Submission No 18

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

Organisation: Department of Veterans' Affairs

Australian Government
Department of Veterans' Affairs
OFFICE OF THE SECRETARY

Mr Jerome Brown
Secretary
Defence Sub-Committee
Joint Standing Committee on Foreign Affairs,
Defence and Trade
PO Box 6021 Parliament House
Canberra ACT 2600

Dear Mr Brown

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

Thank you for the opportunity to provide a submission to this Inquiry. This submission focuses on points c and e (ii) and (iii) of the Inquiry's terms of reference.

DVA has a strong and proud history supporting those men and women who have offered service to our nation and the families who have made sacrifices to support them. Over the course of its 94 years of operation, the Department has developed considerable knowledge and skills in understanding the risks and effects arising from the unique and demanding nature of military service.

DVA is transforming its service delivery models to meet the emerging needs of the contemporary cohort of veterans and their families. This cohort is part of a broader base of clients for the Department, from veterans and war widows aged over one hundred years old to children as young as one year old. DVA has an ongoing role in the care and support for this wide range of clients.

This submission provides information on how DVA is responding to the needs of those wounded or injured on operations, as part of its response to the contemporary cohort. The submission has five main parts:

1. Understanding the characteristics of those wounded or injured on operations
2. A more flexible, simple and comprehensive process for recognising service-related injury
3. Working closely with the ADF on services and the transition of personnel into civilian life
4. Effective, ongoing care and support after discharge
5. Readiness for the future.

Yours sincerely

Ian Campbell
Secretary
24 August 2012

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TERMS OF REFERENCE

The Joint Standing Committee on Foreign Affairs, Defence and Trade shall examine and report on the care of ADF personnel wounded and injured on operations, with particular reference to:

a. treatment of wounded and injured ADF personnel while in operational areas;

b. repatriation arrangements for wounded and injured personnel from operational areas to Australia;

c. care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements;

d. return to work arrangements and management for personnel who can return to ADF service; and

e. management of personnel who cannot return to ADF service including:
    i. the medically unfit for further service process;
    ii. transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; and
    iii. ongoing health care and support post transition from the ADF.

INQUIRY INTO THE CARE OF ADF PERSONNEL WOUNDED AND INJURED ON OPERATIONS

The Department of Veterans' Affairs (DVA) welcomes this opportunity to make a submission to this Inquiry. This submission focuses on points c and e (ii) and (iii) of the Inquiry's terms of reference.

DVA has a strong and proud history supporting those men and women who have offered service to our nation and the families who have made sacrifices to support them. Over the course of its 94 years of operation, the Department[1] has developed considerable knowledge and skills in understanding the risks and effects arising from the unique and demanding nature of military service.

Following a long period of predominantly peacetime service, the Australian Defence Force (ADF) has undertaken a range of extensive and intensive operations since 1999, that has seen significant numbers of soldiers, sailors and airmen and women deployed. These deployments of both permanent and reserve forces have exposed ADF personnel to risks of wounding and injury. With advances in medicine and rehabilitation, both the ADF and DVA have developed considerable experience and strong systems for delivering care, support and recovery. For those with serious wounds and injuries, ongoing care and support may be required over their lifetime.

Veterans from recent deployments are a diverse group with different perspectives and service delivery expectations to veterans from earlier conflicts. The challenge DVA faces is ensuring that it meets the needs of all those entitled to its services – those who have been with us for many years, those who are accessing our services for the first time today and those who will access our services in the future. The range of DVA clients includes veterans and war widows[2] aged over one hundred years old to children as young as one year old. DVA has an ongoing role in the care and support for all of these clients.

DVA is proud of its achievements in caring for those who have served our country, and it is now transforming its service delivery models to better meet emerging needs of the contemporary cohort. This submission provides information on a number of initiatives that provide care and support to those wounded or injured on operations since 1999.

The submission has five main parts:

1. Understanding the characteristics of those wounded or injured on operations
DVA has invested significantly in its understanding of the characteristics of the contemporary cohort of veterans, including those who have been wounded or injured and their families. DVA recognises that the needs of the contemporary cohort are different to those of other cohorts and that the Department needs to be flexible and responsive in how it delivers services.

2. A more flexible, simple and comprehensive process for recognising service-related injury
DVA has been working to transform when and how claims may be made, so its processes are more flexible and simple for clients. DVA now has a more visible and pro-active presence in the ADF, with DVA officers now having an on-base presence at over 35 bases around the country.

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[1] Including as its forerunner - the Repatriation Department.

[2] DVA's clients include approximately 200 World War I war widows whose ages range from 80 to over 100.

3. Working closely with the ADF on services and the transition of personnel into civilian life
DVA is working closely with the ADF to make the process of discharge from the military into civilian life as smooth as possible, including for those personnel who have sustained wounds or injuries from their service.

4. Effective, ongoing care and support after discharge
There is a range of ongoing care and support that DVA provides for wounded or injured personnel who leave the ADF. DVA has been transforming what services are available to these clients and how they are delivered.

5. Readiness for the future
In Afghanistan, the process of transition to Afghan-led security will change the operating environment for the ADF and DVA. For DVA, it will potentially result in an increase in the number of claims submitted to DVA to recognise service-related injury. DVA's work to transform its service delivery models will position the Department well to manage this changing environment into the future.

A brief description of the Department is at Attachment A. This attachment also provides brief details of the three main pieces of legislation administered by the Department, the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation Act 1988*, and the *Military Rehabilitation and Compensation Act 2004* .

Structure of the Submission

List of inserts, figures, and tables within the submission

Attachments to this submission

Insert 1: A note on terminology

The meaning of terms used in the submission is set out below.

'accepted condition'
A service-related injury or disease for which Commonwealth liability for rehabilitation, compensation &/or access to treatment has been accepted under relevant legislation.

'ADF member'
This includes personnel from both the permanent and reserve forces. ADF Personnel is used as the plural form of ADF member.

'care and support'
This is taken to broadly include medical treatment, health care, psycho-social support and vocational assistance.

'ill'
This term is used to broadly refer to any mental or physical illness, disease or injury that could arise from service. It is a broader than and inclusive of the terms 'injured' or 'wounded', as defined below.

'injured'
An ADF member hurt in an incident that has not been the result of enemy action in warlike conditions is said to have been 'injured'.

Injuries may also result from peacetime service, ranging from training accidents through to sporting injuries related to service.

'operations'
Operational service[3] usually refers to service outside Australia. It includes warlike service – when the application of force is authorised to pursue specific military objectives and there is an expectation of casualties. This includes a state of declared war and conventional combat operations against an armed adversary. Warlike service includes peace-enforcement activities, that is peacemaking but not peacekeeping operations, when armed force is authorised to restore peace and security.

Operational service also includes non-warlike service – where military activities are operations with a limited objective and casualties could occur but are not expected. In this circumstance, the only force allowed is in self-defence. This may include peacekeeping service.

'wounded'
An ADF member who is serving in warlike conditions and sustains any injury during contact with the enemy is said to have been 'wounded'.

[3] The criteria for 'operational service' has some overlap with (but is different from) 'qualifying service'. For a description of the latter, see http://factsheets.dva.gov.au/factsheets/ .

1. Understanding the characteristics of those wounded or injured on operations

DVA has invested significantly in its understanding of the characteristics of the contemporary cohort of veterans, including those who have been wounded or injured. This understanding is helping DVA develop and transform its service delivery models for this cohort. This section provides details on:

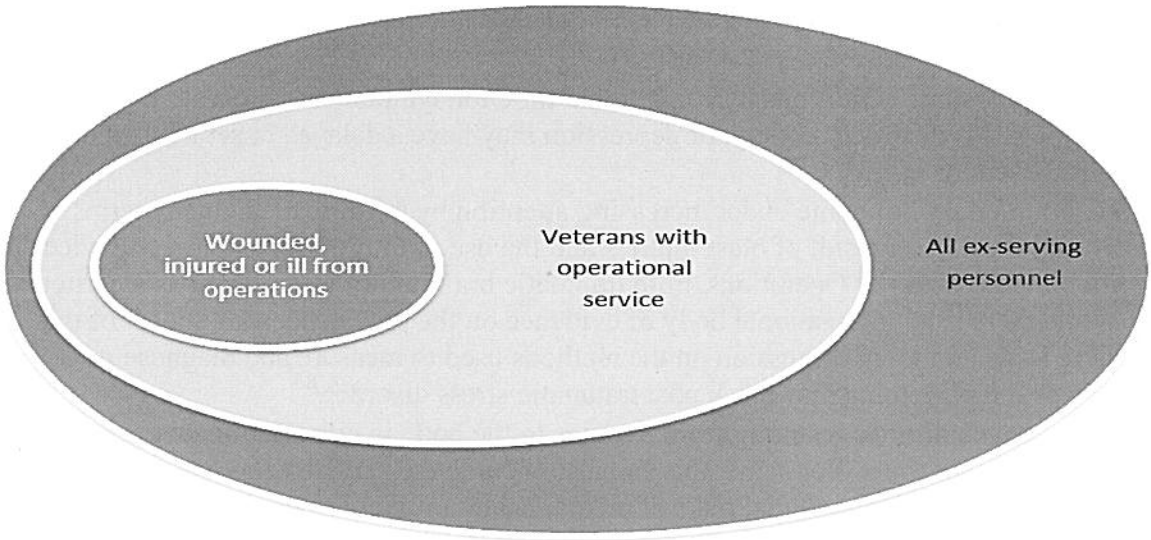
1.1 How those wounded or injured fit within the contemporary cohort
1.2 The care and support needs of these wounded or injured personnel
1.3 The social characteristics of this cohort
1.4 Expectations for service delivery

A priority for the Department's applied research program is younger veterans and transition – including transition between conflict zones and non-conflict environments, between the ADF and civilian occupations/life, and on exit from the ADF including on medical discharge.

1.1 How those wounded or injured fit within the contemporary cohort

Once they have left the ADF, former personnel who are wounded, injured or ill from operations are a sub-group of veterans with operational service and all ex-serving personnel (see Figure 1 below). Accordingly, wounded or injured personnel from recent operations share characteristics with their contemporary peers on top of the unique experience of and needs arising from their own injury.

Figure 1: Sub-groups of ex-serving personnel



Between 4,000 and 6,000 personnel leave the ADF each year to form the broader group of all ex-serving ADF personnel. This includes those who retire, resign, or who are discharged including for medical reasons. This broader group has a range of different service experiences, including peacetime service. Some personnel with peacetime service only may also become ill or injured as a result of their service, for instance from serious accidents such as the 1996 Black Hawk helicopter accident. On 12 June 1996, two Black Hawk helicopters collided and crashed at the High Range Training Area near Townsville, resulting in the deaths of 18 Australian Regular Army personnel and injuries to a further 12 personnel.

Just over 60 per cent of serving personnel in a recent Defence survey reported that they had been deployed, including 43 per cent reporting they had multiple deployments.[4] As at June 2011, this level of deployment contributed to a count of around 45,000 surviving veterans with operational service from conflicts since 1999.

Since operations started in the Middle East Area of Operations in 2002, 249 ADF personnel have been wounded, of which 234 personnel (232 soldiers and 2 sailors) have been wounded in action in Afghanistan.[5]

A significant sub-group of those with operational service include reservists, with active reservists numbering 21,554 as at May 2011. Twelve per cent of this group had undertaken continuous full time service in the 12 months to May 2011, with a median period of service of 140 days. Sixty per cent had undertaken continuous defence service of five or more consecutive days in the same period, with a median period of service of 28 days.[6]

1.2 The care and support needs for those wounded or injured.

The types of physical injuries sustained on operations can be broadly categorised in terms of amputations, fractures, gun shot wounds, hearing loss, lacerations/contusions, concussion/traumatic brain injury, penetrating fragments and multiple severe injuries.[7] For some personnel this may result in complex and ongoing care needs beyond acute management into rehabilitation and recovery.

There are also longer term injuries and illnesses that may emerge over time, either due to the delayed onset of symptoms or due to advances in knowledge and diagnosis – for instance:

- For mental health, some conditions may take some time for symptoms to present. For example, post traumatic stress disorder, anxiety, or depression may have a delayed onset months or years after a causal event or events.
- Traumatic brain injury has come under increasing attention by military medicine in terms of concussive injuries. As a result of blast injuries and the use of improvised explosive devices in recent Middle East Areas of Operations, mild traumatic brain injury is emerging as a particular focus. While there is an international body of evidence on the prevalence and impact of this injury, there is also ongoing discussion on the methods used to measure and diagnose it, particularly as the symptoms may mask post traumatic stress disorder.[8]
- Musculo-skeletal conditions resulting from traumas to the body in either a minute or major way may also emerge over time. For some, this can also include the need for ongoing pain management and managing potential risks of mental health problems associated with ongoing pain.

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[4] Defence (2011) *Mental Health in the Australian Defence Force*, page 13.

[5] As at 10 August 2012. Defence (2012) http://www.defence.gov.au/op/afghanistan/info/personnel.htm .

[6] Defence (2012) *Department of Defence Census 2011 Public Report*, page 27.

[7] Defence (2012) http://www.defence.gov.au/op/afghanistan/info/personnel.htm.

[8] The University of Adelaide, Centre for Traumatic Studies (2011), *Loss of consciousness and IEDs: The Issues and challenges in diagnosing mild traumatic brain injury.* http://www.cmvh.org.au/docs/ThinkTank/mTBI_lit_review_UA_Prof_mcfarlane.pdf.

Each injury is unique in terms of effects on the person and their family, and the care and support they need. While they serve, the ADF has primary responsibility although there are some areas that DVA can provide support (see section 2 of this submission). DVA takes full responsibility for care and support for those wounded or injured personnel who leave the ADF. The types of care and support include:

- Medical treatment and care, such as occupational therapy, physiotherapy or allied health treatment
- Mental health treatment
- Rehabilitation services
- Home modifications, including for access points to the home and for use of kitchens and bathrooms
- Motor vehicles, for instance hand control options and wheelchair options
- Home equipment, such as kitchen packs with appropriate knives, non-slip mats, one-handed tools/ implements; specialised beds; custom wheelchairs; home exercise/ gym equipment
- Domestic, gardening and personal care services
- Financial support, short or longer term.

DVA has data on health conditions for those clients who have made a claim and had these claims accepted by DVA as being related to service (known as 'accepted conditions'). This includes data on both physical and mental illness.

For the contemporary cohort of veterans from the East Timor, Solomon Islands, Afghanistan, and Iraq conflicts, the data in Table 1 below shows that as at March 2012, there were almost 5,000 veterans from these conflicts known to DVA as having service-related health conditions with around 11,700 accepted conditions. The top three conditions include post traumatic stress disorder, tinnitus, and sensori-neural hearing loss. More detailed data is at Attachment B.

Table 1: Summary of DVA accepted conditions by recent conflicts **March 2012**

	East Timor	Solomon Islands	Afghanistan*	Iraq	Net Total
Veterans with an accepted condition**	3,004	309	1,201	1,020	4,973
Total number of accepted conditions**	6,835	611	2,789	2,207	11,697
Average conditions/veteran	2.28	1.98	2.32	2.16	2.35

*, ** see notes in Attachment B.

1.3 The social characteristics of the contemporary cohort

Wounded or injured personnel from recent conflicts share characteristics with their contemporary peers on top of the unique experience of and needs arising from their own injury. As with other veterans, these personnel share the experience of military life, including the physical and mental demands of training; working in the chain of command; living and working on bases and often away from family, friends and social networks; and moving from location to location.

The contemporary cohort has served in the context of reform and cultural change in the ADF.[9] This includes the changing role of women in the Defence Force, with increasing numbers of women deployed and the Government formally agreeing to the removal of gender restrictions from ADF combat roles.[10]

[9] Defence (2012) http://www.defence.gov.au/culturereviews/ .

[10] The Hon Stephen Smith MP "Minister for Defence – Removal of Restrictions on Combat Roles for Women"

Most of the contemporary veteran cohort continue to be young to middle aged males. The median length of service in the Defence Force is seven years and just over half of serving personnel in the permanent force are aged under 30 years.[11] In 2011, 86% of the ADF permanent forces were male, compared to 87% in 2007.[12]

Compared to previous cohorts, DVA considers that the contemporary cohort is:

- Less likely to join and participate in formal organisations
- More likely to use social network media and less likely to use mainstream media
- More likely to live in non-nuclear family and household arrangements. That said, many will have young families and most will be either married or partnered.

The families of ex-serving personnel are a priority in terms of understanding this cohort. DVA has been undertaking an ongoing research program to assess the impact of service on the health and welfare of the families of deployed personnel, for Vietnam and Timor-Leste veterans. The program is helping DVA and Defence better understand the impact of deployment on families and the kinds of support services that would best help these families. More information may be found on DVA's website, including when results from these studies are to be published.[13]

Insert 2: Veterans' Affairs consultative framework

DVA provides administrative support to the Repatriation Commission and the Military Rehabilitation and Compensation Commission, and advises the Commissions on policies and programs for beneficiaries. Commissions and DVA liaise and consult directly with key stakeholders in the ex-service community in forming policies and developing communication strategies.

The Repatriation Commission is responsible under *the Veterans' Entitlements Act 1986* (VEA) for granting pensions, allowances and other benefits, providing treatment and other services and generally administering the VEA. The Military Rehabilitation and Compensation Commission is responsible for the administration of benefits and arrangements under the *Military Rehabilitation and Compensation Act 2004* (MRCA), and also determines and manages claims relating to defence service under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA).

Deputy Commissioners located in capital cities take a lead in consulting and engaging with local communities in each state and territory, including consultative forums at the state and territory level.

DVA also hosts national forums such as the Ex-Service Organisation Round Table which is supported by other forums focusing on policy, program matters and the operations of the Department.

DVA also surveys clients directly in order to obtain their feedback and comments.

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http://www.minister.defence.gov.au/2011/09/27/minister-for-defence-removal-of-restrictions-on-combat-roles-for-women/ .

[11] Defence (2012) *Department of Defence Census 2011 Public Report*, pages 5 and 13.

[12] Defence (2012) *Department of Defence Census 2011 Public Report*, page 4.

[13] http://www.dva.gov.au/health_and_wellbeing/research/FamilyStudyProgram/Pages/index.aspx .

1.4 Expectations for service delivery

DVA has a strong consultative framework with the veteran and ex-service communities, which helps the Department understand what it does well, where things can be improved and how services might be adapted to meet new and emerging needs.

There have been consultations with wounded or injured clients regarding their experience of DVA service delivery and how they want to interact with the Department. Client expectations about how DVA service delivery should be structured is summarised as follows:

- *Person-centred.* The seriously wounded/ injured veteran should be at the centre of planning and support that is then organised to assist the person to achieve their maximum level of independence and autonomy. This means simplifying their experience with DVA, and offering flexibility and responsiveness to their unique situation with a view to self-sufficiency. It also means placing decision-making with the person, to determine their own life direction and working with providers to assist with the achievement of identified and agreed goals.

- *A proactive approach to the provision of support.* The framework for the provision of support should be grounded in the notion that the DVA system takes the initiative for support in consultation with the seriously wounded/ injured veteran and their family. This would range from early claim acceptance and pre-completed paperwork at the hospital bedside, identifying and coordinating the type of support and assistance they need. This could include offering equipment packages matched to the person's disability and needs through to pre-emptive renewal of domestic support services as appropriate.

- *Valuing family relationships.* The needs of families and the support of family relationships should be considered in everything that is done in terms of care and support. Feedback suggests that the involvement of the spouse or partner is preferred in discussions about the treatment or other needs of wounded or injured personnel.

- *Single point of contact.* DVA should have a designated person who is the primary contact point for the seriously wounded/ injured veteran. This could be someone in a case management or case coordination role.

- *Defence/ DVA partnership.* Roles and responsibilities of the two agencies should be clearly identified and made explicit to all stakeholders at the outset, with a team approach taken to the planning of support on a person-centred basis.

The next sections set out how DVA is responding to these characteristics and expectations, in terms of new service models and approaches it has developed or is developing.

2. A more flexible, simple and comprehensive process for recognising service-related injury

DVA is transforming its practices in how it recognises service-related injuries, in response to emerging needs from the contemporary cohort. This includes when and how claims may be made, so it is more flexible and simple for clients. DVA has also assumed a more visible and pro-active presence in the ADF, with DVA officers having an on-base presence and providing information to ADF personnel while they are serving. This section provides details on:

2.1 When claims may be made
2.2 How claims may be made
2.3 Pro-active support for making claims

Up until recently, DVA usually received and assessed claims for service-related injuries either as personnel are discharging from the ADF or after they have discharged. This has been considered consistent with the responsibilities of DVA for meeting the needs of veterans once they have left the ADF. Over time, with the addition of new legislative arrangements, personnel have also needed to make claims under a specific piece of legislation, and some have needed to make multiple claims under different legislative arrangements (see the insert below).

The knowledge and evidence about the effects of military service has developed over time, and this cumulative knowledge and experience will benefit the current and future group of ex-serving men and women, including those who have sustained wounds or injuries from recent operations.

2.1 When claims may be made

DVA has been working with the ADF to inform and encourage personnel to lodge claims for service related injuries closer to the time of wounding or injury. This enables these injuries to be recognised by DVA at the earliest opportunity. This may include while they are serving in the ADF, even if they are not currently receiving treatment for the condition.

This is important because:

- ADF personnel are able to provide information in the claim about their condition closer to the time when the event or events causing the condition occurred – which subsequently assists the Department to investigate the circumstances which led to the injury or disease.
- It helps DVA to identify health, rehabilitation and compensation needs early, which helps with better health outcomes for the clients and long term management of the accepted condition.
- It may also allow DVA to pay compensation for service-related injuries if appropriate in a more timely manner (including if the ADF member is still serving).

This model does not prevent personnel lodging claims at a later stage if they choose or need to do so. Personnel can still lodge claims as they are discharging or after discharge (for some conditions symptoms may only become apparent after many years).

The aim is to provide more flexibility to serving and ex-serving personnel as to when they are able to lodge a claim.

Insert 3: How DVA recognises service-related injuries

If a serving or ex-serving ADF member has a medical condition (including due to injury or wounding) for reasons related to their service, then he or she may make a claim to DVA to seek rehabilitation, compensation, care, or a combination of all of these. DVA assesses claims to establish if there is a connection between an illness, injury or disease and service in the ADF.

DVA operates under complex legislative arrangements. Most claims are assessed under one or more of three pieces of legislation: the *Veterans' Entitlements Act 1986 (VEA)*, the *Safety, Rehabilitation and Compensation Act 1988 (SRCA)*, and the *Military Rehabilitation and Compensation Act 2004 (MRCA)*.

Claims under VEA or MRCA are assessed using Statements of Principles for any disease, injury or death that could be related to military service, based on sound medical-scientific evidence. The Repatriation Medical Authority consists of a panel of practitioners eminent in fields of medical science whose role is to determine the Statements of Principles which state the factors which "must" or "must as a minimum" exist to cause a particular kind of disease, injury or death.[14] Claims under SRCA are assessed using available medical evidence to support consideration of a disease, injury or illness.

In its 2010-11 annual report, the Repatriation Medical Authority states that since its inception, it has determined 1,833 Statements of Principles, with 304 particular kinds of injury or disease currently covered by these Statements of Principles.[15]

If a claim is accepted, then services may include rehabilitation (including vocational assistance), medical treatment (either through reimbursement of medical or care expenses or the use of White or Gold Repatriation Treatment Cards), attendant care, household services, and a range of other benefits – depending upon the particular illness, disease or injury and its level of severity.[16]

Financial assistance may also be provided for an inability or reduced ability to work, or to recognise the effects of a permanent impairment resulting from a service-related event.

2.2 How claims may be made

DVA's claim process has been mainly structured around three acts since 2004, with the passage of the *Military Rehabilitation and Compensation Act 2004.*

DVA is now moving towards a single claim process rather than separate claims under different pieces of legislation. This will be for claims for DVA to accept a condition as service-related, or for claiming reassessment for a previously accepted condition. Claims will be considered under all relevant legislation to ensure clients have access to the full range of benefits for which they are eligible.

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[15] Repatriation Medical Authority (2011) *Seventeenth Annual Report 2010/11* page 14. http://www.rma.gov.au/pubs/annual_report_2011/docs/rma_annual_report_2010-2011.PDF .

[16] This is a brief overview only. For more information, see www.dva.gov.au .

The single claim process will be based upon electronic processing. This will help ensure clients and representatives are kept informed throughout the claim process and electronic file management will make service and medical records more accessible to any DVA claims assessor working on entitlements for a client. The feedback received from ex-service representatives and departmental staff following a trial clearly showed that a single claim form is far less complex for clients.

2.3 Pro-active support for making claims

DVA continues to work with the ADF to ensure it receives early notification of when personnel are wounded, ill or injured and the specific needs of the individual, with the ADF member's consent. This includes contact with different areas of the ADF, including the Defence Community Organisation, the ADF Rehabilitation Program, commanding officers or a Defence Welfare Board.

DVA has also introduced the On Base Advisory Service which places specially trained DVA staff at over 35 Defence bases on either a full or part-time basis. This on base presence assists serving and discharging ADF personnel find out about Veterans' Affairs services, including rehabilitation, compensation, health services, and support, as well as encouraging the early lodgement of any claims.

Insert 4: DVA's On Base Advisory Service

- Provides information and support relating to DVA services and benefits to all ADF personnel who seek assistance
- Provides support for any current or prospective compensation claims
- Provides early identification of health, rehabilitation and income support requirements post discharge
- Liaises with ADF Rehabilitation Program to identify injured personnel and provide appropriate advice and support
- Liaises with Support Coordinators and other Defence personnel dealing with injured ADF personnel and provide appropriate advice
- Presents and participates in transition management seminars and information sessions and events
- Where requested, briefs ADF personnel and families as part of their pre and post deployment briefings
- Identifies and reports on trends and issues arising
- Develops and maintains relationships with the ADF community, Garrison Health Operational Staff, ADF rehabilitation consultants, Welfare Boards and where necessary the Defence Transition Cell.

3. Ensuring that discharge from the ADF is as smooth as possible

DVA is working closely with the ADF to make the process of discharge from the military into civilian life as smooth as possible, including for those personnel who have sustained wounds or injuries from their service. This section provides details on:

3.1 Support for Wounded, Injured or Ill Program
3.2 Resources for Transition

For all personnel discharging from the military, the move to civilian life (also known as 'transition') can be a stressful process. For those who are wounded, injured or ill there are additional challenges, including accessing care and support that will address needs appropriately. For instance, an ADF member may also be changing locations and not able to access the same health care or rehabilitation provider. They may also need specialised assistance in re-location and setting up arrangements at home, work, and for transport.

Ensuring that the transition between Defence and Veterans' Affairs arrangements for clients is as seamless as possible is a priority for both agencies. As noted by Minister Snowdon:

> *"...as well as having responsibility for Veterans, I also have responsibility in the Defence portfolio, for Personnel matters. And what is clear to me that the leadership in both organisations understand the need for collaboration and integration in servicing the needs of our current serving veterans. Particularly those in transition.*
>
> *And that's why since I took the job, now just on twelve months ago I have worked hard to bring the Defence and Veterans Departments closer together."*[17]

In May 2012, the Secretaries of the Departments of Veterans' Affairs and Defence and the Chief of the Defence Force agreed key principles for delivering the best possible outcomes for all ADF personnel past and present. These principles set out the responsibilities of both agencies and how they will work together.

DVA has had a long involvement with helping ADF personnel move into civilian life. For instance, from the years 2000 to 2011, the Department under contract from Defence delivered a Transition Management Service for full-time serving personnel leaving the ADF on medical grounds. Following the cessation of the Department's role in this service, Defence has resumed full responsibility for the service. DVA continues to actively support Defence in the transition process.

3.1 Support for Wounded, Injured or Ill Program

One major initiative is the Support for Wounded, Injured or Ill Program, which includes support for personnel from the point of injury through to ongoing support after military service.

In late 2010, a review of practices to support personnel moving to civilian life found that while the system supporting these personnel was generally good, it was inherently complex and improvements could be made. The aim of the review was to support the development of a seamless and integrated support process for injured or ill ADF personnel.

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[17] The RSL National Congress, 20 September 2011.

In response, the Support for Wounded, Injured or Ill Program was established as a joint Defence and Veterans' Affairs undertaking that aims to provide coordinated, transparent and seamless support to individuals during their service and after transition from the ADF including by:

- Enhancing support for personnel with complex or serious medical conditions who are transitioning to civilian life
- Improving information sharing between DVA and Defence relating to injury or illness
- Simplifying processes involved in applying for an acceptance of liability for compensation
- Streamlining and simplifying compensation claims handling.

The Support for Wounded, Injured or Ill Program has thirty one recommendations crossing Defence and DVA, the majority of which are on track to be implemented in calendar year 2012. The introduction of the On Base Advisory Service was an initiative under this Program.

3.2 Resources for Transition

DVA and Defence work together to provide a range of supports for transition for all personnel. This includes a range of courses, information, and advice.

The Veterans and Veterans Families Counselling Service (VVCS) runs *Stepping Out*, which is designed to help the transition from the ADF to civilian life. In the program, participants learn about:

- The experience of change as part of life
- The transition from the ADF to civilian life
- Skills for planning ahead
- Skills for staying motivated and adaptable
- Expectations, attitudes and troubleshooting
- Maintaining relationships and seeking support.

This voluntary Program is held over two full days and is available across Australia through the fifteen VVCS centres. It is available for all ADF personnel and their partners, who are in the process of separation from the ADF or have separated in the last twelve months. Currently serving personnel attending the program are considered to be on duty for the duration of the program, and the program is endorsed by the ADF.

In 2011, the Government released the booklet *Mental Health and Wellbeing after Military Service*, in order to provide information and advice for veterans, other former serving personnel, and their families, about mental health and wellbeing following military service:

> *"There are many challenges to be faced when transitioning back to civilian life after serving in the forces. Few veterans or other ex-service personnel and their families would say that it is entirely 'plain sailing'. This is partly because major lifestyle changes are stressful for anyone."*

The booklet provides a range of coping strategies to assist with transition, and information about helpful supports.

The *Wellbeing Tool Box* (www.wellbeingtoolbox.net.au) developed for DVA by the Australian Centre for Posttraumatic Mental Health also provides useful support. This is an online interactive tool designed to assist veterans, former ADF personnel and their families identify mental health

concerns, engage in self-care interventions and seek professional help if needed. As noted on the site:

> *"The transition from a military-focussed lifestyle to civilian life can pose different challenges over a number of years for some ex-service personnel, their families and friends. The self-care strategies and tools on this website are general in nature, so anyone can benefit from them."*

The site has practical support for solving problems, building support, helpful thinking, getting active, keeping calm, and sleeping better.

After discharge, there may be a range of ongoing care and support needs for those who have sustained wounds and injuries. This is covered in the next section.

4. Ongoing health care and support post transition from the ADF

There is a range of ongoing care and support that DVA is able to provide for wounded or injured personnel who leave the ADF. Over recent years, DVA has been transforming what services are available to these clients and how they are delivered. This section provides details on:

4.1 Communicating with clients
4.2 Rehabilitation
4.3 Mental health
4.4 Medical treatment and community care

4.1 Communicating with clients

As at March 2012, DVA provides support to almost 335,000 clients, whether by a pension, allowance, or treatment card. DVA is transforming the way it is dealing with clients across a range of functions, in order to provide more flexibility in support and care.

DVA is continuing to expand its range of communication channels, including options for clients to deal with the Department online (for instance, see section 2.2 on how claims may be made). These new channels are complementary and will not replace the traditional forms of communication, as veterans and their families will still be able to contact the Department via telephone, face-to-face, fax, email or mail.

Strategies have been put in place for dealing with vulnerable or at risk clients, including:

- The Client Liaison Unit which assists in the interactions between DVA and vulnerable clients, including those with complex needs. Clients may be referred from within the Department if there is a breakdown in relationship between client and an area of the Department.

- Case coordinators for clients with complex needs who have caused, or may be in danger of causing, harm to themselves or to others. Case coordinators assist at-risk clients with complex needs to navigate DVA services and benefits in order to minimise their risk of self-harm and maximise their quality of life. Coordinators also provide a primary point of contact for clients and assist them and their families with other psychosocial needs external to the Department to help them enhance their quality of life. Participation in case coordination is voluntary and therefore a client can choose to accept or decline the service.

4.2 Rehabilitation

The passage of the *Military Rehabilitation and Compensation Act 2004* increased the focus and primacy placed on rehabilitation as part of the overall repatriation system for current and former serving men and women. For wounded or injured ex-serving personnel, rehabilitation is an essential part of their overall care and support.

Greater success in rehabilitation and retention within the ADF means that those who are discharged are generally in higher needs categories than they would be in any other civilian rehabilitation or compensation scheme. The options of return to work in their original and usually preferred workplace or a similar position elsewhere in the ADF may have been exhausted. The ADF member has to pursue new opportunities and challenges while sometimes dealing with increased incapacity.[18]

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[18] Commonwealth (2011) *Review of Military Compensation Arrangements* pages 32-33.

DVA's response is to use a tailored approach to meet the needs of the individual after discharge, which addresses social, psychological, vocational and educational factors based upon the following principles[19]:

- Care and respect for the client is paramount
- Early intervention processes and practices must operate
- Whole of person rehabilitation needs must be addressed
- The client, and their significant other, must be actively involved in the development of an appropriate rehabilitation plan/program with realistic goals
- All key stakeholders must be actively involved in an effectively coordinated plan/program of activities
- Rehabilitation plans must be focussed on outcomes.

Rehabilitation programs can include medical, dental, psychiatric, in-patient and out-patient care; physical exercise and physiotherapy; psychosocial training and counselling; aids and appliances; and modifications to workplaces, homes and cars. Attachment C sets out the "whole of person" approach used in this rehabilitation approach, including medical, psychosocial, and vocational aspects.

4.3 Mental health

To reach members of the veteran and ex-service community on mental health matters, including those who are reluctant or unable to seek help, the Department uses education and awareness activities to promote good mental health and help-seeking behaviours. *At Ease* (www.at-ease.dva.gov.au) is a self-help website offering mental health and wellbeing information and resources for veterans and serving personnel, their families, friends and carers as well as health providers.

A focus for the Department is developing new channels of communication to strengthen our engagement with contemporary veterans and their families, including new technologies such as mobile phone applications. A range of mobile phone applications are either being developed or in preliminary planning stages, including:

- An Australian version of the United States Veterans' Affairs PTSD Coach with enhanced functionality and engagement with allied mental health providers (through *At Ease*) and VVCS providers to incorporate the application into treatment regimes.
- *The Right Mix* alcohol management to assist contemporary veterans manage their drinking behaviours.
- Suicide awareness tools and information to support those at risk and their families, under the *Operation Life* framework.
- A mobile version of the *Wellbeing Toolbox* providing interactive self care tools to support personnel who are leaving the ADF.

These initiatives are in a context of a wide range of mental health treatment services that are purchased and provided by the Department, including GP services, psychiatric services, psychologist services, pharmaceuticals, and hospital services. In addition, DVA also provides direct services through the Veterans and Veterans Families Counselling Service (VVCS), which provides free and confidential counselling either face-to-face at one of the 15 VVCS Centres nationally, or through the 24-hour hotline, 1800 011 046.

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[19] DVA (2011) http://www.dva.gov.au/rehabilitation/Documents/dvarehab.pdf .

Non-liability healthcare is available to eligible veterans with post traumatic stress disorder, anxiety and depressive disorders to treat these conditions. Non-liability health care provides access to treatment for eligible clients (this includes those who have sustained wounds or injuries from operational service). Those with non-liability cover for these conditions have access to a range of clinically needed mental health services, irrespective of whether or not the post traumatic stress disorder, anxiety and depressive disorders is service-related.

The work of Defence in identifying mental health prevalence through the *2010 ADF Mental Health Prevalence and Wellbeing Survey*[20] will be an important consideration for DVA's approach to mental health in the future.

4.4 Medical treatment and community care

For wounded or injured former personnel, ongoing medical treatment and community care may be essential components to meet their needs. The Department is working on a number of reforms to transform the way it purchases and provides services on behalf of clients.

Insert 5: DVA's care and support role

DVA is a major national purchaser and provider of health and community care services worth around $5.5 billion a year. DVA uses this purchasing power to ensure that all clients including the wounded or injured are able to access health and care services in each state and territory, from both the public and private sectors, and across the spectrum of service delivery from hospital inpatient delivery, community care services, to primary care in general practice settings.

DVA purchases health services over the course of a client's lifetime after discharge, including through periods of acute illness. Services include:

- General medical consultations and services that provide access to general and specialist medical and dental services
- A range of allied health services such as physiotherapy and psychology services
- Rehabilitation, including psychosocial rehabilitation
- Hospital services in both public and private sectors, including inpatient and outpatient services
- Pharmaceutical benefits that provide access to a comprehensive array of pharmaceuticals and wound dressings
- Home care services designed to assist those veterans and war widows or widowers who wish to continue living at home, but who need a small amount of practical help. Services include domestic assistance, personal care, respite care, and safety-related home and garden maintenance
- Community nursing services to meet an entitled person's assessed clinical and/or personal care needs in their own home
- Counselling services including through the Veterans and Veterans Families Counselling Service (VVCS)
- Other services such as transport, including the transport of a carer or attendant where medically necessary.

[20] Commonwealth (2011) *Mental Health in the Australian Defence Force 2010 ADF Mental Health Prevalence and Wellbeing Study.*

In 2010, DVA established a program to develop new service models, in order to respond to the changing needs and expectations of the contemporary veteran cohort. This program has implemented a new service model for widow/ers and dependants of contemporary veterans, providing a primary point of contact to help dependants access DVA entitlements and support from other agencies.

Another new service model is in the early stages of development in order to assist contemporary ADF members and veterans who have been wounded or injured in service and who have complex and/or multiple needs. The model will respond to different levels of complexity in care need and work with the ADF member support framework to ensure the effective management of transition into civilian life and ongoing support. As well as meeting the needs of those wounded or injured on operations, the model is also for those who become injured or ill from peacetime service. This work ties in with the Support for Wounded, Injured or Ill Program (as discussed earlier in section 3.1).

To help develop the model, there has been consultation with wounded or injured contemporary veterans. A practitioner workshop has also been held with ex-service organisations who advocate on behalf of veterans for claims and appeals and Defence organisations.

Other activities within DVA supporting the development of this new model include:

- Simplifying how information is provided to clients about entitlements and DVA services
- Improving the process of notifying DVA of wounded/injured personnel
- Clarifying roles and responsibilities of all involved in supporting the wounded/injured member and their family
- Ensuring DVA's client contact model provides appropriate levels of support to the client and his or her family

DVA is also working with other agencies to help implement the new Personally Controlled Electronic Health Record (eHealth record). Participation in the eHealth record system is voluntary, with functions available incrementally from July 2012. While the eHealth record system is open for consumer registration, health providers will not be able to access the eHealth record system until later in 2012.

The VVCS information management system is planned to be compatible with the eHealth record system during 2012-13. If they consent to an eHealth record, VVCS clients can have summary information about services they receive from VVCS included in their eHealth record. If the client wishes, this summary information can be made available to other health providers and their VVCS counsellor can see important health information from other health providers.

The eHealth record will assist in the transition process for current serving ADF personnel, in terms of appropriate care coordination for clients, including for those wounded or injured.

As an early commitment to electronic data exchange and receipt, DVA has since 2006 used an electronic system to manage requests to Defence for service and medical records to streamline the claims process and ensure records are returned to Defence as necessary.

DVA is now working with Defence to ensure maximum interoperability with Defence's Joint eHealth Data and Information System Project. The purpose of this project is to develop and implement an ADF electronic health information system that will link health data from recruitment to discharge. It will generate an electronic health record for ADF personnel that with the client's consent may be used by health providers after discharge. This system will also assist with claims

for rehabilitation and compensation, enabling DVA staff to have shared access to necessary documentation.

DVA is also working on new methods for chronic disease management and care coordination. For instance, the Coordinated Veterans' Care Program is a positive step to improve the wellbeing and quality of care for chronically ill Gold Card holders, including through team based care and careful targeting of chronically ill patients. The program pays general practitioners and nursing providers to coordinate care for Gold Card holders who are at risk of hospitalisation. Through improved community based care, the program is intended to improve the health of participants by:

- Providing ongoing planned and coordinated care from the general practitioner and a nurse
- Educating and empowering participants to self manage their conditions
- Encouraging the most socially isolated to participate in community activities.

5. Readiness for the future

In Afghanistan, the process of transition to Afghan-led security will change the operating environment for the ADF and the context for the care and support for those wounded or injured. For DVA, it will potentially result in an increase in the number of claims submitted to DVA to recognise service-related injury.

DVA's work to transform its service delivery models will position the Department well to manage this changing environment. In particular:

- The investment in understanding the characteristics of the contemporary cohort of veterans, including those who have been wounded or injured, means DVA is well placed to continue to meet client needs and expectations.
- The more flexible and simple process of when and how claims may be made, means greater responsiveness for recognising service-related injuries. The more visible and pro-active DVA presence in the ADF means personnel are more aware of the help and support they can access when they need it.
- The close work with the ADF will help make the process of discharge from the military into civilian life as smooth as possible, including for those personnel who have sustained wounds or injuries from their service.
- The development of new service models and other reforms places the client at the centre of service delivery, so DVA is able to provide a more pro-active and tailored service to meet client need.

Some conditions may take some time before symptoms present or become known to the individual and his or her family, or before symptoms reach a level that the individual wishes to seek help (or is encouraged to do so by a spouse or family member). For instance, with the delayed onset of post traumatic stress disorder, symptoms may take several years before they become apparent.

The knowledge and evidence about some wounds and injuries also may take some time to emerge and there may be delays in diagnosis. As noted earlier, mild traumatic brain injury is an emerging issue as a result of blast injuries and the use of improvised explosive devices in more recent Middle East Areas of Operations[21].

DVA's system recognises delayed onset of symptoms and is flexible to updates in knowledge and scientific evidence.

Through the Department's research program and in collaboration with Defence, DVA will continue to monitor prospective health needs. Particular forthcoming studies include:

- The Middle East Area of Operations Prospective Health Study that will provide the most up to date information on current physical and psychological effects of this deployment.
- Further analysis arising from the *2010 ADF Mental Health Prevalence and Wellbeing Survey.*

The Department will also continue to consult with the ex-service community about emerging needs and how these needs may be effectively addressed.

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[21] The University of Adelaide, Centre for Traumatic Studies (2011), *Loss of consciousness and IEDs: The Issues and challenges in diagnosing mild traumatic brain injury.*
http://www.cmvh.org.au/docs/ThinkTank/mTBI_lit_review_UA_Prof_mcfarlane.pdf.

Attachment A

A brief outline of the Department of Veterans' Affairs and legislation

The Department of Veterans' Affairs is the primary service delivery agency responsible for developing and implementing programs that assist the veteran and ex-service communities, including for the contemporary cohort of veterans and their families.

As part of this responsibility, the Department administers outlays of some $12.2 billion a year, for a range of supports and health care, with its main responsibilities including:

> *Outcome 1:* Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation, and other support services, including advice and information about entitlements.
>
> *Outcome 2:* Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.
>
> *Outcome 3:* Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preservation of Australia's wartime heritage, and official commemorations.

Legislation

Three main pieces of legislation govern veteran access to care and support entitlements:

1. The *Veterans' Entitlements Act 1986* (VEA) which provides compensation, income support and health services for those current and former members of the ADF who have served in operational conflicts, before 30 June 2004, as defined by the Australian Government. Some veterans with warlike service and non-warlike service after 1 July 2004 may also have access to certain VEA entitlements. Others with peacetime service between 1972 and 1994 may have access to some VEA entitlements.
2. The *Safety, Rehabilitation and Compensation Act 1988* (SRCA) is workers' compensation legislation that applies to members and former members of the Australian Defence Force, Reservists, Cadets and Cadet Instructors and certain other persons who hold an honorary rank in the ADF, as well as members of certain philanthropic organisations that provide services to the ADF.[22]
3. The *Military Rehabilitation and Compensation Act 2004* (MRCA)[23], provides compensation and rehabilitation for current and former members of the Australian Defence Force as well as Cadets, Cadet Officers and Instructors whose injury or disease is caused by service on or after 1 July 2004. Note that the MRCA superseded the SRCA at this date for DVA, as well as most of the provisions contained within the VEA.

Individual clients may have eligibilities under one or more of these Acts.

The Department also administers other legislation such as the *Defence Service Homes Act 1918* and the *War Graves Act 1980.* .

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[22] Department of Veterans' Affairs MCS01 fact sheet.

[23] Department of Veterans' Affairs MRC01 fact sheet.

Attachment B

Accepted Conditions for veterans of Selected Conflicts

March 2012

Summary of accepted conditions

	East Timor	Solomon Islands	Afghanistan*	Iraq	Net Total
Veterans with an accepted condition**	3,004	309	1,201	1,020	4,973
Total number of accepted conditions**	6,835	611	2,789	2,207	11,697
Average conditions/veteran	2.28	1.98	2.32	2.16	2.35

Top 20 accepted conditions for selected conflicts

	Number of veterans with an accepted condition				
Condition	East Timor	Solomon Islands	Afghanistan*	Iraq	Net Total
Post traumatic Stress Disorder	683	28	256	275	1,179
Tinnitus	654	56	235	172	1,024
Sensori-Neural Hearing Loss	654	55	205	164	973
Acute Sprain and Acute Strain	300	40	172	127	609
Lumbar Spondylosis	381	37	147	115	600
Depressive Disorders	302	21	106	134	541
Alcohol Dependence and Alcohol Abuse	301	11	47	67	405
Osteoarthrosis	261	30	80	77	404
Intervertebral Disc Prolapse	184	17	76	68	319
Fracture	128	23	108	57	311
Cut, Stab, Abrasion and Lacerations	43	under 10	121	41	208
Internal Derangement of the Knee	110	25	43	31	205
Rotator Cuff Syndrome	89	10	56	58	203
Chondromalacia Patella	111	under 10	39	47	191
Solar Keratosis	136	under 10	30	20	179
Malaria	139	under 10	under 10	under 10	144
Irritable Bowel Syndrome	96	under 10	10	19	125
Tinea of the Skin	97	under 10	23	13	124
Non-Melanotic Malignant Neoplasm of the Skin	79	under 10	19	16	112
Cervical Spondylosis	50	under 10	35	22	110

The primary operation when referring to Afghanistan is Operation Slipper.
Operation Slipper is Australia's military contribution to the international campaign against terrorism, maritime security in the Middle East Area of Operations and countering piracy in the Gulf of Aden. Claims from Operation Slipper are generally attributed to one of five conflict codes, regardless of the location of the individual, and these claims are then aggregated as 'Afghanistan'. Operation Slipper includes, inter alia, service in Afghanistan, Dubai and the Gulf of Aden.

Total veterans and total accepted conditions only relate to conditions claimed under the *Veterans' Entitlements Act 1986* (VEA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA). Accepted conditions accepted under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) are not included in these figures as these are not determined using the Statements of Principles (SOP).

1. This report classifies accepted conditions by SOP.
2. This report does not include conditions without a SOP such as those that have been determined by the VRB and AAT.
3. The statistics are current as at 30 March 2012. Conditions relate to service beginning from the commencement date of the relevant conflict listed in the legislative instrument for that conflict. Compensation coverage for service in these conflicts commenced on the following dates:
Afghanistan (Operation Slipper): 11 October 2001
East Timor: 19 June 1999
Iraq: 18 March 2003
Solomon Islands: 8 June 2000

4. The volume of claims relating to service on particular operations may be affected by a variety of factors, including the number of personnel deployed, the duration of the operation or conflict, and the amount of time that has passed since the conclusion of the operation.

5. This report is a count of veterans with an accepted SOP condition not a count of claims. Therefore, a veteran with multiple accepted claims under the one SOP will only be counted once per cell.

6. Where a veteran has multiple accepted conditions against multiple SOPs, the veteran will be counted against each SOP.
7. These accepted condition/s may be wholly or partially attributed to one or more conflicts. Where a veteran has an accepted condition attributed to multiple conflicts the condition will be represented against each conflict.

8. Net Total relates to the net number of veterans who have an accepted condition. Where a veteran has a condition that is attributed to more than one conflict they will be counted under each conflict but only once in the net total.

9. There is no direct link between the accepted conditions detailed above and casualty figures released by the Department of Defence. According to Defence, an ADF member serving in warlike conditions and hurt as a consequence of action against the enemy is classified as 'wounded'; an ADF member hurt in an incident that has not been the result of enemy action in warlike conditions is classified as having been 'injured'. The Department of Defence's website indicated that as at 10 August 2012, the number of ADF members wounded in action in Afghanistan was 234.

Veterans' Affairs Whole of Person Rehabilitation

Attachment C

To aid recovery and wellbeing, three elements must be considered when identifying an individual client's rehabilitation needs.