitioner and treating psychiatrist, for the multiple conditions claimed across all three Acts. This claim has subsequently been finalised.

b) As at 6 February 2017, the oldest liability claim under the MRCA is 484 days old. This relates to a claim for compensation following death. The delay in finalising this claim is due to the Coroner's investigation not yet reaching a conclusion on the cause of death. This claim will be finalised once the Coroner's Court has made a decision on the cause of death.

c) As at 6 February 2017, the oldest liability claim under the SRCA was 536 days old. The delay in finalising this claim was due to the time taken to obtain medical evidence from the applicant's treating general practitioner and treating specialist. This claim has subsequently been finalised.

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Topic: Funding for Assistance Dogs
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

Has DVA approved funding in relation to assistance dogs, and if so under which program or policy? If so, will DVA now continue to approve funding for assistance dogs?
If funding is available for assistance dogs, what process must a veteran go through to be able to access this funding?

Answer

DVA classifies assistance dogs as follows:

- Service dogs, which includes guide and hearing dogs, and which are highly trained to assist people with mobility and sensory impairments and to support individuals with specific medical conditions to manage their activities of daily living. Service dogs can be trained to perform a variety of tasks such as retrieving items, activating switches, opening and closing doors.

- Companion dogs, which are generally less skilled and are provided with the primary intent of providing companionship and emotional and physical support in the person's home environment.

DVA provides funding for service dogs where the client meets the criteria for eligibility and clinical need and where a service dog is considered the most cost effective and clinically appropriate option. To be eligible for the provision of a service dog an entitled person must hold a DVA Health Card—For All Conditions (Gold Card) or a DVA Health Card—For Specific Conditions (White Card) and have an assessed clinical need due to a war-caused injury/accepted disability. A request for a service dog must relate to mobility or sensory impairment.

To access funding for a service dog, veterans must apply in writing to DVA. An occupational therapist will then undertake an assessment (in consultation with an Assistance Dogs International accredited organisation or association) which is then considered by DVA.

DVA does not fund companion dogs, such as for the treatment for mental health conditions, due to the lack of research based evidence. Overseas studies into the effectiveness of companion dogs in helping people with mental health conditions, including one by the US Department of Veterans' Affairs, may assist in addressing this evidence gap. DVA is closely monitoring the progress of the US study, which is due for completion in 2018.

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Topic: Research into Mental Health
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

Since 2009 there have been a number of reports and studies, which have undertaken research into mental health, as relevant to the Department of Veterans Affairs.
These include:
- Australian Institute of Health and Welfare - Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014
- University of Adelaide conducted, 2010 ADF Mental Health Prevalence and Wellbeing Study
- Griffith University - Review of the Australian Defence Force Suicide Prevention Program, released 2011
- Literature review, Suicidal behaviour and ideation among military personnel: Australian and international trends, released 2016
- Transition and Wellbeing Research Programme

Who within the Department of Veterans Affairs is tasked with receiving this research, and undertaking the analysis of the documents to identify trends and inform policy?
Does this fall to a particular office or is it a Department –wide project?

Answer

DVA's Health and Community Services Division manages and coordinates DVA's research program. Under DVA's strategic research model, best practice research is commissioned into the health and wellbeing needs of Australia's veterans and their families.
Generally analysis of research and related policy development is undertaken by the relevant business area within DVA.

In relation to the specific studies listed above, the following studies were commissioned and solely funded by DVA:

- *Australian Institute of Health and Welfare Incidence of Suicide Among Serving and Ex-Serving Australian Defence Force Personnel 2001-2014*
- *Literature Review, Suicidal Behaviour and Ideation among Military Personnel: Australian and international trends*

The following studies were commissioned and managed by the Department of Defence (Defence):

- *2010 ADF Mental Health Prevalence and Wellbeing Study*
- *Review of the Australian Defence Force Suicide Prevention Program.*

The *Transition and Wellbeing Research Programme* is a joint project between DVA and Defence, and is managed by DVA's Health and Community Services Division supported by a project team drawn from across DVA and Defence. Relevant business areas across DVA and Defence will consider the reports delivered under this program of research.

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Topic: Research in Mental Health
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

In light of this history of extensive evidence gathering, does the Department of Veterans Affairs have a long term strategy regarding research into mental illness?

Answer

DVA's strategy for research into mental health is guided by DVA's Corporate Plan 2016-2020 and by the *Veteran Mental Health Strategy (A Ten Year Framework) 2013-2023.*

The Corporate Plan sets out DVA's commitment to better understanding the health needs of veterans through a continued focus on research over the next four years and beyond, especially in relation to rehabilitation and mental health, with a strong emphasis on early intervention to improve clients' prospects of recovery.

This priority is also reflected in the *Veteran Mental Health Strategy (A Ten Year Framework) 2013-2023*. Under this Strategy, Strategic Objective 6 is "Build the Evidence Base". As a significant purchaser of mental health services, DVA needs a strong evidence base for best practice veteran mental health services, treatments and interventions. This includes:

- Investing in systems and knowledge to store and use Departmental data holdings;
- Aligning research priorities to improve knowledge of veteran and ex-service related mental and social health (including incidence and prevalence of mental health conditions in particular veteran populations, and effective interventions); and
- Evaluating programs and policies to continuously improve mental health outcomes.

Under the Strategy, DVA is committed to sponsoring mental health research that capitalises on existing data and develops an evidence base for the mental health and wellbeing of the veteran and ex-service community.

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Topic: Veteran Health and Medical Research
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

Does the Department have a long term strategy regarding research?

Answer

Yes. The Department of Veterans' Affairs' (DVA) strategic research model has been in place since 2013. Under this model, the Applied Research Program (ARP) is the central mechanism to commission best practice research into the health and wellbeing needs of Australia's veterans and their families. The ARP comprises four research domains:

- *Longitudinal Studies* – to follow cohorts of individuals over time to identify gaps in services and trends in needs to assist DVA to be responsive to all client groups.
- *Data Analysis and Modelling* – assists DVA to understand and forecast trends and patterns such as health service needs in client populations.
- *Families* – focuses on the physical, mental and social wellbeing of the families of veterans and former ex-serving members.
- *Interventions* – assists DVA to investigate models of care, determine best practice and/or measure the effectiveness of interventions to ensure evidence based treatment is provided.

Research needs are driven by DVA business priorities with input from key stakeholders such as the Department of Defence, as well as the broader research community.

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Topic: Incidence of Suicide among Serving and Ex-Serving Defence Personnel Study
(Written Question on Notice)

Senator KAKOSCHKE-MOORE asked:

As noted on page 8 of the Department of Defence's submission, Defence and DVA have commissioned the Australian Institute of Health and Welfare to undertake research into suicide by ex-service members. Once this report has been released,
c) who is responsible for receiving these results; and
d) is there a co-ordinating project team between DVA and Defence who will take these results and develop strategies to inform future policies and procedures?

Answer

The Australian Institute of Health and Welfare (AIHW) is responsible for publishing the results of the study into *Incidence of Suicide among Serving and Ex-serving Defence Personnel*. While the study has been commissioned by the Department of Veterans' Affairs (DVA), DVA and the Department of Defence have worked closely to progress the research. The detailed final report, due to be published by the AIHW in September 2017, will be provided to government and considered together with the findings from other activities such as this Inquiry and the National Mental Health Commission *Review of services available to veterans and members of the Australian Defence Force (ADF),* in determining future actions to strengthen efforts to prevent suicide and self-harm amongst current and former serving members of the ADF.

The coordinating point for both departments for interpretation of the results of the report and the development of strategies for future policy and practice is the Defence Links Steering Committee (DLSC). The DLSC is co-chaired by the Deputy President of the Repatriation Commission (DVA) and the Deputy Secretary Defence People (Defence). DVA membership of the DLSC comprises the Chief Operating Officer, Deputy President, Repatriation Commissioner, First Assistant Secretary of Health and Community Services and the Principal Medical Adviser. Defence membership comprises the Deputy President of Defence People Group, Head of People Capability and Commander of Joint Health Command.