

## Mates4Mates Submission Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans 2 July 2018

Mates4Mates appreciates the opportunity to make this submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans.

Mates4Mates is a national charity which provides a range of integrated support services to current and ex-serving Australian Defence Force members (“Mates”) who have experienced service related physical or psychological injuries, and their immediate families. We currently support over 3000 Mates and family members across Australia.

The Inquiry is rightly considering a broad range of issues and is seeking responses on a range of topics. Mates4Mates provides a range of physical rehabilitation, psychosocial and vocational support services to veterans but we do not directly provide claims and compensation advocacy services. Our feedback in this submission is based on the experiences of our Mates and their families who navigate these systems. For clarity, our submission focuses on responding to specific questions raised in the issues paper, as identified below:

- What should the system of veteran’s support seek to achieve in the longer term? What factors should be considered when examining what is in the best interest of veterans?
- For those veterans who receive compensation, are there adequate incentives to rehabilitate or return to work?
- How have veterans needs and preferences changed over time? How can the system better cater for the changing veteran population and the changing needs of veterans?
- What are the key characteristics of military service that mean veterans need different services or ways of accessing services to those available to the general population? How should these characteristics be recognised in the system of veteran’s support?
- Has the non-liability coverage of mental health through the White Card been beneficial?
- What role ESO’s should play? Are there systemic areas for improvement in the ESO sector that would enhance veteran’s wellbeing?
- In some countries, rehabilitation services are provided to the families of severely injured and deceased veterans. Is there a rationale for providing such services in Australia? If so, what evidence is there on the effectiveness of these services?

### ***What should the system of veteran’s support seek to achieve in the longer term? What factors should be considered when examining what is in the best interest of veterans?***

In a very broad context, the intent of any agency providing rehabilitation services should be focused on assisting people to function as effectively as possible after an injury, illness, disease or accident. It should be targeted at assisting them to relearn old skills or find new and alternative ways of doing things to lead effective lives. The goal should ultimately be for the individual to achieve self-management for their health issue and as much independence as possible, with the necessary supports in place to successfully achieve this.

Within the context of rehabilitation for veterans with a service related injury or illness, the same principles should apply. It should be about wrapping the necessary supports around them when needed but not undermining their rehabilitation and recovery by creating permanent dependency on services. This is something we work on balancing each day at Mates4Mates. We offer a range of

integrated physical, psychosocial and vocational supports in an environment where veterans feel safe, accepted and understood. However, we are very mindful of not creating a framework which fosters overdependency on our supports, as for some this can serve to hinder or delay their successful transition into the civilian world. Our model of support tries to align with the old saying “*give a man a fish, and you feed him for a day but teach a man to fish, and you feed him for a lifetime*”. It’s about assisting veterans who are injured to develop the tools they need to live with purpose and meaning in the civilian world.

Any system of support must keep striving to get this balance right. From our experience, some of the factors associated with DVA’s processes can act to unintentionally create situations where veterans remain stuck and languish. In our experience this often has to do with the length of time it takes for claims to be processed and an outcome achieved.

We hear time and time again from veterans who are going through a claims process that much of their time and energy, for prolonged periods (sometimes due to claims rejections and subsequent appeals processes), is focused on attesting to their limitations to meet criteria for obtaining and maintaining certain incapacity payments. This is complex because every compensation system must have eligibility procedures. However, if the initial claims process occurred faster (which is something we know DVA has committed to improving), we could prevent people from being immersed for so long in a “limitations” mindset so they can quickly move to a strengths-based mindset.

It goes without saying it is vital for veterans who are in financial distress to receive entitlements as quickly as possible and we are pleased to see DVA introduce the Veterans Payment as interim financial support for those who lodge a claim for a mental health condition. However, from our experience, the bigger impetus to hasten the process is to avoid the risk of veterans starting to identify themselves by their injury or diagnosis and therefore losing motivation for rehabilitation and recovery – this is the larger and more costly burden on the system in the long run.

### ***For those veterans who receive compensation, are there adequate incentives to rehabilitate or return to work?***

While it is vital to regularly review veterans’ capacity and adjust payments accordingly, some veterans become overly fearful their payments will be taken away. This fear results in some veterans not taking up opportunities for rehabilitation and recovery. We have many examples of veterans declining opportunities to participate in some innocuous rehabilitation activities we offer because they are fearful that if they participate, DVA will find out and may re-assess their level of incapacity and adjust (i.e. reduce) their payments accordingly. While this may only be a perception and not always the reality, the perception remains, which suggests there is something inherent within the system which is fostering this fear and is causing veterans to miss out on engaging in rehabilitation activities which can assist their recovery. More education and awareness from DVA surrounding how entitlements are reviewed and adjusted could go some way to alleviate this fear.

In some cases, this fear can be attributed to the fact that some veterans develop a pattern of thinking in which they view compensation as the ultimate panacea and spend little time thinking or planning for their life beyond receiving compensation. For younger veterans with years of life ahead of them, this can have long term negative consequences on their mental health. If veterans have sustained a service related injury, they are certainly owed compensation, but this cannot be the only goal. When considering why veterans can easily fall into this way of thinking, we need to recognise the negative impact words like “broken” can have on veterans with physical or psychological injuries – they can serve to become self-fulfilling prophecies (*If I’m “broken” then I can’t be fixed, I can’t work, so the only*

*thing I can hope for is compensation*). It is also important to recognise some of the terminology used within the system can contribute to the problem. Labels like “permanent incapacity” can have significant effects on veterans’ sense of self-worth and future orientation. This is a particular risk for veterans as they come from an environment where physical & psychosocial fitness, strength and endurance are ingrained in culture. When they are injured, their identity and concept of self can be negatively impacted – particularly if that injury prevents them from continuing with their military career and ends in medical discharge. Changing some of the terminology in the system may go some way towards altering the mindsets of some vulnerable veterans.

It is important that veterans, their families and the whole community understand that despite a physical or psychological injury, veterans have the capacity to lead very active, purposeful and fulfilling lives. It is important veterans who have the capacity to provide for themselves do not have their independence taken away from them. As a direct result of their specialised training and their unique experience of military service, veterans are amongst the most capable and hardworking cohorts in society. Even the experience of a physical or psychological injury does not diminish their value in society whether that be through full-time, part-time, casual or voluntary employment. Research indicates that employment can be a restorative psychological process. There is no substitute for what employment offers in the way of structure, support and meaning. Positive and meaningful employment experiences are linked to improved self-esteem, self-efficacy and high levels of personal empowerment – all of which have a positive effect on mental health and wellbeing.

### ***How have veterans needs and preferences changed over time? How can the system better cater for the changing veteran population and the changing needs of veterans?***

Today’s veterans span many wartime eras and ages and as such, their health-related needs are many and varied. Much of the focus of late has centred on engaging the “contemporary” or “modern” veteran (service post-1999) as it’s this group which, following the Vietnam era veterans, will be the largest cohort seeking supports in the future. Additionally, we know the average length of ADF service now is just 7 years. So, veterans are still relatively young upon transition. This cohort is much more technologically savvy than previous generations and as such, they seek much of their information online (particularly social media platforms) and expect quick access to services and quick response times.

With a focus on more contemporary veterans, it is important we do not lose sight of the important learnings gained from the Vietnam era veterans. Due to research carried out over the last couple of years by the Gallipoli Medical Research Foundation (GMRF) in partnership with RSL Queensland, we are now in a better position to understand the effect psychological trauma has on the body. The PTSD Initiative: Vietnam Veteran Study found that veterans with a diagnosis of PTSD displayed long-term poor health outcomes including heart disease, gastric complaints and sleep disorders. GMRF and RSL Queensland have used this research to create a GP education and awareness program which is a very positive start. But so much more can be done within DVA to take these learnings and adapt the current system of support and health education to align with what we know from this and similar research.

Mates4Mates believes it is important for DVA to be more flexible in considering emerging interventions in the treatment of PTSD and other military related psychological issues. We understand that DVA uses the rapid evidence assessment approach as a means of determining the efficacy of newer approaches to treatment. While we entirely agree that any government endorsed & funded service needs a strong evidence base, to date there seems to be a general dismissiveness of these new approaches. By the very nature of them being newer and emerging treatment options, it is to be expected there will be a paucity of an extensive evidence base. Veterans Affairs agencies in the United

States, Canada and the United Kingdom have proven to be far more open to funding pilot programs and initiatives to explore these types of approaches (Equine Therapy as an example) so the evidence about their efficacy can be gathered.

If one considers the rationale behind the National Disability Insurance Scheme (NDIS) which is focused on giving choice and control to the individual with a disability, DVA under its veteran centric reform agenda, should be far more open to allowing veterans to have more choice and control over the type of supports they feel would be beneficial to their rehabilitation and recovery.

***What are the key characteristics of military service that mean veterans need different services or ways of accessing services to those available to the general population? How should these characteristics be recognised in the system of veteran's support?***

The experience of ADF personnel in their “workplace” is inherently different to the general population. Amongst a myriad of other differences, military service involves higher risk of exposure to physical and emotional trauma. Non-liability coverage of any mental health through the White Card is one of the most positive initiatives DVA has introduced in recent times. It acknowledges that veterans, by the very nature of their work, are entitled to receive mental health support when needed and without the burden of having to prove causality to military service.

Mates4Mates strongly believe that service providers (allied health professionals, rehabilitation providers etc.) engaged to treat or support veterans need to have a clear understanding of the military context from which the veteran has originated. We know the way in which veterans view the world is often markedly different to how civilians view the world. The deeply imbedded & persistent training which military personnel receive to set them up to be effective soldiers, sailors and airmen and women, creates sets of behavioural, social & moral ‘rules’ which are strictly adhered to, often long after they have transitioned into civilian life. Even within the ADF there are unique subcultures with their own behavioural nuances and rules. These rules are like lenses through which veterans view the world.

Unless services providers know that these rules or lenses exist and understand the context from which veterans will operate, they will have little hope of developing positive therapeutic relationships with veterans; and they will have little hope of supporting the veteran to adapt, adjust or modify their thinking & behaviour to successfully assimilate into a new civilian culture.

Mates4Mates applauds DVA for providing health practitioners and service providers with a range of online training resources to upskill them in understanding the military experience and providing education on the skills necessary for responding to the mental health and rehabilitation needs of ADF members. We are pleased to see that DVA is currently engaging an external agency to review the current incentives and compliance requirements for professionals to undertake veteran-specific online training. However, one concern we have previously raised is that, as it currently stands, current or ex-service members struggle to know whether the provider they are seeing has undertaken this training. It's vital that they have confidence that their psychologist, GP or health care provider has a contextual understanding of their experience. We feel it would be useful if a register was developed which veterans could access to know which providers have completed the DVA training modules, or optimally, make it mandatory for providers to complete the modules. This will provide veterans with a level of confidence that these service providers understand their unique situation and assist with the development of a strong therapeutic relationship and means the veteran will hopefully be in a better position to continue to engage in support.

Any support system related to veterans must appreciate and utilise the value of peer support. Peer support to promote recovery is not new and it happens organically everyday whenever one person with a similar lived experience seeks to support another. The concept of peer support is the foundation upon which Mates4Mates and many other ESO's were built on. The notion of peer support is particularly salient for the veteran community because veterans have an intrinsic sense that they can trust another veteran – there is a fundamental and often immediate authenticity to the relationship.

In terms of improving services for veterans, more services need to be delivered by veterans to veterans. We need to invest in ensuring that we are providing opportunities for veterans to receive formalised training, skills and frameworks from which to operate to provide meaningful and purposeful peer support. We know DVA has piloted a Peer Program previously but there is so much potential to use the peer model of support in the veteran community and there are opportunities to broaden the nature of what peer support can look like, beyond social connection.

At Mates4Mates we currently offer a program called “Skills Training in Affect & Interpersonal Regulation” (the STAIR Program). The STAIR program provides veterans with skills to help manage the impact of trauma on emotional regulation and social/interpersonal functioning. We are now in the process of providing opportunities for some veterans who have participated in the STAIR program to receive a structured program of education, training and supervision to support them to become Peer Facilitators and deliver the STAIR program in their local area. This model allows for the delivery of an intervention aimed at stabilisation of mental health issues for veterans by veterans - thus reducing the burden on clinical services and increasing veteran's access to care and support, particularly in regional and rural areas where access to services is limited. We would welcome the opportunity to explore with DVA how peer programs could be further extended to incorporate the delivery of stabilisation based treatment programs for veterans.

***What role ESOs should play? Are there systemic areas for improvement in the ESO sector that would enhance veteran's wellbeing?***

This is a colossal topic and one which is currently being investigated by the Defense Sub-Committee of the Joint Standing Committee on Foreign Affairs, Defence and Trade. As such, our response here will be broad and brief, as additional detail will be in our submission to that Inquiry.

ESO's play an exceptionally important role in the broad support structure for veterans. The ESO's who deliver advocacy services provide much needed support to veterans to navigate the claims and entitlements processes. For many transitioning or recently transitioned ADF members, ESO's like us who deliver physical rehabilitation, psychosocial and vocational support services, can fill much-needed gaps in available services for those experiencing a service related injury who are waiting for outcomes of DVA claims.

ESO's can be much more flexible and agile than government, in terms of the types of supports we can offer and how quickly we can adjust our service offerings based on direct feedback from those we support. Above all else, the fundamental value of ESO's lies in the fact that the majority of ESO models are structured on “veterans supporting veterans” and as raised previously in this submission, there is immeasurable value in veteran peer support.

ESO's play a very important role in providing aspects of veteran care which are fundamental to successful rehabilitation and recovery, but which are often neglected when talking about funded services for veterans. The most prominent being social connection. From our experience, a significant factor associated with increased risk of poor motivation for rehabilitation and suicide ideation in

veterans is social isolation. Military culture is entirely focused on the team (or the group) above the individual – military personnel are immersed in a life of mutual support and emotional connection. To veterans the civilian world can be seen as entirely the opposite. Coming out of a tightly-knit social unit, veterans often experience a sense of disconnection & isolation in civilian life and a distinct lack of community.

The shift is often very troubling for many as their life suddenly has far less collective meaning, particularly if they are also struggling with a physical or psychological injury. This disconnect or loss of the 'social village' or 'tribe' (the term used by author Sebastian Junger) can manifest itself in prolonged and intense pain, loneliness, perceived burdensomeness, self-loathing and hopelessness. This is why ESO's such as ourselves, and others, provide opportunities for veterans to access new 'social villages' or 'tribes' through various social connection activities. While on the surface they are simple activities, they are fostering exceptionally important supportive community relationships for veterans - opportunities for veterans (and their families) to feel connected again to people from their 'village' or 'tribe' - opportunities for them to regain a sense of belonging and understanding among their peers.

ESO's such as ourselves also provide veterans with opportunities to reap the benefits of participation in adventure based therapeutic activities – again, not primary funded rehabilitation treatments but still exceptionally important adjuncts to a veteran's recovery journey. Adventure based activities provide veterans with the opportunity to safely extend themselves physically and emotionally, all things which are commonplace in the military and which are often lost following transition, particularly if they have sustained an injury. These activities:

- provide veterans with opportunities to recognise their internal coping strategies & their internal resilience and strength which they perhaps thought they had lost since becoming injured;
- provide veterans with opportunities to recognise the importance of teamwork and asking for help when you need it; and how this is also relevant in their personal lives;
- can increase veterans' confidence through mastery of a new skill;
- provide opportunities for short and long-term goal setting in a supported peer environment (goal setting being an important risk mitigation for suicide)
- provide veterans opportunities for problem solving and creative thinking - all skills which are transferable to everyday life and are important for people to recognise, particularly for people who might be feeling confused or hopeless or helpless in their lives due to injury;
- provide veterans opportunities to recognise how the body can often naturally extend itself to do things even when the mind says no – which can be a reminder of the importance of physical activity and mindfulness.

Preliminary results from a current research study (utilising both quantitative and qualitative data collection methods) of our adventure based activities has found statistically significant reductions in depression scores; increases in self-esteem scores; increases in adaptive coping; decreases in maladaptive coping; and increases in secure attachment feelings. This suggests these types of interventions delivered by ESO's, as well as other emerging interventions such as Equine Therapy, have a very important place in the treatment approach for injured veterans.

We know from the 2017 Aspen Foundation ESO Mapping Project Report that the Australian Charities and Not for Profit Commission has 3,474 charities registered that have nominated "Veterans and/or their families" as a specified beneficiary of their organisation. "Veterans and/or their families" are the sole beneficiary of 519 of these charities, and most would be considered ESO's (or VSO's). This

suggests it is a very cluttered space within which ESO's such as ourselves operate – and the clutter does not come without issues.

Having so many ESO's with, at times, opposing key messages and fractured relationships, ultimately causes confusion for the veteran, their families and the wider community. It is challenging for veterans to know which ESO's offer what and where and how they can be accessed. Understandably this restricts the power ESO's have to advocate to government on behalf of veterans. The not-for-profit sector is a challenging financial environment for any organisation to remain sustainable but for smaller ESO's who deliver specialised or niche services, the administration and other operational overheads can result in them struggling to manage with limited resources.

Ultimately the ESO space needs to be rationalised. While this could be achieved by collaboration, unless that collaboration takes more formal routes (e.g. ESO's amalgamating, merging or developing service agreements) it will not likely result in the change needed. Another way to achieve the rationalisation needed is to introduce a formalised accreditation process where organisations providing services primarily to veterans must meet a set of sector standards to gain certification (it is important to note we're referring to a process aside from the accredited training for providers of veteran advocacy services). This would ensure organisations supporting veterans have appropriate clinical and/or corporate governance frameworks and quality systems in place. Rationalisation doesn't mean less choice for the veteran, it simply means that when they choose to access an ESO, they do so knowing they will receive quality services delivered by organisations committed to continuous improvement.

ESO's have a responsibility to ensure everything we do is in the best interest of the veteran. What is not in the best interest of veterans is ESO's publicly levelling intense criticism at other agencies tasked with supporting veterans. Of course, no systemic change will occur if instances of unfair or unjust treatment are not raised. However, incessant and at times malicious criticism by ESO's of DVA and other agencies tasked with assisting veterans, does nothing positive to promote or support veteran health and wellbeing. This only serves to cause further distress and angst to those in need and increases their sense of helplessness, hopelessness and despair and that of their families.

***In some countries, rehabilitation services are provided to the families of severely injured and deceased veterans. Is there a rationale for providing such services in Australia? If so, what evidence is there on the effectiveness of these services?***

Mates4Mates is acutely aware that the adverse physical and psychological effects that military service can have on our service men and women can also seriously affect the family unit. Integral to supporting veterans and ensuring they feel their life has stability, security and harmony, is providing direct support to their family and loved ones. When the family unit isn't functioning well due to a veteran's injury or illness, the veteran can feel significantly more vulnerable and responsible, which can negatively impact their rehabilitation and put them at increased risk of suicidal ideation. This is why all Mates4Mates services are accessible to our Mates immediate family members. There is a significant sense of relief experienced by veterans when they know their loved ones are receiving the support they need. Also, loved ones being supported means they are then in a better position to continue to provide support to the veteran on an ongoing basis.

Mates4Mates is working on developing a multimodal evaluation framework to effectively measure, amongst other things, the efficacy of providing services to families of veterans. As a start, the Gallipoli Medical Research Foundation was commissioned to evaluate our 5-day Residential Equine Program which we deliver to veterans and couples (veteran and their partner). The results of this evaluation

clearly indicated that while there were significant reductions in depression, anxiety, stress and PTSD symptoms and improvements in happiness and quality of life for both the “veteran” and “couples” Equine Programs, it was those in the “couples” programs who maintained these positive gains over a longer period of time. While there are many factors associated with this finding, to us it highlights that just focusing treatment interventions on the veteran is not enough, the focus needs to be on family so there are opportunities for collective healing.

While DVA provides a range of services for families (and additionally though VVCS), we believe there are opportunities for more to be done in the area of psychoeducation. Providing opportunities for veteran’s partners and family members to access accredited training such as Mental Health First Aid training and suicide awareness training is vital. Often family members can feel helpless and inadequate when faced with a loved one experiencing physical, emotional or psychological pain. However, being provided with training in areas such as recognizing the signs of mental health problems or suicidal ideation and skills in how to respond in crisis situations can provide family members with increased confidence and can assist in veterans being linked with supports sooner. Such training could be funded through DVA but coordinated by ESO’s who have the flexibility and capacity to provide the family members with additional wrap around support services.

## ***Summary***

In summary, Mates4Mates again appreciates the opportunity to make this submission. We understand the commentary we have made merely scratches the surface of what is a very broad and highly complex area of inquiry.

We would be happy to elaborate or provide additional detail on any of the commentary made in this submission.