



Australian Government

**Australian Government Response to the
Foreign Affairs, Defence and Trade Committee
Report**

**Mental Health of Australian Defence Force
Members and Veterans**

September 2016

PREFACE

The Government welcomes the opportunity to provide a response to the Senate Inquiry Report on the mental health of Australian Defence Force (ADF) members and veterans, and acknowledges the useful work and recommendations of the Foreign Affairs, Defence and Trade Committee in conducting this Inquiry.

This Government Response sets out the Government's view on the 25 recommendations made in the Report, including the Minority Report recommendations, and also indicates how the Government intends to address the important task of supporting mental health of current and former ADF members.

Whilst the funding and operational arrangements vary between the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA), arrangements are in place across both agencies for current and former serving veterans to access mental health care when they need it. Through treatment and rehabilitation, Defence and DVA can assist individuals to recover, continue their service within the ADF or return to a meaningful and productive life in the broader Australian community with the recognition and support they deserve following service to their country.

Military service and mental health

As noted to the Committee, military service is a unique experience, both for the personnel who serve and their families who support them. Benefits of service include the protective mental health effects of identity, purpose and camaraderie. Military service also involves sometimes being put in harm's way in the course of duty, and the occupational risks of service can include hardship, stress or danger, whilst on operational deployment, in training environments, providing disaster and humanitarian support or during border protection tasks.

Just like all citizens, there are also the normal challenges of life like career changes, moving house, relationship breakdowns, grief and loss, and growing older that can impact upon mental health and wellbeing. For service personnel leaving the ADF, the transition into civilian life can also be a time of significant adjustment.

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

Our essential early intervention message for current and ex-serving ADF members is as follows: if you or your family or friends are worried about how you are coping or feeling, then seek help early. We know that the earlier people seek help, the better their prospects for earlier and more successful recovery. If the situation does start to become overwhelming, then seek help straight away. Both Defence and DVA offer comprehensive systems of support that can help you and your family.

This support is ready and available to provide help to those that require it, where and when it is needed, from both Defence and DVA. Should treatment need to be accessed, then both Defence and DVA have the services and funding to make sure it can be provided.

The Government also acknowledges that we need to continue seeking ways to improve our mental health response, in line with advancing knowledge and improved mental health responses.

Going forward

The Government has committed to increase Defence funding by \$29.9 billion over the next ten years and to deliver on the 2013 election commitment to return Defence spending to 2 per cent of gross domestic product within the decade. This includes support for ADF personnel by providing them with the advanced training, modern equipment and the health care that they deserve.

Tackling the mental health challenges for veterans and their families is also a pillar of the Government's plan for veterans' affairs. Most recently, this includes the Government commitments to fund \$6 million for the Phoenix Australia Institute and \$3.1 million for further extensions of access to the Veterans and Veterans Families Counselling Service.

The Phoenix Australia Institute will work collaboratively with experts to improve the quality of mental health care for Australia's veterans. It will achieve this by providing expert clinical advice to practitioners across Australia and by conducting cutting edge research into effective treatments and the mechanisms underlying recovery.

Access to the Veterans and Veterans Families Counselling Service (VVCS) will be further extended to include:

- family members of current and former ADF members who die by suicide or reported suicide
- siblings of ADF members killed in service related incidents
- Defence Force Abuse Taskforce complainants and their families
- adult children (over 26) of post-Vietnam War veterans.

These initiatives build on the measure in the 2016–17 Budget, to provide funding of \$46.4 million, to extend non-liability mental health care. This will expand eligibility for treatment for certain mental health conditions to all current and former permanent members of the ADF, irrespective of how long or when they served, or the type of service. Conditions covered by these arrangements are posttraumatic stress disorder (PTSD), anxiety disorder, depressive disorder, alcohol use disorder, and substance use disorder.

Suicide prevention for serving and former serving ADF members at risk and support to the families who have been affected by the tragedy of suicide remains a high priority for the Government. The Government's current suicide prevention strategy includes training to assist at-risk individuals, programs to build resilience, self-help and educational materials, a 24-hour support line, and access to clinical services. The Government is continuing to invest in initiatives to prevent suicide among current and former serving personnel and support those affected by it. As part of the 2016-17 Budget, funding of \$1 million has been provided to continue the suicide awareness and prevention workshops and to pilot an alternative approach to suicide prevention in the veteran community. This is in addition to the \$187 million a year that the Government already spends in relation to veteran mental health.

On 11 August 2016, the Government also announced that in North Queensland, the first Suicide Prevention Trial Site will be established. This will occur through the North Queensland Primary Health Network and the trial will focus on veterans' mental health. This will be one of 12 innovative, front-line trials in our fight against suicide which will improve

understanding of the challenges and work to develop best-practice services which we can be applied nationwide.

A Review of Self-harm and Suicide Prevention for Current and Former Serving ADF members

The Senate Committee Report has usefully highlighted some areas for attention by Government, and the Government welcomes the contribution of the Committee in many of the recommendations it has made. While the Committee Report has been able to cover some aspects of mental health for this population, the Government considers that given the complexity of the issues, more work is required to review the effectiveness of self-harm and suicide prevention in current and former serving ADF personnel. While the Senate Committee Report did cover some aspects of the issue of self-harm and suicide prevention, none of its recommendations directly addressed this topic.

The Government also recognises that some time has passed since Professor David Dunt's reports, the *Review of Mental Health Care in the ADF and Transition Through Discharge* and the *Independent Study into Suicide in the Ex-Service Community*, both delivered in early 2009. Since these reports, the Government has implemented a number of important initiatives to assist members and former members of the ADF who may be at risk of suicide and to help combat this serious problem and directly address suicide prevention in ADF personnel and veterans.

However, suicide prevention is an intensely complex policy area, and needs concerted and continued attention across all aspects of the mental health and social services system. While both Defence and DVA have implemented comprehensive suicide prevention strategies, our knowledge of this important issue is also continually being updated and improved. Over the past few decades, we have learnt much more about self-harm and suicide prevention. We also know that in Australian society just like other countries, we have been working towards addressing stigma around mental health problems and seeking help, including for concerns about self-harm and suicide.

The Government has asked the National Mental Health Commission to review the effectiveness of self-harm and suicide prevention strategies for current and former serving members of the ADF. The work of the Commission will provide further information and advice to Government to help focus future activity, so that current and former members of the ADF can receive the recognition and support they deserve following service to their country.

In terms of responding to the recommendations, the following responses have been used throughout this document.

Response	Definition
Agreed	The Government agrees to the recommendation
Agreed in principle	The Government agrees with the underlying principle of the recommendation but has outlined an alternate approach to what has been recommended
Partly agreed	The Government agrees with one part of the recommendation but not the remainder of the recommendation
Not agreed	The Government does not agree with the recommendation
Noted	The Government notes the intent of the recommendation

Recommendation 1

The committee recommends that Defence conduct annual screening for mental ill-health for all ADF members.

Government Response

Agreed in principle

The Government agrees with the principle of screening for mental ill-health for ADF members, but does not agree with screening being conducted annually as a compulsory requirement because this would further entrench stigma and challenges of encouraging ADF members to identify and seek help early.

The Government agrees with the Committee that early identification and treatment of mental ill-health will lead to better health outcomes and is less likely to negatively impact upon a member's career rather than leaving a condition untreated. It further agrees on the importance of ensuring that ADF mental health screening, awareness, early intervention and treatment programs are available to all ADF members regardless of their deployment status.

A primary aim of mental health screening is to facilitate early intervention for treatment of mental health problems and mental illness. It does not prevent the development of a diagnosed mental health condition at either the time of the screen or at a later date. Mental health screening does provide an opportunity to identify symptoms and enable them to be addressed before they become entrenched and cause broader psychosocial problems for the individual.

Defence already operates a comprehensive screening program that focuses on operational deployment and exposure to potentially traumatic events, and is exploring ways to extend and enhance this program through an ADF Mental Health Screening Continuum that will use a stepped approach to most effectively result in screening for all ADF personnel, regardless of their deployment status.

Elements of the ADF Mental Health Screening Continuum will include:

- maintaining all existing ADF mental health screening processes, including Return to Australia Psychological Screens, Post Operational Psychological Screens, Critical Incident Mental Health Screens, Separation Health Examinations and Periodic Health Examinations;
- piloting a new mental health screening opportunity at selected primary health care centres;
- development of a 'Wellness Portal', a web interface to allow the completion of an anonymous, self-initiated screen designed to give members an opportunity to seek help if and when they choose and provide members with the means to access information and support; and
- expansion of the current Special Mental Health Screen to non-operational as well as operational settings. This will enable commanders to nominate individuals or groups for periodic screening due to the high risk nature of their duties, including in non-operational environments.

The Government supports Defence in its development of the ADF Mental Health Screening Continuum in a manner that will optimise the early identification of mental health problems and provide all ADF members with a stepped approach to appropriate early intervention, better self-management and improved access to care at the earliest possible opportunity.

Recommendation 2

The committee recommends that the Australian National Audit Office conduct an audit into the scope and accuracy of recordkeeping of relevant clinical information collected or recorded during deployment regarding mental ill-health or potentially traumatic incidents.

Government Response**Noted**

The Government will advise the Auditor-General to consider this recommendation.

Recommendation 3

The committee recommends that all veterans be issued with a universal identification number and identification card that can be linked to their service and medical record.

Government Response**Partly Agreed**

The Government agrees that a better link should be provided between DVA clients and their service and medical records, but does not agree with an identification card.

In relation to a universal identification number, DVA has initiated an Early Engagement Model supported by the Department of Defence. Under this Model, Defence will make basic personal information for all ADF members who join after 1 January 2016 available to DVA. This will include their Defence identification number known as the Personnel Management Key Solution (PMKeyS) number. This program of work will enable DVA to recognise members by their Defence identification number.

Information, including the PMKeyS number, will also be collected when a member separates from the ADF and at other evidence and event-based trigger points during a member's career. Over time, DVA will have the details of most current and former ADF members and be able to identify them by their PMKeyS number. However, not all DVA clients have a PMKeyS number, such as clients whose service ended prior to the introduction of PMKeyS in 1997 and dependant clients.

In relation to an identification card, the Government does not agree with issuing veterans with separate identification cards as DVA already issues eligible members with treatment cards. The arrangements for use of the PMKeyS number under the Early Engagement Model, however, will provide the link between identification and a member's service and medical records.

Recommendation 4

The committee recommends that the Department of Health and the Department of Veterans' Affairs ensure that e-health records identify veterans and that GPs are encouraged to promote annual *ADF Post-discharge GP Health Assessment* for all veterans.

Government Response

Partly Agreed

The Government agrees that e-health records should identify veterans and agrees with promoting the ADF Post-discharge GP Health Assessment after discharge from the military as the basis of ongoing primary care in civilian life.

In relation to e-health records, a self-identifying 'Veteran and Australian Defence Force Status' indicator has been available in the My Health Record system (formerly the Personally Controlled Electronic Health Record) since 30 November 2014. This indicator alerts participating healthcare providers that their patients may be eligible for DVA services.

In relation to GP Health Assessments, DVA has already worked with two main GP software providers to incorporate an ADF indicator into their programs. Where a patient is identified as ex-ADF, GPs will be reminded to encourage the veteran to undertake a GP Health Assessment. DVA is promoting the assessment to GPs, to encourage the assessment's uptake with their veteran patients.

The GP Health Assessment is promoted as an assessment to be undertaken after discharge rather than being undertaken annually (although it can be undertaken once in a person's lifetime at any time). The aim is to facilitate the identification of any health problems after discharge from the military and establish a relationship between the former ADF personnel and the GP for ongoing primary care in civilian life under the Medicare system.

The Government has also committed \$6 million to the Phoenix Australia Institute to work collaboratively with experts to improve the quality of mental health care for Australia's veterans. This encompasses mental health at the primary care level, including to assist GPs.

Recommendation 5

The committee recommends that Defence and DVA contact ADF members and veterans who have been administered mefloquine hydrochloride (mefloquine) during their service to advise them of the possible short-term and long-term side effects and that all ADF members and veterans who have been administered mefloquine during their service be given access to neurological assessment.

Government Response

Agreed in principle

The Government agrees that ADF members and veterans who have been administered mefloquine should continue to be advised of its possible side effects, and agrees that appropriate neurological assessments should continue to be available.

In relation to providing advice to serving members and veterans about mefloquine, the Government will support, and build awareness of the support available, to serving and ex-serving ADF members and their families. Specifically, the Government will:

- establish a formal community consultation mechanism to provide an open dialogue on issues concerning mefloquine between the Defence Links Committee and the serving and ex-serving ADF community;
- develop a more comprehensive online resource that will provide information on anti-malarial medications;
- establish a dedicated DVA mefloquine support team to assist our serving and ex-serving ADF community with mefloquine-related claims, which will provide a specialised point of contact with DVA; and
- direct the inter-departmental DVA-Defence Links Committee to examine the issues raised, consider existing relevant medical evidence and provide advice to the Government by November 2016.

In relation to the second part of the recommendation regarding neurological assessments, the Government notes that this is already available to serving members and veterans.

Defence has developed and implemented clinical guidelines to assist Defence doctors to assess serving members who present with concerns relating to past mefloquine use. The guidelines include the conduct of a neurological examination. Where clinically indicated, the guidelines recommend further specialist neurologist examination and investigations. The guidelines have been shared with DVA.

If any former member is concerned about the effects of mefloquine administered in service, they can lodge a claim with DVA. As part of lodging that claim, they can receive a neurological assessment as deemed clinically necessary by their medical practitioner and/or specialist. Where the Department uses the assessment in its decision, DVA will meet all reasonable costs associated and will assist in the facilitation of the appointment(s).

Much of the public concern has been about the potential of mental side-effects from mefloquine use. The Veterans and Veterans Families Counselling Service provides free, confidential, 24/7 nation-wide counselling and support for eligible current and former ADF members and their families. DVA can also pay for certain mental health treatment whatever the cause under non-liability health care arrangements, covering the conditions of posttraumatic stress disorder, depressive disorder, anxiety disorder, alcohol use disorder, and substance use disorder. From July 2016, this service is available to any current or former permanent member of the ADF.

Recommendation 6

The committee recommends that the report for the Inspector General of the Australian Defence Force's inquiry to determine whether any failures in military justice have occurred regarding the Australia Defence Force's use of mefloquine be published immediately following the completion of the inquiry.

Government Response

Noted

The release of Inspector General Australian Defence Force (IGADF) reports are subject to the *Defence (Inquiry) Regulations 1985*. Decisions on release of IGADF Inquiry reports are made on a case-by-case basis, with due regard to privacy and legal issues. The IGADF Inquiry is still ongoing. Once it has been finalised, its release will be considered in accordance with the provisions of the *Defence (Inquiry) Regulations 1985*.

Recommendation 7

The committee recommends that the Department of Defence ensure that medical officers and mental health professionals have ready access to records of potentially traumatic events for members following their deployment.

Government Response

Agreed

The Government agrees with the timely and accurate recording of health information related to Defence members and considers that this recommendation is addressed through current health policy and practices within Defence and planned enhancements of the Defence e-health System.

However, it is noted that members may not disclose exposure to a potentially traumatising event, or they may not identify or recognise that experience to be traumatising until sometime after the event, and sometimes even years later. Thus whilst all efforts will be made to ensure that recording of events is occurring in accordance with policy, there can be no guarantees that a full and complete record will be made due to these reasons.

Additionally, in multinational operations where health support is provided by partner nations it is not always possible for the health records generated in these facilities to be provided to the ADF due to differing legislation and consent requirements for those countries. The Return to Australia Medical Screen and Return to Australia Psychological Screen process addresses this problem by documenting self-reported contact with non-Australian medical services, and injuries or exposures to potentially traumatic events that may have occurred during the deployment.

Currently, medical and mental health screening and treatment records that are raised during deployment are paper based and are converted to electronic versions on return to Australia and added to the member's e-health record.

At present the Defence e-health System is only available in the garrison environment, however it will be implemented aboard Royal Australian Navy ships from late this year. Once fully implemented, health professionals aboard ships will be able to record exposures to potentially traumatic events within the system whilst at sea and prior to return to Australia.

Joint Project 2060 – *ADF deployable health capability, Phase 4 Health knowledge management* is addressing the reliance on paper health records in the deployed environment with the eventual goal being a single and contemporary e-health record readily available wherever and whenever required by any Defence health professional.

Recommendation 8

The committee recommends that the DVA Psychologists Schedule of Fees be revised to better reflect the Australian Psychological Societies' National Schedule of Recommended Fees and that any restrictions regarding the number of hours or frequency of psychologist sessions are based on achieving the best outcome and guaranteeing the safety of the veteran.

Government Response

Noted

The Government notes this recommendation.

In relation to fees for psychologists, DVA is currently undertaking a review of its dental and allied health services provided to veterans, as announced in the 2015-16 budget. This review is considering the fees and items currently paid to all allied health and dental providers who treat DVA clients, including psychologists.

In relation to restrictions to the number of hours or frequency of psychologist sessions, DVA funding for mental health services is demand driven and not capped. The number of allied mental health services provided is determined by the health care provider based on the assessed clinical needs of the veteran. The two exceptions to this are group therapy sessions (limited to twelve services per calendar year) and trauma focused therapy (where a case review is required after eight sessions). If more or different treatment is required, then prior approval may be sought from DVA.

Recommendation 9

The committee recommends that eligibility requirements for the Veterans and Veterans Families Counselling Service (VVCS) be consolidated and broadened to include all current and former members of the Australian Defence Force (ADF) and their immediate families (partners, children, and carers).

Government Response

Partly agreed

The Government agrees to expand eligibility to VVCS to include all current and former permanent members of the ADF through White Card arrangements and to include certain family groups.

In relation to VVCS eligibility for current and former serving members of the ADF, the 2016-17 Federal Budget included a measure to expand and streamline eligibility to non-liability mental health arrangements. These arrangements provide cover for PTSD, anxiety disorder, depressive disorder, alcohol use disorder and substance use disorder whatever the cause. Under these arrangements, DVA can issue a White Card for the treatment of these mental health conditions, which enables access to a range of mental health services including VVCS. From July 2016, all current and former permanent members of the ADF will be eligible for these non-liability mental health arrangements which include VVCS.

In relation to VVCS eligibility for family groups, the Government has announced its commitment to extend eligibility to VVCS to:

- family members of current and former ADF members who die by suicide or reported suicide;
- siblings of ADF members killed in service related incidents;
- Defence Force Abuse Taskforce complainants and their families; and
- adult sons and daughters (over 26) of post-Vietnam War veterans.

Any decision to further extend eligibility for VVCS services would require additional resources and budget supplementation.

The Government notes that current ADF members have their physical and mental health needs met by the Department of Defence and a range of mental health support is also available through DVA's non-liability arrangements. In addition, there are a range of Commonwealth and State mental health programs which are available to Australian citizens more broadly, including through Medicare.

Recommendation 10

The committee recommends that currently serving ADF members be eligible to access the Veterans and Veterans Families Counselling Service (VVCS) without referral and that the VVCS reporting obligations to the ADF be limited to situations where the VVCS believes that a members' mental ill-health will compromise their safety or the safety of others.

Government Response

Agreed

The Government agrees that eligible ADF members should be able to continue to self-refer to VVCS. The Government notes that VVCS already abides by reporting obligations as outlined in the recommendation.

Eligible ADF members, including those with a DVA White Card for the five mental health conditions outlined in response to recommendation 9, can self-refer to VVCS. In 2014-15, 2,966 current serving ADF members self-referred to VVCS for support.

VVCS is committed to preserving and upholding clients' rights to privacy and confidentiality, and there is no identifiable reporting back to the ADF on those clients who self-refer, unless there are serious safety concerns for the member or others. VVCS is bound by the *Privacy Act 1988* and the Australian Privacy Principles.

If Defence refers a serving member to VVCS under a formal agreement, VVCS is required to provide periodic reports regarding the treatment of ADF members to the ADF. The member's consent to this is sought prior to referral to VVCS. In 2014-15, 1,135 ADF members received VVCS support via ADF referrals.

Recommendation 11

The committee recommends that Defence mental health awareness programs do more to emphasise the benefit of early identification and treatment of mental ill-health for an ADF members' long-term career and encourage ADF members to plan beyond their next deployment.

Government Response

Agreed

The Government agrees that education on the early identification and treatment of mental ill-health is essential in assisting ADF members to make informed choices regarding their health and wellbeing, access to health care and future career decisions.

Defence has a number of existing key mental health promotion messages and awareness programs that already provide information on the early identification of signs and symptoms of mental ill-health and support options available to all ADF members.

Joint Health Command is currently developing a Strategic Communications Plan that will develop more targeted messaging on early presentation and include education for members regarding the Medical Employment Classification system that will address the misperception that "medical downgrading" automatically leads to medical discharge.

The key theme running through all of these programs and initiatives is to seek help early to achieve the best mental health outcomes, rather than just focussing on being deployable. In this way there is less chance of creating a focus on those who have deployed or are likely to deploy.

The Review of Suicide Prevention will include consideration of the range of mental health awareness programs operated by both Defence and DVA, in the context of suicide prevention.

Recommendation 12

The committee recommends that the Department of Defence and the Department of Veterans' Affairs develop a program to engage current and former ADF members, who have successfully deployed after rehabilitation for mental ill-health, to be 'mental health champions' to assist in the de-stigmatisation of mental ill-health.

Government Response

Agreed in Principle

The Government agrees with the principle of de-stigmatising mental ill-health, and encourages early intervention where there are mental health concerns. While the Government does not see it is necessary to develop a new program for mental health champions, it does agree with continued efforts by DVA and Defence to involve current and former ADF members and their families in sharing their experience of mental ill-health and recovery to de-stigmatise mental ill-health.

As part of DVA's work to continuously improve its rehabilitation framework and service offerings, DVA is reviewing its communication strategy for rehabilitation with the aim of ensuring that the benefits of rehabilitation are promoted to veterans and ex-service organisations, that communication is targeted and effective, and that opportunities are sought to aid in the de-stigmatisation of mental ill-health. Complementary to this work, DVA has already identified and promoted a number of successful stories from veterans who have benefited from their rehabilitation program. DVA will continue to promote rehabilitation success stories.

The Prime Ministerial Advisory Council on Veterans' Mental Health has played an important role in informing both the development of the Government's policy relating to the mental health of the veteran community and to the programs and initiatives that are in place to address this important issue.

DVA already has a number of programs in place whereby former ADF personnel can be of assistance to veterans. These include the Men's Health Peer Education program which raises awareness about men's health issues and encourages men to share responsibility for their own health and wellbeing. A new peer to peer support program is currently being trialled which allows individuals to be suitably matched with peers to receive practical support in managing their mental health and wellbeing.

Defence and DVA also have a strong relationship and shared knowledge built on the development of a range of smart phone applications, web site resources and video resources. Some of these have included presentations and input from ADF and veteran champions. Importantly they have also been informed by many focus groups of ADF members, and have included presentations by current and ex-serving members who have experienced physical and/or mental health injuries from deployed and non-deployment experiences.

The Review of Suicide Prevention will include considerations of stigma and how stigma may continue to be addressed, in the context of suicide prevention.

Recommendation 13

The committee recommends that the Department of Veterans' Affairs be adequately funded to achieve a full digitisation of its records and modernisation of its ICT systems by 2020, including the introduction of a single coherent system to process and manage claims.

Government Response

Agreed in Principle

The Government agrees that DVA needs to undertake a process of digitising records and modernising its ICT systems, acknowledging that many of DVA's critical ICT current systems are out of date and in need of substantial modernisation.

The 2016-17 Federal Budget included a measure worth \$24.8 million over forward estimates to design a transformation program for veteran-centric reform that aims to deliver better customer service for veterans, underpinned by better processes and technology. A major overhaul of DVA's ICT systems would underpin significant improvements to the way the Department conducts its business and, consequently, provides services to veterans and their families. \$23.9 million has also been allocated in the Budget to enable DVA to maintain its critical compensation processing systems while developing the detailed transformation program.

These budget measures will support DVA's veteran-centric reform, acknowledging the Department and its systems and processes are not as well configured as they should be in order to support veterans and their families. This can amplify concerns for some veterans, if for instance seeking compensation is a prolonged process in order to establish that an injury is related to service. DVA's current reform process is designed to remedy this situation. As noted earlier in this Response, the Government has also expanded access to non-liability mental health arrangements and all current and former personnel with permanent service in the ADF are eligible for these arrangements from July 2016.

Using existing resource allocations, DVA has already commenced a journey of digital transition with regard to paper records, which will take a number of years. In the last two years, DVA has also been reviewing its compensation claims processes and structures. Some streamlining of processes and organisational changes are bringing in improved performance. In addition, valuable work has been completed in analysing existing business processes and identifying future business processes.

At the recent election, the Government committed to establish, as part of the national consultation process, a Forum comprised of advocates, pension officers and others involved in the DVA claims process. This Forum will review the existing claims process with a view to identifying impediments and considering improvements to the system.

Recommendation 14

The committee recommends that the Department of Defence work with ex-service organisations to develop a transition mentoring program, which will connect every veteran with a trained mentor from the ex-service community to assist and guide them through the transition process.

Government Response

Noted

The Government notes that engaging with groups like ex-service organisations can be important during the transitioning process, and Defence recognises this as part of the substantial support it provides to transitioning ADF members.

Defence is committed to ensuring that the men and women of the ADF, and their families, are provided with exemplary support services throughout their career, particularly at times of separation. Defence provides a comprehensive transition support service to ADF members and the recently released *Defence White Paper* outlines further initiatives that will enhance and increase this service.

The 2016 *Defence White Paper* notes that Defence will partner with DVA, Australian defence industry, and other ex-service organisations to support those who have been affected by their service to our country to find a new career, ensuring that they are treated with the respect and dignity that their service deserves. Finding a new career will enable our veterans to continue making valuable contributions to their communities once their military service is completed. The Government will make available to all medically separating ADF members an initiative, currently being trialled by Army, which assists them to secure employment in the civilian workforce.

The member-centric program will empower members throughout the transition process by facilitating early engagement with supporting organisations, developing a flexible pathway that meets with the member's preferences and integrates with existing transition programs which would be augmented where required. The program aims to prepare members to be competitive in the civilian job market through a suite of preparatory services and ongoing support.

In addition, Defence will enhance the existing Career Transition Assistance Scheme to better support members transitioning out of the ADF with less than 12 years service, to find new employment (*Defence White Paper*).

The Government will also work with ex-service organisations, to ensure that our younger veterans are catered for. Working with ex service organisations, the Prime Minister will convene a forum in Sydney in November 2016 to promote the unique skills veterans can bring to employers and to find more effective ways for organisations to engage veterans and their families in the modern economy.

Noting that transition can be a time of significant adjustment, the Review of Suicide Prevention will include consideration of transition from military to civilian life, and the effectiveness of transition support services and initiatives undertaken by Defence and DVA, in the context of suicide prevention.

Recommendation 15

The committee recommends that the Department of Veterans' Affairs review its rehabilitation assessment policy to ensure that junior-ranked members are not disadvantaged and all veterans are able to access rehabilitation, education, and re-skilling based on their individual needs and abilities and regardless of rank.

Government Response**Partly Agreed**

The Government notes that DVA's rehabilitation policy does not discriminate based on rank, but agrees to DVA reviewing its policy to ensure it expresses a positive approach to consideration of vocational rehabilitation.

For more than a decade, the Government has strengthened its focus on rehabilitation as part of the overall repatriation system. For wounded, injured or ill former serving personnel, rehabilitation is an essential part of their overall care and support. Further education can be an important part of the vocational rehabilitation process and the Government recognises the positive benefits that can be gained by working towards goals, such as successfully undertaking study or other re-skilling activities.

DVA's rehabilitation assessment policy does not discriminate between ranks, however any assessment must be considered on its merits with reference to a number of factors including the client's existing qualifications, skills, interests, medical restrictions, and the cost/benefits of proposed training. The client's capacity to successfully undertake a course of study is also an important factor.

The Government will implement a new jobs program for injured and ill veterans, following successful trials in South East Queensland, Victoria and South Australia. The program will enhance the existing support currently provided to veterans as part of the DVA rehabilitation programs by providing a greater focus on vocational outcomes, enhancing engagement with employers, and improving coordination with Defence as veterans transition to civilian life.

Under the trial, around 60 per cent of the veterans involved were successfully placed into civilian employment.

Recommendation 16

The committee recommends that the Department of Veterans' Affairs identify veterans who are receiving in-patient mental health care as at risk of homelessness and provide an ongoing psychosocial case manager to actively manage an 'at risk' veteran's care program until their mental health and living situation is stable.

Government Response

Partly Agreed

The Government agrees with consideration of a psychosocial support of 'at risk' veterans, but does not agree that all veterans who are receiving in-patient mental health care need to be identified as at risk of homelessness.

The Government is concerned about any instance of homelessness amongst former serving members of the ADF and is keen to work with all stakeholders in preventing veteran homelessness where possible and responding to instances of homelessness amongst veterans where it does occur. The Government will continue to work to ensure that those who are homeless, or at risk of homelessness, have access to the services and support that they need. This includes a commitment by Government to require Commonwealth agencies to identify whether its clients are veterans and to make that information available to ex-service and other organisations which provide support for homeless veterans.

DVA has commissioned the Australian Housing and Urban Research Institute to develop a research study that will lead to a clearer understanding of the scale, location and nature of homelessness among Australian veterans. This will include working towards collecting data on history of service in the ADF among people who are homeless, and integrating veteran-specific support services with the support offered by mainstream and specialist providers of services for the homeless.

In relation to hospital care, DVA's contracts with private hospitals include an explicit requirement that a comprehensive discharge plan be in place which includes referrals to appropriate services. There is a duty of care on any health facility to ensure that when they discharge patients, the health facility has made adequate arrangements to ensure the patient's ongoing care and wellbeing. Similar arrangements apply to public hospitals.

In relation to psychosocial case managers, DVA will continue to consider the clinical care coordination needs of those people discharging from in-patient mental health care and/or those clients who have both complex psychosocial needs and mental health issues.

DVA has implemented a single, nationally consistent case coordination model, the coordinated client support service, for supporting clients with complex and multiple needs. This service includes case coordination to ensure that clients access their entitlements and can navigate DVA systems during the claims process and support services to contemporary war widows and ADF members who have been seriously wounded.

Recommendation 17

The committee recommends that the Department of Veterans' Affairs work together with the Department of Human Services and RSL Lifecare to develop a program to address veteran homelessness based on the Homes for Heroes 'housing first approach' and focus on ongoing psychosocial support.

Government Response

Partly Agreed

The Government is concerned about any instance of homelessness amongst former serving members of the ADF, and agrees to undertake further work on the psychosocial needs of vulnerable DVA clients, including exploring how case coordination can link DVA clients who are either homeless or at risk of homelessness into specialised homelessness services.

Homelessness is a complex issue that tends to be associated with a range of factors, such as housing crisis, family breakdown, alcohol and/or substance use disorder and mental health issues.

Given the unique and complex circumstances which can lead to homelessness, it is appropriate that specialised homelessness services provide these services to those who are homeless or at risk of homelessness, including former members of the ADF. These services have trained staff and have met state government requirements to be a registered homelessness provider.

It is noted that the States and Territories are funded by the Commonwealth to provide social housing in their respective jurisdictions. Rather than adopting the program proposed in the recommendation, the Government will instead:

- convene a meeting of State and Territory Ministers with responsibility for veterans' affairs to address homelessness in the veteran community;
- require Commonwealth agencies to identify whether its clients are veterans and to make that information available to ex-service and other organisations which provide support for homeless veterans;
- work with the States and Territories to support a comprehensive nationwide study that brings together work already undertaken to obtain a thorough understanding of the extent of veteran homelessness and what all levels of government can do to address it; and
- encourage States and Territories to ensure that the provision of social housing for homeless veterans is prioritised,

As noted above, the Government will continue to consider how to meet the needs of those clients who have both complex psychosocial needs and mental health issues, including through case coordination and referral to specialised homelessness services and other supports where needed.

Our nation owes a great debt to those who have put their lives on the line for us and it is therefore essential that the community supports veterans who find themselves homeless or at risk of homelessness.

Minority Recommendations

Minority Recommendation 1

That Defence and DVA report annually to the parliament on the 'state of mental health' of current and former ADF members including data on the rates of mental ill-health, homelessness, incarceration, suicidality, neurological conditions and any other issues or indicators relevant to instances of mental ill-health amongst defence personnel.

Government Response

Partly Agreed

The Government agrees to an annual Ministerial statement to Parliament on key issues impacting upon the veteran community and the performance of the Department of Veterans' Affairs. This will be a transparent process which will measure the performance of the Department and increase accountability to the veteran community.

The Government also notes that Defence and DVA already provide annual reports to Parliament and are accountable to Parliament, including through the Budget estimates process, for supplying any reasonable request for information.

The Review of Suicide Prevention will also provide the opportunity for further needed information to be provided to Government about suicide prevention for current and former members of the ADF.

Minority Recommendation 2

That Defence provide a full report to the committee on the administration of mefloquine and related anti-malarial drugs to ADF members, including the number of ADF members administered these drugs, their consent to this administration, and the dosage administered.

Government Response

Not Agreed

The Government does not agree that a full report to the Committee is required because the relevant information is publicly available on - The "Malaria, mefloquine and the ADF" web pages at: www.defence.gov.au/Health/HealthPortal/malaria

Minority Recommendation 3

That, pending the report to the committee by Defence, the matter of administration of mefloquine and related anti-malarial drugs to ADF members is the subject of further inquiry by the committee.

Government Response**Noted**

The Government notes that this is a matter for the Senate Foreign Affairs, Defence and Trade References Committee.

Minority Recommendation 4

That Defence and DVA formally recognise moral injury, and develop a program to help identify and treat veterans suffering from moral injury.

Government Response**Not Agreed**

The Government does not agree to formally recognise moral injury in its treatment arrangements at this stage because whilst the concept is growing in influence and exploration, its evidence-base is still being developed.

Moral injury is not a recognised psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). Rather, the concept of moral injury is currently used in literature on the mental health of veterans who have witnessed or perpetrated an act in combat that was at odds with their moral and ethical beliefs. Consequently, there is currently no evidenced based treatment that is specific to moral injury. Defence and DVA will continue to monitor literature on evidence based treatments for moral injury as it emerges.

Minority Recommendation 5

That all former ADF personnel be assigned a liaison officer to provide a single point of contact to assist in identifying needs, and navigating the range of services available and associated processes.

Government Response**Not agreed**

The Government agrees with the principle of providing support for identifying needs of clients at risk and assisting them navigate the range of services. However, the Government does not support all former ADF personnel being assigned a liaison officer.

DVA rehabilitation clients are already case-managed to ensure Comcare approved service providers appropriately support clients in partnership with DVA. DVA undertakes a needs assessment designed to assist DVA delegates to determine the range of services and benefits that may be required. This assessment takes place following acceptance of liability for a

service related injury or disease or when a veteran's circumstances change. DVA rehabilitation coordinators also then look to approve rehabilitation plans and funding for individual veterans.

Further, where a serving member with an accepted condition is identified for medical discharge the ADF rehabilitation consultant will liaise with the DVA rehabilitation coordinator and facilitate a smooth transition for each individual.

Minority Recommendation 6

That funding for mental health support services for current and former ADF members are provided on the basis of need and not be subject to any arbitrary budget cap.

Government Response

Agreed

Through Defence and DVA, the Government already funds the delivery and access to a comprehensive range of mental health programs and services based on the mental health needs of defence members, veterans, ex-serving members and their families. This funding is not capped but demand driven and is available to ensure current and former Australian servicemen and women and their families can access the support and evidenced based care they need.

Minority Recommendation 7

That the government provide an immediate injection of funding to Homes for Heroes so that the program can properly meet the needs of all homeless veterans.

Government Response

Not agreed

Please see the response to recommendation 17.

Minority Recommendation 8

That the matter of funding by the RSL and other veterans' groups to veterans mental health and homelessness services is the subject of further inquiry by the committee.

Government Response

Noted

The Government notes that this is a matter for the Senate Foreign Affairs, Defence and Trade References Committee.

