

ANSWERS TO QUESTIONS ON NOTICE FROM SENATOR
RACHEL STEWART BY MR. GUY BOWERING.

① - MY UNDERSTANDING IS THAT DVA AND SA HEALTH
NEGOTIATE ON THE BILLING. (INFORMATION FROM PROF.
MALCOLM BATTERSBY, WHO WAS THE CHAIR OF THE "MODEL
OF CARE" GROUP.)
BILLING AVERAGE TO DVA IS APPROX \$1200 PER DAY/PATIENT.
- HEALTH PROFESSIONALS ARE AWARE OF THE SPECIALISED
SERVICE OFFERED BY WARD 17, REPATRIATION GENERAL
HOSPITAL, AND ARE QUICK TO OFFER IT TO VETERANS/
SERVING ADF MEMBERS.
VVCS ALSO HIGHLY RECOMMENDS WARD 17 RGH AS
THE PLACE TO TREAT MILITARY INDUCED PSYCHOLOGICAL PROBLEMS.
CLIENTS (VETERANS) OVERWHELMINGLY CHOOSE WARD 17
FOR TREATMENT.

② WHILE SERVING ADF MEMBERS ARE ALSO TREATED AT
WARD 17 RGH, I AM UNAWARE OF THE BILLING ARRANGEMENT
BETWEEN THE ADF AND THE STATE.

③ YES. REPATRIATION GENERAL HOSPITAL, WARD 17, IS THE
ONLY SPECIALISED PTSD TREATMENT CENTRE IN THE STATE.

④ - IT WOULD BE DIFFICULT TO JUSTIFY TWO CENTRES.
THE CURRENT WARD HAS 24 BEDS. THESE ARE ALWAYS
FILLED, MOST OFTEN WITH A SHORT WAITING LIST.

- WITH THE PROPOSED CLOSURE, THERE WOULD BE NO
OPPORTUNITY WITHIN THE STATE TO TEST IF THE
COMMONWEALTH WAS GETTING A BETTER SERVICE.

⑤ - MY HEALTH PROFESSIONALS IDENTIFIED THAT I HAD
A NEED FOR PTSD TREATMENT. I WAS GIVEN THE
OPTION OF A NORMAL PSYCH HOSPITAL, OR THE SPECIALISED
UNIT AT WARD 17 RGH. IT WAS RECOMMENDED THAT
WARD 17 WAS "THE WAY TO GO" AS PTSD TREATMENT
WAS ITS SPECIALTY. ~~WITH OTHER SERVING ADF AND VETERANS
ON THE WARD~~, I BRIEFLY VISITED THE WARD PRIOR TO
ADMISSION, AND NOTED THE FEELING OF COMRADERIE
AMONGST PATIENTS AND STAFF - REDUCING THE LEVEL OF
STIGMA IN ACCEPTING TREATMENT AT THE SITE.

⑥ - I HAVE HEARD THESE CLAIMS, AND THEY ARE UNTRUE.
AS A "CONTEMPORARY VETERAN" MYSELF, AND IN CONTACT
WITH MANY IN THAT COMMUNITY, I HAVE ONLY HEARD
POSITIVE FEEDBACK, WITH MANY WISHING THAT THEY'D
HEARD ABOUT THE SERVICES SOONER

⑦ - THE MAJORITY OF CONTEMPORARY VETERANS SEE THE MOVE TO THE GLENSIDE MENTAL HEALTH FACILITY AS A BACKWARD STEP, WITH MANY CHOOSING TO REFUSE TREATMENT AT THE SITE DUE TO THE STIGMA ATTACHED TO IT.

⑧ - THE MODEL OF CARE GROUP WAS GIVEN A CHOICE OF "ONE", SO IT WAS MORE A CASE OF LEGITIMISING A STATE GOVERNMENT DECISION.

THERE WAS ONE PRESENTATION GIVEN TO THE GROUP BY THE CEO OF RSL-SA, SPECIFICALLY ON HOW THEY SAW A ROLE IN THE "VETERAN'S HUB" AT THE GLENSIDE SITE.

HOWEVER, AT THE TIME THEY, ALONG WITH RSL-CARE, WERE GOING TO BE THE DEVELOPERS / OPERATORS OF THE RGH SITE. TO ME, IT APPEARED TO BE A CONFLICT OF INTEREST.

RSL-SA WAS THE ONLY VETERANS GROUP ENGAGED. (AS ABOVE)

- WE WERE TOLD NOT TO SPEAK OUTSIDE OF THE GROUP.

(9) - THE MODEL OF CARE DOCUMENT LISTED SOME ASPIRATIONAL WORDING ON THE CARE OF ABORIGINAL VETERANS.

- I ASKED IF THEY HAD SPOKEN TO ANY ABORIGINAL VETERANS. THEY HADN'T.

- I SAID "IF YOU ARE GOING TO MAKE DECISIONS ON THEIR CARE, YOU NEED TO SPEAK TO THEM."

THERE WERE ABORIGINAL VETERANS ON WARD 17 DURING THE GROUP SITTINGS, BUT NOBODY MET WITH THEM.

(10) - I AM SURE THAT STAFF WILL ATTEMPT TO PROVIDE THE SAME LEVEL OF CARE AT THE NEW SITE.

- THERE WILL BE FAR LESS SERVICES OFFERED. HIGHLIGHTED IN THE MODEL OF CARE GROUP, IS THE INABILITY TO TREAT PATIENT CO-MORBIDITIES ON SITE, AND WITHIN THE WARD, AS THE CURRENT MODEL OPERATING AT THE RGH IS ABLE TO DO. THE SERVICE FACILITIES AT THE NEW SITE ARE EITHER OF A LOWER STANDARD, OR NON-EXISTANT.