

You state that in this report that:

DVA provides various forms of support to current and former ADF members and their families. The supports include:

- income support and compensation
- health care
- rehabilitation, transition support and other services to support wellbeing.

I am going to suggest some simple ways to improve these services

Income support and compensation

This needs to be reconfigured from an adversarial gatekeeper methodology requiring advocates to negotiate the system, to a supportive client focused methodology asking the necessary follow-on questions to assist the veteran negotiate the system.

Expected outcomes

- Reduced conflict between DVA and Veterans
- Reduced cost due to the reduced administrative activities
- Better mental and physical health outcomes for Veterans.
- Reduced overturning of DVA Decisions at the VRB and ATT.

My personal experience with this aspect of DVA service

- Staff bluff and bluster about your entitlements, they don't seem to have read or understood the legislation they are making decisions about. It is like they are operating on hand me down information.
- Staff don't seem to understand how the conjunction 'or' is used in legislation. They normally seem to use it as 'and'.

Example attached to the submission as 'VRB Case for Hearing 06May2018'

Health care

Focus 1 access:

Getting access to some services while a DVA client can be near on impossible. I have had to go to another state to get a Physiologist, DVA are now paying for me to travel and reimbursing the treatment but not my lost time at work to attend.

Therefore, the result is I loose about \$350.00 per appointment for this service. (Sick leave without pay)

My Doctors are not happy with the challenges of there decisions that are made by DVA.

I did in one case have to take this to the VRB in which I was successful. The crux of the problem was DVA was using a specialist focusing on only one condition to override the decisions of my GP who was certifying incapacity for 7 conditions.

This goes to my earlier point of hand me down information as they failed to comprehend this passage correctly.

“6.5.8 Specialist versus GP Opinion”

Most persons claiming incapacity payments, consult both a Specialist and a GP. Medical certification of incapacity for employment may of course be accepted from either that medical specialist or the GP. However, where specialist and GP advice conflicts, the specialist advice is to be preferred, always provided that the speciality is in the field relevant to the compensable injury.”

In my case fighting this caused significant stress, ill-health and financial harm.

Again, working collaboratively with the Veteran in this case would / should have:

- Reduced conflict between DVA and Veterans
- Reduced cost due to the reduced administrative activities
- Better mental and physical health outcomes for Veterans.
- Reduced overturning of DVA Decisions at the VRB and ATT

Focus 2 Proactive

Veterans differ from the majority of society because they are normally playing the role of protector and used to being part of a body of people who are trained and prepared to risk their lives and wellbeing for others.

Therefore, they are in more need than most to need the sense of community that comes from wearing a uniform.

I would suggest based on my own observations that everyone I have worked with in the ADF is clinically or sub-clinically PTSD.

Leaving the community will if not immediately but eventually take its toll. I am of the belief that counselling (VVCS) helps but we could do things better.

Mental Health Supports that I suggest could reduce the risk and cost

Simple things like:

1. GYM membership this would have both physical and mental health outcomes. By providing a new way to socially interface while staying fit and healthy. **(How)**
2. Based on my own experience with PTSD I would suggest provision of a quiet place to rest before flights (This may be could be some type of lounge access) **(Need)**
3. May be a Volunteer Reserve type of activity. I really miss being able to put a uniform on. I need to feel I can contribute to solutions. (I do this currently by traveling and placing myself in places in which I need to solve problems) **(Why – Motivation and How)**
4. **Education – Using a model like the USA – GI bill**, put them through a Degree. This is as much about making them feel like they have progressed. (Lots of my group appear to have peaked during their ADF service) **(Why – Motivation and How)**
5. **Supporting the children** of Veterans (All) Educational attainment. **(How – Positive experience)**

Physical Health Supports that I suggest could reduce the risk and cost

Simple things like:

1. GYM membership this would have both physical and mental health outcomes. By providing a new way to socially interface while staying fit and healthy. **(How)**
2. May be a Volunteer Reserve type of activity. I really miss being able to put a uniform on. I need to feel I can contribute to solutions. **(Why)**

Rehabilitation, transition support and other services to support wellbeing

I am of the belief that if some of the steps above are done rehabilitation, transition support and other services to support wellbeing will be achieved by default.