Submission No 10

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

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Submission to the Joint Standing Committee on Foreign Affairs, Defence and Trade

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Carry On (Victoria) is an ex-Service welfare organisation operating solely in Victoria. We are a major supplier of welfare assistance to the Victorian ex-Service community alongside RSL Victoria and Legacy Melbourne. Our assistance includes a total of 94 low rental units in 8 villages of 6 to 23 units mainly in rural cities; education assistance to children of veterans; and general welfare in the form of advice and guidance and financial assistance.

We are concerned that all too often we are approached by veterans of the Vietnam conflict and subsequent conflicts through to the current involvement in Afghanistan, who have not been in touch with DVA at a time when they should be. Your call for submissions into the care for wounded troops both in and out of the ADF seems more to relate to physical injuries that are sustained in combat and therefore reported at the time they happen. Our issue seems to be more related to mental injuries (eg Mild Traumatic Brain Injury which has been reviewed in some detail in the article - http://www.cmvh.org.au/docs/ThinkTank/mTBI_lit_review_UA_Prof_mcfarlane.pdf) that are not necessarily immediately evident in the veteran but show-up later on when they are trying to make a go of life after the ADF.

To make a better effort to identify problems earlier, we would like to suggest that there needs to be a mechanism where troops are tracked after their involvement in an operational activity (ie in-country rotation) so that when issues do appear there is the opportunity to provide the appropriate assistance for themselves and their families. Our experience is with ex-serving members but this activity may well be required while members are still serving. We know that it is normal for these people to make light of their situation and not see it as a consequence of their service, but we seem to be in contact with them at a time when they are at a very low point (often under treatment) wanting to improve their situation back to some semblance of normality. If they were provided treatment at an early stage of their problems, their situation may not deteriorate to such a desperate level resulting in family break-ups, financial issues and a general feeling of despondency and despair.

Unlike conclusions detailed in McFarlane's report (referred to above) we feel that it would be an appropriate measure to implement a monitoring program for members of the ADF who have returned to civilian life (for whatever reason) so that these people can be contacted on a regular basis. An interview with physical and psychological reviews every 3 - 5 years would be a starting point. The only time that this would be suspended is when the veteran is currently under treatment/review with DVA. Whilst this seems to be a rather onerous task, it is quite possible that many veterans will be

diagnosed much earlier and provided treatment at a much earlier stage than is currently the case, affording them a greatly improved lifestyle than they might otherwise have had. Also, it is quite possible that by implementing these ongoing reviews, there may well be an overall reduction in costs involved with the treatment of veterans.

There is another point that we would like to raise – the use of DVA case managers for the more complicated compensation/rehabilitation cases. Recently we have experienced a lack of appropriate care (from our perspective) given to those requiring a little more assistance than most. Most veterans in receipt of compensation and/or rehabilitation can continue on with their lives with little assistance, but there are some who (for whatever reason) need some extra care and we do not see this being provided. There may need to be more case managers or more dedicated case managers to provide the appropriate level of care and guidance that each individual requires.