The importance of non-clinical support in improving outcomes for veterans and their families – an Australian experience.

Robyn Collins
General Manager
RSL DefenceCare
Australia’s Defence and Ex-service community

ESO’s
Support organisations – primarily volunteer-based charities.

DVA
Worker’s compensation for ADF members.

ADF
To defend Australia & its national interests.
Focus on fit, healthy workforce.

RSL Defence Care
Always there
Australian Defence Force*

- 80,561 service members (57,404 permanent; 23,157 paid reservists).
- 19,967 civilian workforce.
- Permanent service members - 84.7% male; 15.3% female.
- Reservists – 83.6% male; 16.4% female.
- Civilian workforce – 59.4% male; 40.6% female.
- Approximately 5,000 separate each year.
- Average length of service – 7 to 10 years.
- Primarily a clinical health care model.

*Source: ADF Annual Report 2014/15
Australian Department of Veterans’ Affairs*

- 303,288 clients (June 2016).
- Government estimates for every client, there are four who have never claimed.
- Client age range:
  - 19.4% over 90;
  - 35.5% 70 to 89;
  - 30.5% 50 to 69;
  - 14.6% under 50.
- Total budget $12bn.
- Processed 10,110 claims in 2015/16.

*Source: ADF Annual Report 2015/16
Three Acts governing injury or illness related to service:

- Veterans’ Entitlements Act 1986 (VEA) – 7 Dec 1972 to 6 April 1994; focus on disability pension and treatment;
- Safety, Rehabilitation and Compensation Act 1988 (SRCA) - 7 April 1994 to 30 June 2004; focus on rehabilitation and compensation; &
- Military Rehabilitation and Compensation Act 2004 (MRCA) – post 1 July 2004; focus on rehabilitation and compensation.

Repatriation Medical Authority examines medical evidence to determine the factors which "must" or "must as a minimum" exist to cause a particular kind of injury, illness or death linked to service.
• Limited client choice in treatment; client directed care (common in disability and aged care sectors) not available.
• Medications, surgery and clinical evidence-based treatments dominate services funded by DVA.
• Physician-recommended non-clinical options are restricted – for example, a veteran can only access funded Yoga delivered by an Exercise Physiologist.
• No services for carers of veterans, children, partners and other family members other than counselling through VVCS.
• In recent years introduced tiered case management support for clients with complex needs.
• Delays in processing claims a major stressor for veterans, especially those with mental health issues. Decisions can take over a year.
• ADF can hold medical discharges in abeyance until claims finalised, but this is inconsistently applied across Army, Navy, Air Force.
• Legislation is complex and in past years, veterans (primarily Vietnam) volunteered to act as Advocates for younger veterans needing to lodge claims. As this group has aged and legislation changed, they are retiring and not being replaced.
• Until recently, ADF members could not elect to connect to DVA when joining Defence, and together with a culture of hiding injuries and illnesses while serving, meant many lodged claims on or after discharge.
Ex-service organisations - Australia

• 3,500 organisations say they provide services for veterans, although far fewer have veterans as their primary or exclusive client group.

• Larger ex-service organisations are primarily volunteer-based and focused on commemoration, peer support, welfare and assistance with DVA claims.

• Many offer limited supervision, support and training for volunteers.

• Newer organisations staffed by trained and supervised professionals have entered the sector, driving significant change.
RSL DefenceCare

- Australian charity & public benevolent institution.
- Helps current and ex-serving ADF members & their families in times of injury, illness and crisis.
- Rebadged & re-established as a best-practice, client-focussed, professional service in August 2012.
- Employs social workers, counsellors, advocates, mediators – focuses on non-clinical support for current & ex-serving members & their families.
- Staff highly qualified, attend ongoing professional development and receive regular clinical supervision.
In 2015 RSL DefenceCare:

- Responded to 4,737 calls for help from veterans and their families (2014, 4,194).
- Responded to 1,342 ex-serving members or their surviving spouse (2014, 1,688).
- Helped 1,618 current serving members (2014, 1,431).
- Helped 196 family members such as parents and children of serving and ex-serving members (2014, 140).
- Handled 1,581 enquiries from government and non-government organisations and individuals (2014, 936).
RSL DefenceCare’s Services

- Assistance with DVA Claims and Appeals.
- Counselling and crisis support.
- Financial assistance – urgent bills, medical equipment, emergency accommodation, etc.
- Home services such as cleaning and lawn mowing for veterans recovering from serious illness.
- Peer to Peer support for veterans with mental health issues.
- Emergency and ongoing disaster assistance.
- Referrals to aged care and other health services.
- Family support including events such as family days, transition seminars, ship send-offs.
Overwhelmingly, the issues dominating responses to government enquiries and social media commentary in Australia relate to:

- difficulties with claims,
- mental health issues, including the breakdown in relationships with family and friends,
- adjusting to civilian life, and
- financial difficulties.

Very few focus on issues with clinical treatment.
Transition to Civilian Life

*Transition is currently a ‘one-size-fits-all’ process. High risk veterans and families are not identified or supported.*

Critical times for younger veterans:

- 6 to 12 months post discharge when the first civilian job proves unfulfilling and the veteran misses institutionalised life of Defence.
- 8 to 10 years post discharge with a slow progression of symptoms of mental ill health and a gradual withdrawal from family life, loss of job and deteriorating mental ill-health can lead to a veteran and family reaching breaking point.

High risk individuals and families could be identified prior to discharge and provided with professional advocacy services, fast tracking of DVA claim(s) and case management support until the individual and their immediate family is stable and no longer at risk.
Veterans accessing residential or out-patient clinical treatment for mental health issues such as PTSD on multiple occasions.

- Recent research in JAMA Psychiatry (September 21 2016) highlighted the period post-discharge from clinical treatment as a particularly high risk period for suicide.

- Current clinical treatments for PTSD are not effective for 30%. Post-discharge planning in Australia includes clinical support, but not linking with case management.

- Many veterans return to broken or stressed relationships and with new medications, and without support quickly return to self-medication, especially with alcohol.
DVA Claims system and lack of client-directed care

**DVA system of claims and funding of treatment is out of step with the needs of veterans and their families.**

- Despite considerable efforts in recent years, DVA is still viewed as a ‘gatekeeper’ to treatment, rehabilitation and compensation.
- Current legislation is complex and newer professional Advocates are changing the dynamic, focusing on client-needs and managing expectations of younger veterans.
- DVA’s service model is focused on clinical treatment for illness, not preventative or non-clinical management options.
- Clients have little choice in funded treatments or aids, with some fighting for years to have their individual needs taken into account.
Lack of support for carers, families

Limited DVA support for carers of veterans and families devastated by the impact of service-related injury and illness.

- Other sectors acknowledge the importance of the wellbeing of family members, especially carers. Many fund relevant services. There is little support or carers of veterans.

- Carers often develop symptoms that mirror those of the veteran, receive inadequate information about managing the veteran’s injury/illness, lack practical help with personal needs such as hygiene and safety and have no access to veteran-specific funded health services.
Culture of negative not positive responses to injury and illness.

Veterans routinely tell us they are ‘broken’ and are moved away from their unit into groups with limited work to do.

- The language around injury and illness in Defence is negative – injured or ill are referred to as ‘broken’.
- Many current generation serving members hide injuries and illnesses in fear of being medically downgraded, missing deployments and possible medical discharge.
- Interesting research being done tracking the mental well-being of serving members from enlistment to five years, assessing at critical points such as first day, after training, pre-deployment, post-deployment etc. Early indicators are that mental health is better with positive leadership, support and positive language.
- Stigma around mental health issues still prevalent in civilian world.
Clinical treatment concurrently with non-clinical supports.

The importance of non-clinical management of injury and illness is not well publicised among the veteran community.

- Dr Andrew Khoo, one of the leading PTSD specialists in Australia, noted individuals undergoing clinical treatment for mental ill-health concurrently with non-clinical options, appear to have better outcomes.

- RSL DefenceCare has clients who have successfully reduced their dependency on multiple medications through non-clinical options such as exercise, art, acupuncture and equine programs (with the knowledge & support of their physician).

- DVA rarely funds non-clinical options, yet these could be more economical and improve the veteran and their family’s quality of life.
Key challenges in Australia

- Recognition of and funding for case management services by social workers and counsellors to improve outcomes for veterans and their families.
- Ability of traditional peer support ex-service organisations to adapt quickly enough to meet the needs of young veterans.
- Media focus on the 20% of veterans that leave Defence with injuries or illnesses that impact their ability to work, affecting the 80% who don’t, especially in obtaining civilian work.
RSL DefenceCare’s experience

- Wellness is a partnership – the individual, their family, friends, clinicians, allied health professionals, non-clinical supports.
- One size doesn’t fit all.
- Together we can achieve more than in isolation.