



**Academic/researcher, School of Clinical Sciences
Discipline of Paramedic Science
Queensland University of Technology**

Committee Secretary
Productivity Commission
GPO Box 1428
Canberra City ACT 2604

06/02/2019

Re: Inquiry into Compensation and Rehabilitation for Veterans

Thank you for the opportunity to provide a submission on the Productivity Commission's draft report "A Better Way to Support Veterans". The Queensland University of Technology (QUT) School of Clinical Science, Discipline of Paramedic Science is the home for my PhD research, which focusses on the impact of deployment on the intimate relationships of Australian Army personnel. My research in this area over the past six years has given insight into the positive and negative impacts of deployment on the intimate relationships of this cohort. In addition, I was a Nursing Officer in the Australian Army, and am married to an Australian Army veteran who saw operational deployment. As one of role as an academic, I teach resilience to emerging health professionals. I also work with RSL QLD to deliver their Path to Wellbeing program for Defence spouses, and through a grant am coordinating joint clinical training between ADF clinical personnel and undergraduate Paramedic Science students. The care of veterans and their families is of major importance to me as a researcher, and an individual.

I note the specific questions raised in the draft report, and have provided responses to some of the questions raised. My responses are based on my PhD research, and my personal experiences.

What should the priority objectives for veterans' support be?

Veterans want to lead a life that has purpose – this is no different to any other member of society. Service in the ADF often becomes a key component of a person's identity, in a way that other employment does not. When that service ends, through medical discharge or other means, a large part of that personal identity is lost. Helping veterans find a reason for getting up each day,

a reason to carry on, in a way that is meaningful and productive, is vitally important. This will most appropriately be in the form of employment of some sort, but this obviously needs to be tailored to individuals. Transitioning veterans to the civilian work force is not without its challenges (Simpson & Armstrong, 2009).

Is the current system upholding these priority objectives? Where are the key deficiencies in the system?

I do not believe it does. There is a disincentive for some veterans under DVA to attempt full-time education or attempt return to work. If the veteran finds that the attempted education or employment is not suitable for their accepted conditions or exacerbates them, the time lag in reinstating any financial recompense, and the emotional and psychological toll of having to prove that it was a fruitless attempt, is often enough to have veterans avoid attempting such endeavors in the first place. (See Department of Veterans Affairs, n.d.b).

What should the system of veterans' support seek to achieve in the longer term? What factors should be considered when examining what is in the best interest of veterans?

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?

In a broad sense, veterans' needs remain the same: to have a financially stable life, with access to appropriate health care and support services for them and their loved ones. DVA, for a long time, was looking after the needs of WWII and Vietnam veterans and their families. It was a long time between significant conflicts, and the modern veterans have seen the need for adaptation to the needs of a younger veteran population. Having a dual consumer base, the system needs to adapt its assistance to the different needs of its consumers based on their life stage.

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 veterans' support?

Greenburg (2014) found five reasons that veterans' mental health needs are diverse, complex, and differ to those of the general population:

- Mental health problems are more prevalent once a person has left the military, surfacing months or even years later
- The link between deployment and mental health issues are not concrete: personnel deployed on peacekeeping operations experience traumatic stress-related mental health conditions, and about half of PTSD in the military is not related to deployment
- There is considerable evidence that pre-service conditions, such as childhood adversity and socioeconomic disadvantage, are higher risk factors for post-deployment violence than deployment itself
- Help-seeking behaviour among ADF members is notoriously poor, especially for mental health – often due to the perceived impact it would have on their military career. This may lessen once the veteran transitions
- Transition itself may contribute to mental health problems

What is the rationale for providing different levels of compensation to veterans to that offered for other occupations, including people in other high-risk occupations such as emergency services workers?

There is a large difference between the professions: one, such as the emergency services, is a career that carries risk. The other, the military, is a lifestyle, an integral part of an individual, where they put life and limb on the line for their country, under the orders of the government. While on the surface there are similarities, veterans are asked to put their lives on the line in a way that other high-risk occupations are not (Vojnovic, Michelson, Jackson & Bahn, 2014).

Are differences in support and ways of accessing support based on different types of service (such as operational, peacetime and Reserve service) justified?

I do not believe so. Having some conditions, such as malignant cancer regardless of origin, only covered for veterans who have seen operational service or other qualifying service and not those who have never deployed, is irrational (Department of Veterans Affairs, n.d.a).

Can you point to any features or examples in other workers' compensation arrangements and military compensation frameworks in Australia or overseas), that may be relevant to improving the system of veterans' support?

Veterans Affairs Canada <https://www.veterans.gc.ca/eng/about-us/legislation>

Also being a Commonwealth country, Canada is a like-country that we should partner with to share information regarding veterans services.

Are advocates effective? How could their use be improved? Are there any lessons that can be drawn from advocates about how individualised support could be best provided to veterans?

There is such variability between advocates that a blanket answer is not possible. While they all have the best interests of veterans at heart, their individual ability to translate this into appropriate advocacy varies considerably. The advocates that have a strong positive reputation often end up being overwhelmed with requests for assistance, and can take an emotional and mental toll on the advocates.

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

ESOs have a very important role to play in the wellbeing of veterans. When I have engaged with ESOs in the USA and Canada, they have been through similar periods as where we are now with ESOs: an abundance of good will, not always being channeled appropriately, and a large duplication of services offered, often with little to no evaluation of services or evidence based programs.

While a governing body would be wonderful, the question of where to situate that is difficult. Many veterans no longer trust the government or government-run organisations, post-separation. If the governing body sat at a government level, I am concerned that veterans may no longer engage with the ESOs. That said, many of the ESOs survive on government funding and grants, so there needs to be a level of accountability to government that these funds are being appropriately dispersed. Naming any single ESO as a governing body would also draw the ire of veterans and ESOs alike: finding a potential governing ESO that all agree on would be almost impossible.

I feel that some duplication of service is needed, and in fact, warranted. Each veterans needs to find a group that offers the service/s they need, and that they 'click' with. If the people that offer the needed service and the veteran do not mesh, they need to be able to have choice to access it elsewhere.

I suggest an external evaluation and accreditation process. QUT, through the School of Health, currently offers a similar evaluation service to non-government organisations and receives payment from private companies to undertake this task. I propose that through this current arrangement, QUT is able to tailor this process to ESOs, so they are able to evaluate the outcomes of their programs, and ensure what they do offer is evidence based. While this is by no means an answer to all the improvements needed in the ESO sector, it is certainly a strong place to start.

The ADF is not financially accountable for the cost of compensation or for the cost of treating service-related injuries and illnesses after a veteran leaves the ADF. Is this a barrier to the ADF having an adequate focus on preventing injury and illnesses and providing early intervention and rehabilitation support? If so, how might this be remedied?

I have witnessed an attitude that when a person separates from Defence, there is an automatic “right” for them to be able to claim certain injuries and illness; for example, many musculoskeletal injuries, and some mental health problems. Changing this attitude will take a very strong change management process.

Are there complications caused by the interaction of compensation with military superannuation?

Absolutely! Knowing that as a veteran, you sometimes need to choose between Comsuper payments that will run out at retirement age, or a lower level of DVA payment that will continue for life, is difficult. Given that many of the veterans needing to make such decisions are battling with mental health issues that are often exacerbated by stress, sometimes these decision can become overwhelming and trigger deterioration or exacerbation of existing mental health issues.

Veterans who are medically discharged are generally in higher needs categories than people who access other rehabilitation and compensation schemes, and have exhausted options for return to work in the ADF. How should this be reflected in the design of rehabilitation services for veterans?

If a veteran is being medically discharged, and has exhausted all avenues for remaining in Defence, they are at a very mentally vulnerable time when discharge finally occurs. Often, this is a situation that they have been desperately trying to avoid, and the realisation that it is

happening can feel like an enormous loss and defeat. Unfortunately, this then triggers a chain of events including meetings with rehabilitation coordinators, transition cell, DVA, Comsuper, and the list goes on. These veterans are often not in a state to take on a lot of very important information, and those without family or partner support feel extremely vulnerable and alone.

Has the non-liability coverage of mental health through the white card been beneficial?

The non-liability coverage for mental health has been hugely beneficial. For veterans to be able to seek help for mental health issues without having to worry about reams of paperwork or the financial aspect of medical treatment, is vitally important.

In conclusion, we look forward to the outcomes of the inquiry. I would be happy to assist further, including making myself available to provide other direct feedback or clarifications as necessary.

Thank you for this opportunity,

Sincerely,

Kerri-Ann Welch, FHEA

M App Mgmt (Health), Grad Cert Acad Prac, Grad Cert OH&S, BNursing, Dip Log Mgmt

Academic, PhD candidate, School of Clinical Sciences

Queensland University of Technology

References:

Department of Veterans Affairs, (n.d.a). Factsheet HSV109 – Non-Liability health Care.

Retrieved from <https://www.dva.gov.au/factsheet-hsv109-non-liability-health-care>

Department of Veterans Affairs, (n.d.b). Factsheet MRC-08 – Incapacity for Work. Retrieved from <https://www.dva.gov.au/factsheet-mrc08-incapacity-work>

Greenburg, N. (2014). What’s so special about military veterans? *International Psychiatry*, 11(2), 81-82.

Simpson, A. & Armstrong, C. (2009). From the military to the civilian workforce: Addressing veteran career development concerns. *Career Planning and Adult Development Journal*, 25(1), 177-187.

Vojnovic, P., Michelson, G., Jackson, D. & Bahn, S. (2014). Adjustment, well-being and help seeking among Australian FIFO mining employees. *Australian Bulletin of Labour*, 40(2), 242-261.