



**Australian Government**  
National Mental Health Commission

TRIM reference: D18-1444994

Mr Robert Fitzgerald AM  
Presiding Commissioner  
Productivity Commission  
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**Submission to Inquiry into Compensation and Rehabilitation for Veterans**

Dear Mr Fitzgerald

Thank you for the opportunity to outline the National Mental Health Commission's (the NMHC's) view for consideration in your inquiry into compensation and rehabilitation for veterans.

The National Mental Health Commission's (NMHC's) purpose is to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems and to act as a catalyst for change to achieve those improvements. Consistent with this role, in 2016 the Australian Government requested the NMHC to review the suicide and self-harm prevention services available to current and former serving Australian Defence Force (ADF) members and their families. While we note that your issues paper references our 2017 Review<sup>1</sup>, nevertheless, as many of the observations from the 2,752 responses to our survey are relevant, this brief submission summarises the key relevant Review findings. Where necessary, we have updated our comments to reflect subsequent government actions.

**System governance:**

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

The role of ex-service organisations (ESOs) was frequently raised with the NMHC throughout our Review. The feedback we received presented mixed views on ESOs as providers of services to reduce the incidence of suicide and self-harm to former service personnel.

On the one hand, ESOs appear to have a number of inherent strengths that favour their ongoing role as service providers. For instance, information was provided to the Review that:

- Former serving ADF members appear to be more receptive to services that are provided peer-to-peer.
- Collectively, ESOs have an extensive geographic footprint, and the services are more likely to be found in close proximity to places where former service personnel live.
- ESOs are able to attract a significant amount of extra (i.e. non-government) resources for the benefit of former service personnel, including the time and effort of volunteers, and financial resources.
- ESOs are advocates for former service personnel, which generates goodwill in the community towards former service personnel, and their families.
- ESOs are more agile, innovative and responsive to the needs of former service personnel compared to Department of Veterans' Affairs (DVA).

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<sup>1</sup> National Mental Health Commission. *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families – Final report: Findings and Recommendations*. Sydney: NMHC, 2017. (Available from: <http://www.mentalhealthcommission.gov.au/media-centre/news/australian-defence-force-review.aspx>.)





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However, feedback also raised some concerns:

- In some cases, there are hostile and adversarial relationships between ESOs and DVA and other government service providers, potentially limiting opportunity for cooperation and leading to results that are not necessarily in the interests of former service members.
- The interventions of some ESOs on behalf of former serving members, though well meaning, may actually be counter-productive or indeed harmful to their welfare, for example where that behaviour may encourage a focus on loss, and a mindset and narrative about 'disability' to prove entitlement to a Gold Card, rather than a more positive and constructive approach focussed on wellness and ability.
- Some interventions may not be evidence-based.
- Anecdotal evidence suggested duplication in the services provided by ESOs.

We also noted that other concerns raised are not unique to ESOs, but rather can be common experiences for non-government organisations. These issues include:

- weak corporate governance, management and accountability structures
- rivalry between organisations to differentiate themselves from one another as they compete for funds (from the government and the wider community), attention and market share
- a lack of evidence around the effectiveness of services provided
- misalignment with, and disconnection from, strategic priorities being pursued nationally and/or state-wide.

There are further concerns relating to the rapid growth in the number of ESOs in the last two decades in response to real or perceived gaps in services. A particular driver of this growth appears to be the view that the traditional ESOs are more focussed on an older generation of veterans (who served in the world wars through to the Vietnam War) and do not understand or cater for the needs of a younger generation of former service personnel. The proliferation of ESOs has a number of possible implications for service users. For instance, more service offerings increase choice but also the chance of duplication and confusion for service users. Individual ESOs may be limited in the number of clients they can support and the scope of their services, meaning users may need to go to multiple providers to meet their service needs.

The observations and perceptions noted above do not necessarily reflect negatively on the capacity or appropriateness of ESOs in delivering services for current and former serving members and their families. Rather, it suggests a potential role for government to more closely engage with ESOs to harness their expertise, commitment and service footprint as part of a broader veteran-centric service strategy.

Our Review recommended (Recommendation 18) that the Minister for Veterans' Affairs should continue to promote the benefit of self-regulation by ESOs offering peer-to-peer services, utilising a framework that sets out minimum standards.

The Government, in response to our Review, noted the existence of DVA's Advocacy Training and Development Program which provides ESOs with national accredited training for their advocates to meet competency standards before providing advice on entitlements and support services.<sup>2</sup> Whilst such

<sup>2</sup> Department of Defence, Department of Veterans' Affairs, and Department of Health. *Australian Government response to the National Mental Health Commission Review into the Suicide and Self-Harm Prevention Services available to current and former serving ADF members and their families*. Canberra: Department of Veterans' Affairs, 2017.





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training programs are important they are not a substitute for a self-regulatory system with accreditation, codes of conduct and a monitored minimum level of service delivery.

### **Helping people transition from the ADF:**

***Are transition and rehabilitation services meeting the needs of veterans and their families? Are veterans getting access to the services they need when they need them? What could be done to improve the timeliness of transition and rehabilitation services, and the coordination of services? What changes could be made to make it easier for ADF personnel to transition to civilian life and to find civilian employment that matches their skills and potential?***

The issue of transition – and the risks it raises for some ADF members – was raised during our Review in every element of the research commissioned (especially the group discussions and key informant interviews) by the most recent recruits and some senior and experienced ADF commanders.

The information presented suggests the current transition process are experienced as routine administrative “tick and flick” exercises that suit the purposes of the ADF, but are not always in the best interests of the individual serving member, or their families. One reflection on this process heard during our Review was “they paid a million dollars to train me, and 20 cents to discharge me”.

A number of submissions suggested the goal of transition should be to successfully integrate ex-service personnel into the civilian community, and that successful transition processes require a plan and a number of interactions with the ex-service member after discharge, including annual reviews. These submissions suggested continuity of service delivery during the transition period is important and that the ADF needs to ensure ongoing case management and engagement through civilian service providers.

Our Review recommended (Recommendation 8) that the current efforts by the Transition Taskforce focusing on supporting the transition of personnel out of the defence forces should continue. We note that the Transition Taskforce is due to deliver its final report and action plan.<sup>3</sup> However, this report has not yet been made publically available. It is important that the findings of the Transition Taskforce are promoted and that the government gives clear statements in response about current and planned actions to address these findings.

***How should the effectiveness of transition and rehabilitation services be measured? What evidence is currently available on the effectiveness of transition and rehabilitation services? How can the service system be improved?***

In our Review, we found that many of the programs and services delivered by the ADF and DVA have a sound evidence base, grounded in the literature about suicide and self-harm, and there have been some attempts by the ADF and DVA to evaluate some programs. However, our Review found insufficient information to empirically assess the effectiveness of services available to current and former serving members of the ADF, and their families, in relation to self-harm and suicide prevention.

In considering the effectiveness of services, we take a whole-of-life, person-centred approach, with a primary focus on the outcomes and experiences of individual people who access those services. In addition to clinical improvements, we have previously identified a number of indicators for measuring

<sup>3</sup> Statement – Release of Transition and Wellbeing Research Programme reports [Internet]. 2018. Available from: <http://minister.dva.gov.au/speeches/2018/apr/TWR.htm>.





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outcomes of a contributing life, such as a person's housing circumstances, level of social and economic participation, physical health status, experiences of stigma and discrimination, and experience of services.<sup>4</sup>

There are no direct measures of effectiveness (i.e. achievement of outcomes) for the mental health services provided by the ADF and DVA. The only data that is available relates to outputs (e.g. the number of services provided, and the number of people attending training), which does not provide meaningful information about whether a service has achieved its intended outcome for its client (e.g. higher resilience) or client group (e.g. lower rates of mental illness or suicide attempts). And while useful for the purposes of system-wide transparency, the rates of self-harm, suicide and suicide attempts are not appropriate metrics for assessing the effectiveness of individual services, given the complexity of these issues.

Our Review undertook a survey to gather information about the how service effectiveness is perceived by current and former members of the ADF, their families, as well as by service providers themselves. A total of were received, comprising:

- 850 from current serving members
- 1,662 from former serving members
- 150 from family members of current serving members
- 221 from family members of former serving members
- 189 from service providers.

While we note that subjective reflections on the experience of services is not a comprehensive measure of effectiveness, per se, in the absence of more robust measures it can provide valuable insights into how services are operating in practice from a user-perspective. Below are some of the key insights from the survey. Full results of the survey are available in a supporting paper provided as part of our Review.<sup>5</sup>

- Of current and former ADF member survey respondents who had received treatment for a mental illness and/or suicidal and self-harm behaviour in the last 12 months, more than half (54-68%) felt they had adequate access to services ('always' or 'nearly always').
- The vast majority (77-90%) of people who had received treatment rated their treatment as 'fair', 'good', 'very good' or 'excellent'.
- However, room for improvement was also flagged, with 9-20% rating their treatment as 'poor' or 'very poor', and around one fifth (14-22%) feeling they were only 'sometimes', 'not often' or 'never' treated with respect and dignity by the service provider.
- Current serving members reported they felt listened to, felt trust and confidence in their health professional, were treated with respect and dignity, and were given enough time to discuss their condition in more than 65% of cases; this was reported less frequently in relation to ADF GPs.
- For former members, across all services, those who had used their DVA card, rated their experience of services higher than those not using their DVA card. GP's and Psychiatrists were

<sup>4</sup> National Mental Health Commission. Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services. Sydney: NMHC, 2014, p 67. (Available from: <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>.)

<sup>5</sup> National Mental Health Commission. Surveys – Preliminary Results. Sydney: NMHC, 2017. (Available from: [https://www.dva.gov.au/sites/default/files/files/publications/health/Survey\\_Preliminary\\_Results.pdf](https://www.dva.gov.au/sites/default/files/files/publications/health/Survey_Preliminary_Results.pdf).)





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generally given similar ratings, though GP's accessed without using a DVA card were consistently rated lower than other services.

- VVCS counselling services was one of the highest rated services in the survey conducted for the Review, with medium to high ratings of service effectiveness from around 70% of current serving members and 57% of former serving member survey respondents. However, more than 50% of family members rated VVCS services as of low or very low effectiveness.

Our Review recommended (Recommendation 20) that a strategy for further data development and information priorities within the ADF and veterans context should be developed to improve tracking and visibility of the need for, uptake and effectiveness of services for current and former serving ADF members and their families, as well as the experience and outcomes of these services. In the government's response to our Review it was stated that a Commonwealth Veteran Indicator Interdepartmental Committee had been established to consider issues of veteran data collection and usage. The findings of this committee have not yet been made publically available. It is important that the findings are promoted and that the government gives clear statements in response about current and planned actions to address these findings.

### **Income support and health care:**

*Is health care for veterans, including through the gold and white cards, provided in an effective and efficient manner? Has the non-liability coverage of mental health through the white card been beneficial?*

Our Review was presented with considerable material on the Gold and White Cards and non-liability health care and we acknowledge this is a highly complicated and contested issue. The principle of 'no liability' access to services was roundly supported.

Although the Gold Card was rated relatively highly by former serving members and their families responding to our survey (72% and 54%, respectively), we also heard that the previous eligibility requirements for the Gold Card could give rise to perverse incentives for former personnel to stay unwell in order to maintain access to its benefits. A person eligible for the Gold Card on the basis of total and permanent incapacity, due to a mental health condition for instance, could lose eligibility if their condition improves or other circumstances change. The possibility of losing eligibility could therefore discourage people from seeking early intervention for mental health concerns and – in some cases – lead to higher use of expensive or unnecessary treatments. We also found that the effort required to prove eligibility for Gold and White cards is a barrier; and can exacerbate the conditions for which treatment is required, such as anxiety, depression, and other mood disorders. On this basis we were pleased to note the Government's subsequent announcement that all treatment of mental health conditions would be funded for former full-time serving personnel.<sup>6</sup>

The provision of services under the White Card for the range of mental health conditions specified was well received but many people were not aware of it. There would be benefit in wider promotion of the availability of this option.

<sup>6</sup> Response to National Mental Health Commission Review [Internet]. 2017. Available from: [http://minister.dva.gov.au/media\\_releases/2017/jun/va087.htm](http://minister.dva.gov.au/media_releases/2017/jun/va087.htm).





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In summary, the NMHC's recommends that:

- ESOs should continue their role as service providers. A systemic area for improvement in the ESO sector is the introduction of a self-regulatory system with accreditation, codes of conduct and a monitored minimum level of service delivery.
- The final report of the Transition Taskforce should be made publically available and the government should give clear statements in response about current and planned actions to address the report's findings.
- The findings of Commonwealth Veteran Indicator Interdepartmental Committee, when completed, should be made publically available and the government should give clear statements in response about current and planned actions to address the report's findings.
- Wider promotion of the White Card would be beneficial.

Thank you for considering these issues. Please contact Ms Catherine Brown, Director, Quality Assurance, on 02 8229 7527 or [catherine.brown@mentalhealthcommission.gov.au](mailto:catherine.brown@mentalhealthcommission.gov.au) should you have any questions regarding this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Lewis'.

Maureen Lewis  
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National Mental Health Commission

July 2018

