

Addendum to the VVFA Submission to the Productivity Commission Draft Report: 'A Better Way to Support Veterans' of December 2018.

Introduction

After further consultation with families supporting veterans with mental health issues, the Federation seeks to amend our Submission of February 2019 to expand our comments and recommendations relating to support of carers of single, unmarried or unpartnered veterans suffering mental health issues.

NLHC White Card for Spouses, Partners and Other Related Supporters

In our earlier submission, we recommended that spouses/partners be issued with a NLHC White Card for mental health, at the same time that the veteran is issued with that card. We noted that the Productivity Commission had not addressed this recommendation directly. Also, we suggested that the Commission should address this issue noting the substantive body of scientific literature that reports the adverse impact upon families and the demonstrable advantage of early intervention and support. If it believes that its current recommendations adequately address the immediate needs of many spouse/partners and families, it should present its argument in detail.

Compensation for Carers of Veterans

Previously, we referenced the well-argued submission from the Vietnam Veterans' Association of Australia (VVAA) to the 2002 Clarke Review proposing a Gold Card for spouses and partners of veterans who themselves had received a Gold Card. Unfortunately, that review failed to recognise the impact of veteran injury on families and avoided the issue by suggesting that Centrelink welfare provisions were appropriate. VVFA disagrees with that suggestion and note that the Productivity Commission has similarly rejected the extending of the Gold Card for spouses/partners, but importantly it has also failed to address our submissions arguing for a NLHC White card for spouses and partners.

There is unequivocal evidence from peer-reviewed scientific studies that demonstrates the impact of a veteran's injuries on their families. A 1998 a government study found veterans' partners suffered high rates of psychological distress.¹ Alarming statistics have also emerged from a relatively recent study on 'suicidality'². For the wives of Vietnam veterans, the risk of 'thinking about' suicide is 6.2 times

¹ *Morbidity of Vietnam Veterans. Volume 1, Survey of Community Comparison Outcomes.* Department of Veterans' Affairs 1998

² O'Toole, B.I. et al. *Suicidality in Australian Vietnam veterans and their partners.* Journal of Psychiatric Research xxx. 2015. Pp 1-7.

higher, 'planning' 3.5 times higher, and 'attempting suicide' 6 times higher, than for their peers in the general community.

A 2000 government study³ showed the children of Vietnam veterans suffering a suicide rate 300% higher than their peers in the general population. Consequently, it is not surprising that the recently published Vietnam Veterans Family Study found higher rates of psychological illness amongst the children of veterans.⁴

The main cause of these statistics was found to be family dysfunction caused by the psychologically damaged veteran husbands. In other words, the spouses and children of veterans must be seen as second wave casualties of the veterans' service: hence 'compensation' is warranted.

We would add to this observation that those who care for veterans who are single, unmarried or unpartnered should also be recognised as subject to the same pressures and stresses as spouses or children of damaged veterans. There are numerous cases of 'unattached' veterans who may not be in stable relationships or are single being supported by close relations, including parents who are currently unrecognised by DVA as carers even though they are significantly affected by their relationship with the veteran.

It is not the case that more research is needed. It is the case that spouses/partners or other close carers should have access, via a White Card, to mental health support. Early intervention for these carers, and timely access to services, is critical to the successful prevention, and treatment, of mental health issues.

VVFA Recommendations 7-9: NLHC White Card for Spouses and Partners

Our initial recommendation was that spouses/partners be issued with a NLHC White Card for mental health, at the same time that the veteran is issued with that card. We have noted that the DVA, in its submission to the Productivity Commission, stated:

DVA, in recognising the key role performed by family members, has identified that improving its support for veterans' families is a key priority area for further development, and is co-designing services and their delivery mechanisms with partners and families to better meet this need.

While promising, this statement does not reflect the urgent need for change in providing early intervention, and readily accessible mental health support, for families. We note the use of the term 'families' which we believe includes parents or partners of veterans.

Under the heading *Mental health and families*⁵, the Productivity Commission acknowledges only the submissions by the NMHC and RSL NSW regarding the mental health impact on families. It has

³ Morbidity of Vietnam Veterans. Supplementary Report No.1. Suicide of Vietnam Veterans' Children. DVA and AIHW.2000.

⁴ Vietnam Veterans health Study. Volume 1. Introduction and Summary of the Studies of Vietnam Veterans' Families. DVA. 2014.

⁵ p. 594 Draft Report

ignored, thus far, substantive scientific research evidence on the issue and appears to accept Open Arms as the solution to providing dependant support.

Open Arms is *part* of the solution, it is not *the* solution. This is particularly the case when the Productivity Commission proposes that Open Arms develop outcome measures, and then, and only then, that “DVA review Open Arms’ performance, including whether it is providing adequate, accessible, and high-quality services to families of veterans.” That is at best, a medium to long-term strategy, against a history of superficial evaluation. There is an immediate need for spouses/partners (or other carers) to have early, targeted intervention to address potential mental health issues, and early access for psychological and/or psychiatric services.

The Productivity Commission argues, reasonably, that the model it proposes for transition will have positive health outcomes for veterans and families. An unmet need exists, *now*, for the families or carers of veterans who have had to cope for many years with the mental health issues of their veteran spouse/partner. There also exists an unmet need for families who await the benefit of an, as yet unaccepted (by government), model for transition.

Early, and accessible, intervention for families will contribute to rehabilitation. The VVFA anticipates that the Commission’s enquiry into the impact of mental health on productivity will add significant weight to the argument that early and accessible professional mental health support for (in the context of veteran rehabilitation) spouses/partners has the potential to contribute both to the productivity of families as well as to their well-being.

Recommendation

The VVFA recommends that the Productivity Commission must, at minimum, address the issue of an NLHC White Card for spouses/partners and families (including carers of single/ unmarried/ unpartnered veterans) citing the substantive body of scientific literature that reports the adverse impact upon families and must consider the demonstrable advantage of early intervention and support.

We support the submission by Ms Kathleen Moore, who currently cares for her unmarried son who served in Afghanistan and has numerous disabilities, in her quest for similar carers to receive NLHC White Cards as those available to spouses.