12 March 2021

Summary of round table with the Department of Veterans' Affairs

This document provides a summary of the key points discussed at the round table held by Commissioner Boss with senior representatives from the Department of Veterans' Affairs (DVA) on 16 February 2021.

The round table provided an opportunity for Commissioner Boss to discuss key issues and themes with DVA, including issues identified through recent round tables with community groups, academics, clinicians and chaplains.

The summary of stakeholder discussions outlined below should not be considered to represent views or findings of the interim National Commissioner.

Mental Health and Suicide Awareness and Support

DVA participants discussed the general awareness of mental health and suicide in the Australian Defence Force (ADF) and DVA. Participants spoke of the transformation DVA has been going through to be more proactive in providing support and treatment to veterans, as well as some of the difficulties DVA has encountered in building trust in its services among the ADF and veteran communities. Key matters raised included:

- The shift to a holistic and proactive focus on wellbeing
- Separation of treatment from compensation
- Timeframes for issues to be realised
- Rebuilding trust in DVA

The shift to a holistic and proactive focus on wellbeing

- DVA officials stated DVA has been on a journey to move towards a holistic view of wellbeing, not just addressing mental health issues, while also ensuring there is a safety net to assist people in need of more support.
- The death of Jesse Bird was a seminal moment for DVA. His case demonstrated that Mr Bird was receiving support from multiple points in the DVA and Open Arms systems, but these were not well connected. The case demonstrated the need for DVA and Open Arms to work more collaboratively and holistically, to better identify those at risk.
    - Officials stated that while the privacy of individuals seeking Open Arms support is to be strictly maintained, DVA and Open Arms are building 'clinical bridges' across multiple areas in their organisations to ensure better connections, as well as using multidisciplinary teams to ensure a holistic approach.
- DVA officials referred to the 'Triage and Connect' program, which identifies when people need an additional level of care and to connect them with additional supports, such as Open Arms.
    - Where DVA identifies a person is at risk, DVA assigns them a case manager who initiates engagement.
    - Officials stated there has been a significant shift in the focus of DVA to identify those in need and proactively reach out rather than waiting for people to come to DVA or Open Arms asking for help, with a focus on prevention.

    - DVA, through monitoring social media, letters to Ministers, and other engagements, seek to identify those who may be at risk, and actively reach out to them.
- Officials stated that the focus on a proactive, wellbeing approach requires a paradigm shift for DVA. It requires consideration of many social determinants of health, such as employment, housing, financial security, social connectedness, and family dynamics.
    - DVA officials stated they have been working with the National Suicide Prevention Adviser, Christine Morgan to assist in the identification of early warning signs, risk categories and prevention strategies.
- DVA officials stated they have begun to measure client wellbeing through the annual client satisfaction survey.

Separation of treatment from compensation

- DVA officials stated that the DVA system is built around people making claims. Officials acknowledged that the system is complex, and people often do not know how to make claims, or experience challenges with the system.
- Officials stated that DVA is trying to separate treatment from compensation, aiming to get people into treatment as quickly as possible and not relying on establishing liability first.
    - Treatment without the need to prove that the condition was service related has been available for decades for eligible veterans, for tuberculosis and cancer. This is known as non-liability health care. Non-liability health care is also available for mental health conditions.
    - Over recent years both eligibility and conditions covered have been expanded for mental health non-liability health care, so that now all current and former serving members are covered for all metal health conditions, provided they have one day of continuous full time service. Certain categories of reservists are also eligible.
    - To pay for treatment under non-liability health care arrangements, veterans use the Veteran White Card. Officials stated that since 2018 all veterans receive a White Card on their transition out of the ADF (unless they already have one), which they can use to pay for non-liability mental health treatment.
- DVA officials stated that the department is focusing on improving continuity of care, connecting with people long before they transition out of the ADF. If a person is in treatment under the ADF Joint Health Command, DVA officials advised that they should be able to transition people into similar care straight away, or keep people in their current care arrangements.
    - DVA officials recognise there is more work to do in this area, including working with the ADF.
    - Officials stated that one challenge is maintaining continuity of care when people change locations after transitioning.
- Officials noted that 'Coordinated Veterans Care', under which General Practitioners (GPs) provide care coordination for veterans with certain complex physical health conditions, is being expanded to also be available for veterans with mental health conditions.

Timeframe for issues to be realised

- DVA officials stated there are significant protective factors for wellbeing, mental health and suicide prevention while a person is still serving in the ADF. For example, they have a steady income, ready access to health facilities and strong social supports. These protective factors can be diminished once they discharge.

- Officials stated that it often takes time for the impact of ADF service to be realised and the need for services may arise many years after serving in the ADF.
- DVA officials stated that some people are still serving in the ADF for some time following potentially traumatic experiences, but that the need for services will not necessarily arise until people transition out of the ADF.
- DVA indicated that there are historical trends showing that the greatest need for services arises several years after conflicts end. The current demand experienced by DVA is consistent with this pattern.
    - Officials stated that:
        - there was a need for more acute services around 10 years following the Vietnam War.
        - then there was a period of lessened Australian involvement in international conflicts, where there was less of a need for services.
        - in the 1990s/2000s, there was an increase in operational tempo continuing through to today.
    - DVA officials stated they are seeing the acute need for services rise again as more people are transitioning out with increasing levels of need resulting in greater demand for programs that focus on trauma and anger.

Rebuilding trust in DVA

- DVA officials recognised that for some veterans, contacting DVA, or receiving contact from DVA, may be traumatising.
- Officials stated they are trying to change this experience for veterans, and make it easier for people to engage with them. DVA officials stated more work is to be done.
- Officials noted that there is a trust deficit among some in the veteran population, as evidenced by negative sentiments on social and mainstream media.
- The Veteran Centric Reform program is part of the work to improve in these areas.
- DVA officials stated that as a part of this reform, DVA officials have had active engagement with different groups to understand what they want to see changed, including younger veterans, women, and the families of veterans.

Transition out of the Australian Defence Force

DVA officials discussed various aspects of transition from the ADF to civilian life, including the shared responsibilities of Defence and DVA in helping individuals to manage their transition, the importance of DVA supporting people before they transition, the DVA supports available to people going through this transition, and particular challenges facing DVA in delivering this support. Key matters raised included:

- Shared responsibility for transition
- Importance of early engagement
- The transition experience
- Programs to assist people transitioning out of the ADF
- Privacy and information sharing challenges

Shared responsibility for transition

- DVA officials stated that previously veterans reported experiencing a ‘wall’ between Defence and DVA. This was particularly experienced by Vietnam veterans.

- Officials stated that both DVA and Defence have acknowledged the previous disconnect and have worked to bridge the gap.
    - DVA officials stated that, notwithstanding some ongoing challenges, sharing of information between Defence and DVA during the period of ADF service is improving.
    - DVA officials stated that if a person is injured during ADF service, there is usually a notification to DVA, but not always.
    - Officials stated that there is close cooperation between the two departments during transition, particularly for the high-risk cohort.
- DVA officials stated that since 2016 the department automatically knows everyone who is enlisting in the ADF.
- Officials stated that there is a greater acknowledgement from both departments that a person typically serves 7 to 8 years in the ADF, but may have lifelong engagement with DVA.
- Commissioners noted the Joint Transition Authority as an example of partnership between the two organisations to assist with the transition process.
- Commissioners stated that Defence leads the transition process, and DVA has a supporting role.
- Commissioners stated that while Defence may need to deal with the symptoms of a person's issues (for example, being mentally unfit to perform operational duties), DVA's role from a compensation and treatment perspective is to identify the causes of those issues (for example, substance use disorder or mental illness) and provide treatment and support if service related.

Importance of early engagement

- DVA officials stated that one of the areas requiring further work from both Defence and DVA is the question of 'when does transition begin?'
    - DVA officials stated transition should be discussed with people at the beginning of their engagement with Defence.
- Officials stated it would be ideal to have a person's DVA claims settled before they leave the ADF. However, they noted that as there is no timeframe on lodging claims, veterans may need to apply after they have left the ADF.
- DVA officials stated that DVA and Defence have previously held workshops with the Australian Institute of Sport (AIS) to learn about their approach to transition. The AIS plans for a sportsperson's transition from elite sport the day they begin.
    - DVA officials noted Defence's approach to supporting current serving personnel to be 'fit for life'.
- Officials stated that both departments could do more to develop a 'culture of transition'.
    - This would include building a greater understanding that ADF members serve their nation while in the ADF, and then serve society when transitioning out.
- DVA officials stated there would be a better culture of transition if DVA was able commence engaging with ADF members much earlier. DVA officials stated that if DVA could build relationships with people during their service, then they would have more information about where to go when issues do arise.
- DVA officials stated that they are not always aware when a person is about to transition out for medical reasons, or DVA is not notified until after they have discharged. Officials stated that a medical transition should be the trigger to notify DVA, so that DVA can begin providing support before they leave the ADF.

- DVA officials stated that Veteran Support Officers are helping with this early engagement, but more is needed to improve transition culture and make people 'transition ready'.
- Officials stated that it is also important to educate people about the potential difficulties they may experience during transition. This can be hard as many people may not fully understand these difficulties at the time they discharge and think their transition will be smooth.
- DVA officials noted that DVA representatives attend transition seminars, family days and other events with the purpose of fostering early engagement with people. DVA's focus is for their engagement with veterans to be a normalised process. DVA would like engagement to be a normal part of supporting veterans, similar to how civilians engage with Medicare.

The transition experience

- DVA officials stated that it is important to recognise the majority of people transition well, and the transition experience can differ for each person. DVA stated that for some, a number of difficulties could compound and exacerbate the challenges experienced in transition.
- Officials stated that people who struggle during transition feel a loss of purpose or identity.
- DVA officials stated that the cohorts who struggle the most are those transitioning for medical or involuntary reasons: 19% discharge for medical reasons, and 9% discharge involuntarily.
    - Officials stated that people in these groups might not have prepared for their transition, making the transition process more challenging.
- DVA officials noted a promising trial in Holsworthy, Perth, where DVA actively engaged with Special Forces members before they transitioned.

Programs to assist people transitioning out of the ADF

- DVA officials noted that the current transition seminars available to ADF members are not mandatory.
- DVA officials stated that if a new transition course was introduced, it should include a focus on wellbeing. It should build resilience and prepare people for when the Defence supports are removed – including ensuring other supports are available, such as joining sporting teams and ESOs.
- Any new transition course should be mandatory for all members, not just high-risk groups (such as those transitioning for medical reasons).
- DVA officials stated that transition is also about learning to go through a lifestyle change – Defence employment is a complete lifestyle in a way civilian employment rarely is.

Privacy and information sharing challenges

- DVA officials stated that privacy obligations could sometimes impede providing support to people.
    - Officials stated that people in need may have a range of supports and entitlements available to them, but restrictions on using information other than for the purpose it was collected can prevent these supports from reaching out directly to engage with them.
    - Officials stated that the family of ADF members might not be aware of the supports available to veterans and families. This may be due to privacy obligations that prevent DVA and Open Arms sharing information with the family.
- DVA officials agreed with the contention that the Privacy Act itself might not be the barrier, as it has many provisions to facilitate sharing of information in certain circumstances. Rather, officials stated there may be issues with the understanding and application of the Act.

- DVA officials stated that consent can overcome privacy hurdles, which is critical in clinical settings. According to DVA officials, people are willing to provide consent in most cases. Obtaining people's consent to share their information should be a primary focus.
    - Officials stated that veterans not being willing to consent to information being shared with their family members or partners may be a potential red flag for relationship, family, or other issues. Officials stated this should be a prompt for DVA or Open Arms to reach out.
- DVA and Open Arms officials stated that if someone is at imminent risk they can overcome privacy obligations and will do any necessary reach out in the best interest of the person.
    - Officials stated most difficulties in sharing information between DVA and Open Arms in non-critical situations can be overcome by seeking informed consent but that further work was being done to enhance processes.

Veteran Mental Health and Wellbeing Services

DVA participants discussed challenges facing veteran communities, challenges DVA and Open Arms have in delivering services, and the types of support DVA and Open Arms provide. Key matters raised included:

- Key issues facing veteran communities
- Veteran homelessness
- Types of support provided by DVA
- Access to Open Arms services
- Access to Open Arms phone line
- Quality of support
- Independence of Open Arms
- Multidisciplinary teams
- Emerging treatment and changing practice

Key issues facing veteran communities

- Open Arms officials stated they have observed relationship difficulties and breakdowns as a primary motivator for veterans to seek mental health treatment, highlighting the importance of a holistic service that includes families.
    - Around 50% of counselling sessions are with families.
- Open Arms officials stated relationship issues can be a key mental ill health risk factor. When a person loses their relationship they may be more vulnerable and at higher risk.
- Officials stated that family issues could also be a 'soft' entry point to participate in counselling sessions. Officials stated these sessions can enable clinicians to develop trust with clients. Officials stated that this can then increase the willingness for people to talk about other issues such as moral injury or PTSD.
- DVA officials stated that alcohol and other drug misuse is another major issue for veteran health and wellbeing.
- Officials stated a need to increase the focus on risk factors in the general community, and then looking at how these general risk factors apply to veterans.
- DVA officials stated that transitioning veterans might be at risk of experiencing poor diet and poor physical health. Officials stated that during service there is a strong focus on exercise, fitness, and nutritional health. When a person leaves the ADF, they can rebel against that focus, or experience difficulty with the lack of structure around physical activity and nutrition.

Officials stated this can lead to poor diet, lack of exercise, increased alcohol or drug consumption. In turn, these factors can then lead to poorer health and wellbeing outcomes.

Veteran Homelessness

- DVA officials stated that homelessness is a serious issue facing some veterans. DVA officials do not know the exact number of veterans experiencing homelessness as measurement is inherently difficult. DVA stated they are investigating how to better quantify this population.
- DVA officials stated they do not have the legislative or policy authority to provide homelessness services. Instead, DVA are seeking reduce homelessness by addressing risk factors and pathways into homelessness. Officials stated that there can be difficulty quantifying veterans accessing homelessness services as they may not always disclose they are a veteran. Officials also stated that some veterans experiencing homelessness might be couch surfing rather than sleeping rough.
- DVA officials stated that homelessness could be an acute issue for veterans who were used to being successful in the ADF, but do not experience the same level of success in civilian life. They further suggested that veterans experiencing homelessness may have left the ADF without civilian life skills, receiving a lower income than they did in the ADF, and may experience relationship breakdown – which can create compounding issues. Officials stated that some veterans might not seek help due to the stigma around homelessness.
- DVA officials reported some veterans saying that they are living rough because they know how to, it is a part of their training.
- DVA officials noted a trial achieving very good results at the Andrew Russell Veteran Living Centre in South Australia they are supporting, which is providing veterans with short to medium term crisis accommodation.
- DVA officials stated they are trying to help identify people who may be at risk of homelessness before they transition. Veteran Support Officers on ADF bases work closely with Defence Housing Australia. Veteran Support Officers work with command structures to assist early identification.
- Open Arms officials noted their Crisis Support Program, including emergency accommodation, historically was primarily accessed for instances of domestic violence. Open Arms officials stated that over recent years, the service is being used more for people experiencing situations putting them at risk of homelessness. Open Arms offer 5 days crisis accommodation, but the average stay is 7 days.
- Open Arms officials stated that people accessing the short-term accommodation are often not fully connected to the wider DVA system and are not accessing their entitlements. Open Arms stated they can assist people through connecting them to DVA and helping them access some funds and support. They also connect individuals to mental health and community services needed.
- Open Arms officials stated that they advertise their crisis assistance program on social media. Officials stated there has been a steady number of people accessing accommodation support.
- Officials stated that a high-risk group of people experiencing chronic homelessness are those trying to access rehabilitation for drug and alcohol dependencies. This group can be harder to link in with mainstream supports due to their increased needs, potential anger or violence issues, or a lack of understanding of veteran issues in mainstream services.
    - In addition, officials stated there might be additional stigma around drug use as a legacy from the ADF, where there is a culture of not talking about or addressing any substance use – a perception that “People don’t use drugs in Defence”.

Types of support provided by DVA

- DVA officials noted that the Australian Institute of Health and Welfare has estimated that there are 640,000 veterans across Australia. Officials stated the Veteran Recognition program together with a new question to be included in the 2021 census would help identify more veterans who are not known to DVA. DVA officials stated this is necessary, as it will help DVA target programs to areas of need.
- DVA officials referred to the stepped care, pyramid model of support they provide to veterans:
    - Officials stated that:
        - digital self-service works for the majority of people needing to access DVA support. This process can connect people into other supports as needed.
        - The next group are those that may require a short, sharp intervention at a particular crisis or point of increased need.
        - Another smaller group require intensive, ongoing support. Officials stated this group might require support through all stages of the process.
- DVA officials noted a program to embed case co-ordinators in the community to provide face-to-face support to veterans, assess their current circumstances, and to understand their needs. These co-ordinated care teams include health workers and legislative/policy experts who liaise with delegates to assist with claims, look at needs assessments, and work with Services Australia if required.
- Officials stated one of the key risk areas for veterans is a lack of human connection, particularly over the Christmas period and following the release of the Brereton report. In response, DVA and Open Arms ran the 'Check5'campaign.
    - Check5 was a grassroots campaign driven by individuals, not from the top down.
    - The campaign used lived experience and peer support networks to promote veterans checking in on 5 of their mates, and challenging them to check on another 5.
    - The campaign reached over a million people over the summer period. More people came into counselling, with Open Arms receiving 500-600 calls a week.
- DVA officials stated another key government initiative was the introduction of Open Arms Community and Peer Teams, which harness peer support workers with lived experience of both the ADF and mental health recovery.
    - The program piloted as part of Operation Compass was a suicide prevention trial in Townsville in 2018. It focused on how to take the best practice evidence and use it in the community.
    - It involved peer supporters visiting hospitals, reaching out to people in the community, and linking them back in to Open Arms support.
    - Officials stated the program is now rolled out nationally. A key outcome is providing hope to people who were previously disconnected or isolated.
- Open Arms officials stated that to respond to the increased isolation and risk during the COVID pandemic, Open Arms provided free suicide prevention training and assertive reach out to at-risk individuals.

Access to Open Arms services

- Open Arms officials stated they have 33 different locations across the country and delivered around 31,000 counselling sessions in 2020.
- Open Arms officials stated they are concerned about the sentiments arising from community round tables, where people have said that veterans in crisis have been unable to access services.

    - Officials stated the Open Arms model should allow anyone in crisis to access immediate support as they operate a triage system.
    - Open Arms officials stated one problem they can experience is people not fully disclosing the extent of their issues in the first conversation, or that they are experiencing a crisis. This may result in the person being placed in the standard queue and not prioritised for support.
    - Officials stated there is a national shortage of psychiatrists and psychologists – this is not just experienced in the veteran space.
- DVA officials stated that Open Arms has been growing rapidly and there are some challenges in ensuring the organisation is sustainable and stable. Officials stated that Open Arms has a demand-driven budget which can assist meet increasing need for services. DVA is working with Open Arms to ensure that there are appropriate corporate support and governance systems in place to help manage growth.

Access to Open Arms phone line

- Open Arms officials stated they previously contracted out their phone line service. This led to a circumstance where someone was unable to access the service in a time of need. That event was the catalyst to bring the phone service in-house and staff it 24 hours, 7 days a week. Open Arms has been operating in the model for almost 12 months now, with significantly reduced wait times.
- Open Arms officials also stated that COVID required a change in practice, with an increased need for telephone counselling services and for 24-hour access to support.
- Officials stated there will always be an element of needing to triage clients, but the system is more responsive now – there is an average wait time of 38 seconds on the phone line.
- Open Arms officials stated the phone line provides varying levels of support – for some people it is their primary source of support. Officials stated that now that the phone line is in-house, clinicians could develop relationships with repeat callers allowing them to transition into face-to-face engagement.
- Open Arms officials stated that they have a legacy to overcome, as 12-24 months ago there were periods where people had difficulty accessing their phone line, but the system is fully staffed and responsive now.
- Officials also noted that Open Arms manage a 24 hour reach out service for those identified as high-risk.

Quality of support

- DVA officials stated that DVA has recently increased the fees payable for mental health providers to try to avoid being priced out of the market, but recognise that it is still not at parity with the NDIA or private sector.
    - Officials stated that clinicians treating DVA clients under card arrangements cannot charge the veteran a gap fee – clinicians can only charge the DVA schedule fees.
    - DVA officials stated that psychiatrists under the DVA fee schedule are paid above (145%) the Medicare Benefits Schedule (MBS) schedule fee. However, psychiatrists in particular are in high demand, so for private patients they can charge gap fees which can be quite large.
    - DVA officials stated that often health care providers feel a duty of care to provide services to veterans, despite not receiving same fees. DVA to an extent is relying on that goodwill.

- DVA officials stated that despite the recent increases to some of its fees the rates can still be less than the remuneration a clinician in the private sector could generate. This is a key issue.
- DVA officials stated that they are a major purchaser of mental health services, and they are competing with other purchasers (particularly in regional and remote areas) who may pay more.
- DVA officials stated they have not previously heard that veterans perceive that they only get to see less qualified, less experienced and younger clinicians due to the lower rates.
    - Open Arms officials stated that younger clinicians could be a positive thing, as newly graduated clinicians often have the most up-to-date clinical and theoretical knowledge and are supervised by senior clinicians.
    - Open Arms officials stated that clients are triaged, with the more complex or challenging clients seen by senior clinicians.
    - Open Arms officials stated that veterans often have unique challenges, which requires specialist knowledge and practice, which Open Arms can foster through professional development and training for its clinical workforce.
- DVA officials stated that veteran mental health is a sub-speciality that not all mainstream mental health services provide. They stated that the Australian Government is committed to investing more in this area.

Independence of Open Arms

- DVA officials stated that they recognise some groups would like Open Arms to be completely independent of DVA. Officials stated it is a challenging area, and Open Arms will not ever be truly independent as DVA does much of the administration for Open Arms.
- Officials stated there is a perception that if a person goes to Open Arms, that might impact their claims with DVA, and vice versa, if a person has a claim with DVA it might affect their engagement with Open Arms. Officials stated this is not true but a difficult myth to overcome.
- DVA officials stated that veterans might be at an increased risk if there is a complete wall between DVA and Open Arms. There needs to be a 'no wrong door' approach and streamlined referrals between the two. Officials stated that some people prefer to initiate contact with DVA, others with Open Arms. Regardless of a person's preference, officials stated that people should be supported to access either service through either pathway.
- Officials stated that both DVA and Open Arms have found it useful to be able to educate or support clients on the operations of each organisation. Officials provided an example that Open Arms can help a person understand the wellbeing supports provided by DVA and help link a person back into that system to access the supports with informed consent.
- DVA officials stated they have looked into other options to make Open Arms more independent, particularly noting the concerns voiced by some Vietnam veterans. Officials stated that they decided that it was in veterans' best interests to keep a close relationship between the two entities as this relationship can help keep more people engaged within the system.
    - DVA officials stated that there have been some discussions that Open Arms should be available to a broader cohort, such as first responders. DVA officials stated this would be a disservice to veterans and their unique needs.

Multidisciplinary teams

- Open Arms officials stated they engage people from multiple disciplines, including APS staff, mental health nurses, mental health occupational therapists, peer workers, psychologists and

others. They stated the importance of multi-disciplinary teams, as it brings a more holistic and diverse skill set to the teams.

- Open Arms officials stated that across their national network 55% of staff are non-clinical psychologists, 20-25% are mental health accredited counsellors, and 20-25% are clinical psychologists.
    - DVA officials stated they hope the recent increase in the fee schedule for clinical psychologists providing services to Open Arms may allow more clinical psychologists to join their staff.
- Open Arms officials stated the importance of using peer workers with lived experience of the ADF and of mental health challenges. Officials stated that their psychologists and mental health professionals provide the tools, but peer workers are invaluable in getting a person to use them.

Emerging treatment and changing practice

- DVA officials stated they are focused on funding evidence-based treatment. Officials stated they are also building the evidence base for new, innovative treatment areas where there currently may be a lack of evidence.
    - DVA officials noted they are currently trialling a Psychiatric Assistance Dog program for people diagnosed with PTSD. DVA officials are hearing that the program is having a positive outcome and they are focused on building the evidence to support this.
- Open Arms officials stated they are also changing the way they evaluate risk. Previously they rated people with low, medium or high risk, which caused some people deemed as low risk to not be supported. Open Arms now assess people as having risk or no risk. Any risk is seen as requiring a response. Officials stated this change required a cultural and practice shift for the organisation.
- DVA and Open Arms officials stated they are exploring emerging treatments and theories, such as engaging with experts in moral injury to assist responding to this factor.
- Open Arms officials stated they have recently partnered with Phoenix Australia and completed a randomised control trial on rapid trauma therapy for the treatment of trauma. Previously this type of treatment took 3 months to complete, which could be burdensome for people who are trying to remain employed during this period. The new rapid treatment only takes 2-weeks. Open Arms officials stated they have observed promising outcomes from the trial.

Claims Assessment

DVA participants discussed various matters relating to the DVA claims processes, including the complexity of the legislation and DVA's initiatives to simplify and streamline processes. Key matters raised included:

- Complexity of legislation
- Veteran Centric Reform – Simplifying access to the claims system
- Information sharing in the claims system
- Other issues in the claims system
- Chief of Defence Force (CDF) initiated claims

Complexity of legislation

- DVA officials stated that they acknowledge the complexity of existing claims legislation. Officials noted the Productivity Commission stated the legislative framework is 'not fit for purpose'.

- Officials stated that eventually the aim is for the *Military Rehabilitation and Compensation Act 2004* (MRCA) to be the one Act covering compensation.
- DVA officials stated that this process will take time as there will be a long tail of people still eligible under the *Veterans' Entitlement Act 1986* (VEA).
- Officials stated that it would be very difficult to move people from a pension based scheme, such as under the VEA, to the arrangements under the rehabilitation-focused MRCA.
- DVA officials stated that moving the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) under the portfolio of the Minister for Veterans' Affairs was part of aligning the schemes.
- DVA officials stated that people might have eligibility under the 3 different Acts, increasing the complexity of the system.

Veteran Centric Reform - Simplifying access to the claims system

- DVA officials stated that the purpose of the Veteran Centric Reform project currently underway is to make it simpler and faster for people to access the claims system. Officials stated that DVA now has a digital front door and has simplified the evidence a person needs to provide.
    - DVA officials stated 175,000 users have been through the digital front door and more than 130,000 claims have been lodged.
- DVA officials stated that the amount of evidence required for some claims depending on the nature of what is being claimed can be substantial.
- DVA officials stated that to make it easier for people to lodge claims, they identified the top 40 claim types and streamlined the amount of evidence required to support these claims.
    - For some claim types, the required questions were reduced from 40 down to 7.
- DVA officials stated there is now much better information exchange with Defence, which means people do not always have to prove their entitlement.
- DVA officials stated that they have shifted paper-based claims to an online process, and are seeing a subsequent growth in online claims.
- Officials also noted that 'straight through processing' allows DVA to process some claims within 2-3 months.
- DVA officials stated that those with the most need are triaged and prioritised. Priority groups include people experiencing homelessness, significant co-morbidities, financial stress, or suicidal tendencies. Officials referred to a new priority group, which includes people impacted by the Brereton report.
- DVA officials stated that treatment should be separated from compensation. DVA stated that if they can get people into treatment as soon as possible, it may lessen the burden of the compensation process. Officials stated that the longer it takes a person to prove their disability, the worse the outcomes tend to be. Officials stated they need to ensure people are receiving treatment as quickly as possible.

Information sharing in the claims system

- DVA officials noted that a Defence data exchange project has been underway for a number of years to improve information sharing with DVA. Privacy barriers are slowly being broken down.
    - DVA officials stated that historically Defence would not provide any information to DVA on people currently serving on operations, for example in 2011 when members were serving in Iraq.

- DVA officials noted that the Single Access Mechanism (SAM) makes it easier for DVA to access some records from Defence.
    - DVA officials stated that broadly speaking, there are two types of documents requested through SAM – personnel documents (e.g. service history, etc.) and medical documents (e.g. health records, Medical Employment Classification records, discharge information, etc.).
- Officials stated there has been some improvements in the automated real time provision of service documents for the purposes of investigating a claim. DVA officials noted that much of the medical information required to investigate and determine a claim is stored in the Defence Electronic Health System (DeHS). DVA officials stated that Defence has granted DVA about 50 licences to access DeHS and retrieve medical documents that are available within the system under a self-service arrangement. Officials stated that DVA officers require appropriate security clearance to be granted a licence. Officials noted that current licenses sit with a range of DVA officers, including Veteran Support Officers, Medical Advisers, SAM team members, project officers, and, in a few instances, compensation delegates.
- DVA officials stated a preference for Defence to be linked to the national e-health system, as it would make health records more readily accessible.

Other issues in the compensation system

- DVA officials stated that there is greater awareness of DVA services and compensation in recent years and this has increased the demand on DVA.
- Officials also stated that the operational tempo for the ADF has been much higher since 1999. This has led to increased claims.
    - Officials stated that while Open Arms has an uncapped appropriation for treatment, DVA still has to manage budget and staffing caps for claims processing.
- DVA officials stated the wait times and burdens of the compensation process can sometimes deter people from making a claim.
- DVA officials stated they would prefer in the future that a simpler system meant there were no need for advocates but acknowledged that with veterans having eligibility potentially under three Acts, it can be very difficult for veterans on their own to work out what is best for them without support. They stated that they would ideally prefer that their staff instead provide that assistance to claimants. Officials stated that there was previously a perception that Commonwealth staff could not help people lodging claims for entitlement, as it may present a conflict of interest. Officials stated this is not the case, and DVA staff can support people to understand their entitlements.
- DVA officials stated they are trying to get more people assessed under Combined Benefits Processing.
- DVA officials stated there is an issue with retaining staff in their compensation assessment area. DVA officials noted the recent media reports of 42% of DVA staff being contractors. Officials stated it could take 18 months to train staff properly. They further stated that there is a need to have a workforce that understands the system but it is difficult to retain people.

Chief of Defence Force (CDF) initiated claims

- Commissioners noted that Defence intends to pilot a CDF initiated claims process in Townsville, where there is an automatic recognition of certain injuries due to certain types of service. In these claims, people do not need to make an individual claim as the CDF would request DVA accept liability. Officials stated a similar process might be used for all people who

contracted COVID-19 while working with Defence. There is currently a very low individual submission of liability claims for this illness.

Other relevant matters

DVA participants were invited to raise any further matters relevant to serving and ex-serving ADF mental health and suicide prevention. Key matters raised included:

- Focusing on families
- Understanding grief
- Increasing restorative engagement

Focusing on families

- Commissioners stated that families are asked to dedicate their lives, compromise their careers, and move all over the country to support an ADF member's service. Officials stated that families therefore need to be included along the way in understanding service and providing support.
- Commissioners stated that families could often feel excluded from a process like a medical discharge. They further stated that privacy could often be a detrimental barrier to involving families in the process.
- Commissioners stated a more preventative model would be to include families much earlier, as families may be able to identify warning signs at an early stage and prevent breakdowns or suicides. It is a disservice to both families and veterans by not including families at an early stage.
- Commissioners stated that families could provide a more useful measure of ADF member wellbeing than the pre and post deployment screens used by the ADF for those serving in the Middle East.
- Commissioners stated that the COVID pandemic has presented opportunities for partners of veterans to gain and maintain meaningful remote work, even when moving around the country.
- Commissioners also noted that bereaved parents need more support - not just immediate family members. Officials stated that parents need access to services, as well as greater awareness and recognition of their needs.

Understanding grief

- DVA officials stated that DVA, Defence and the general community need a better understanding of grief. Officials stated that it is a hard concept to grapple with, but there is a large group of people in the ADF dealing with grief, moral injury, and loss.
    - DVA officials stated that Defence and DVA both need to do more to address this area. They stated that the grief of widows is deep in each generation and carries on to children to create a generational cycle.
    - Officials stated that people could be triggered by anniversaries – often because they have not dealt with the grief. There is an increased awareness and heightened emotions around anniversaries.

- DVA officials stated that there should be an increased focus on post-vention support. They further stated that taking the time for adequate reflection is also necessary. Officials stated that Australians are typically not good at it dealing with grief.
- DVA officials also stated that society needs a better language to talk about their experiences, which will help people understand what they are going through.

Increasing restorative engagement

- DVA officials stated that they acknowledge many people have not had a good experience engaging with DVA. Officials stated that a key focus of their work needs to involve restorative engagement. DVA officials stated that they acknowledge that they have not had restorative engagement at the forefront of their focus. Officials recognised that restorative engagement is important and may prevent issues escalating.
- Officials stated that some people have had an adversarial relationship with DVA from the very beginning. Officials stated this could lead to a trust deficit that is difficult to repair.
    - DVA officials stated that advocates could foster adversarial perspectives in their clients because of their own negative experiences with DVA.

Roundtable	Organisations in attendance
16 February 2021	• The Department of Veterans' Affairs • The Repatriation Commissioner • The Commissioner for Veteran Family Advocacy • The Defence Engagement Commissioner • Open Arms – Veterans and Families Counselling