



Submission No 39

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

**Organisation:** Australasian Care Services Network

# **A submission to the Inquiry into the Care of ADF Personnel Wounded and Injured on Operations**

**Joint Standing Committee on Foreign  
Affairs, Defence and Trade  
Department of House of Representatives**

MAY 2013



**AUSTRALASIAN SERVICES  
CARE NETWORK**

*Better care for serving, ex-serving and families*

## **About the Australasian Services Care Network (ASCN)**

The Australasian Services Care Network is a 'community of practice' of Australasian providers of care and accommodation services, primarily to the Service and Ex-Service Community and their families. The group was initiated out of the inaugural Defence Community Forum in 2011, and provides a network for providers to:

- share insights into the implications of the changing landscape of health care, aged care and accommodation services, in particular as it relates to the Service and Ex-Service Community (our beneficiaries).
- create "one voice" for unified communication with Government, other bodies and Ex-Service organisations on behalf of our beneficiaries;
- work collectively to grow capability and increase capacity of service for our beneficiaries;
- collaborate at strategic and operational levels across the group to further member organisations, and to engage the wider ageing and health care community;
- form public policy positions in response to the Australian and New Zealand Government's legislative programs and subsequent implications for the Ex-Service Care Providers;
- work with other international Ex-Service Care Provider bodies to increase understanding of contemporary issues and practices, and enhance outcomes for the Network and our beneficiaries

Membership of the Australasian Services Care Network is open to providers of care and accommodation services to the Service and Ex-Service Community of Australia and New Zealand.

## **Contact ASCN**

### **Secretariat**

Secretary  
Australasian Services Care Network  
301 Wickham Street  
Brisbane QLD 4006  
Australia

Telephone: (07) 3251 3280  
Email: [secretary@ascn.org.au](mailto:secretary@ascn.org.au)



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## Summary

This submission covers the following:

- Use of *Whole of Life* model;
- Support in the *Patient's Journey* with a quality *Case Management* system;
- Evaluation of the impact of Mental Health Issues in conjunction with early on-set of Alzheimer's and Dementia; and
- Involvement of the *Aged Care* industry to ensure adequate provisioning for later stages of life.

## Recommendations

ASCN recommends the following:

- Future population health planning incorporates a *Whole of Life* model;
- Introduction of a quality assured *Case Management* system to ensure the *Patient's Journey* and health needs are adequately provided and delivered in a timely and cost effective manner;
- Address Defence related mental health issues in conjunction with early on-set of Alzheimer's and Dementia in relation to the change in accommodation, services required and the cost involved; and
- Approach the *Aged Care* industry to facilitate jointly developed solutions to ensure adequate accommodation and relevant services are available at manageable costs, in relation to anticipated future ex-service personnel's needs.

## Submission

This submission focuses on management of personnel who cannot return to ADF services including:

- Those who are medically discharged;
- Those transitioning from Defence to DVA managed health care and support; and
- On-going managed health care and support post transition from Defence.

ASCN believes there is a requirement for the following:

The use of a *Whole of Life* model, as per appendix 1, provides a total approach for the individual and the managing organisation. The model addresses the *Patient Journey* in five stages:

- Military Service,
- Transition,
- Career,
- Retirement, and
- End of life.

The model highlights the need to address each stage and transition between stages because "*Each stage is critically inter-related to each other*".

Transition is an important element in the *Patient's Journey* and the existing transition process needs improving. The transition process requires significant cooperation and coordination between Defence and DVA.

**Support of the *Patient's Journey* with a quality *Case Management* system** is paramount for effectiveness. A quality assured *Case Management* system will not only ensure the correct therapeutic regime is delivered but has the potential to deliver a *better quality of life* and a *more effective cost management process*. Without an effective *Case Management* system the *Patient's Journey* has the potential to be less effective and more costly.

**Evaluate the impact of mental health issues in conjunction with early on-set of Alzheimer's and dementia.** Mental Health issues for serving, ex-serving personnel and their families are a significant public issue. Those suffering mental health issues may be prone to early on-set of Alzheimer's and Dementia, which may lead to younger individuals requiring additional support services and accommodation earlier than expected.

**Involve the *Aged Care* industry to ensure adequate provisioning for later stages of life.** The *Whole of Life* model is vital for the delivery of both adequate care and managed costs. A cooperative approach would be mutually beneficial through using existing expertise to deliver cost effective solutions. DVA Population figures in Appendix 2 indicate reduction in the 80+ age range however increasing mental health issues have the potential to change demand particularly in the "Retirement" stage of the "*Whole of Life*" model. Increased cost will be incurred as the Aged Care industry will need to provide additional qualified staff, improved secure accommodation and potentially more respite services. It is expected that younger individuals will require accommodation and services changing *the traditional description of Aged Care to Aged and Chronic Care Services* – an example of this may be *Mild Traumatic Brain Injury (MTBI)*.

**Appendix 1:  
VETERAN LINEAR WHOLE OF LIFE CONTINUUM**

<b>PATHS</b>	<b>MILITARY SERVICE</b>	<b>TRANSITION</b>	<b>CAREER</b>	<b>RETIREMENT</b>	<b>END OF LIFE</b>
<b>STANDARD</b>	Non O/S Post O/S Multiple Deployments	Transit from Defence to civilian community	Civilian	Normal	Normal
<b>INJURY/ ILLNES</b>	Un-planned Injury/illness Related Discharge	Forced transition from Defence to civilian community  *May be benefit dependent	May be benefit dependent or combination of benefits and civilian employment  *Potential early retirement	May have special needs Psychosocial and economic Needs	Potential for premature end-of-life care

- Each stage is critically inter-related to each other
- The initial transition process requires improvement
- An organisation is required for the *Whole of Life* process in both a holistic and linear context
- This is a Macro Model and clearly other micro elements exist

**Appendix 2**

The DVA Treatment Population as at December 2012 was 228,266, consisting of:

140,386 veterans; and

87,880 widows and other dependents

	Under 30	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 & Over	Total
<b>Male</b>	1,454	2,539	9,657	14,571	40,089	15,047	30,807	18,371	<b>132,535</b>
<b>Female</b>	563	443	1,759	2,394	4,977	10,089	53,329	22,177	<b>95,731</b>
<b>Total</b>	<b>2,017</b>	<b>2,982</b>	<b>11,416</b>	<b>16,965</b>	<b>45,066</b>	<b>25,136</b>	<b>84,136</b>	<b>40,548</b>	<b>228,266</b>