

# Framework for Veterans' Health Care

2012 – 2016



Respect,  
Understanding,  
Dignity

August 2012



Government  
of South Australia

SA Health

# Acknowledgements

We offer sincere thanks to the many contributors to the development of the Framework for Veterans' Health Care 2012 – 2016, particularly the members of the Advisory and Working Groups.

We make special mention of those veterans and serving members (full time and reservists) who have willingly provided their time and shared their experiences to help shape this Framework.

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# Ministers' Foreword

The veteran community will encounter significant demographic changes into the coming years. In particular there will be a large group of younger contemporary veterans, both men and women, who will have health challenges different to those faced by Australia's previous generations of veterans.

When veterans returned from previous conflicts, they faced a number of personal challenges to rejoin civilian life and many dealt with both physical and mental health issues. The contemporary veteran community will face similar challenges, and, as a Government, we must ensure the services they need are accessible and available to provide the care required.

Both the Australian and State Governments are involved in the provision of high quality health care to this community. However, to ensure that this is maintained, services provided to veterans must be appropriate, accessible and sensitive to their requirements. There has to be effective coordination to ensure veterans and their family members receive the care required, where and when needed.

The SA Health Framework for Veterans' Health Care 2012 – 2016 outlines the issues that currently exist in health care provision for the veteran community and makes recommendations for action over the next four years to address these issues. The Repatriation General Hospital, which for many years has led the way in health care for veterans in South Australia, will provide a specialised resource for other SA Health services.

Collaboration between SA Health and other Government Departments, including the Australian Government Department of Defence and Department of Veterans' Affairs, is pivotal to progressing these recommendations. The work of the many ex-service organisations operating in South Australia is recognised and where appropriate, partnerships with these organisations should be explored. Both SA Health and Veterans SA have been proud of their involvement with the Royal Australian Regiment Association SA in the Trojan's Trek initiative and look forward to other innovative opportunities and partnerships.

Veterans in our community deserve to be treated with respect, understanding and dignity wherever and whenever they access SA Health services. The SA Health Framework for Veterans' Health Care 2012 – 2016 is one step towards ensuring this occurs.

## **Hon John Hill MP**

Minister for Health and Ageing  
Minister for Mental Health and Substance Abuse

## **Hon Jack Snelling MP**

Minister for Veterans' Affairs

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# Summary of Findings and Recommendations

Throughout the development of the SA Health Framework for Veterans' Health Care 2012 – 2016 (the Framework) there was always a consistent and positive energy around improving the health and wellbeing of veterans and their families in our state.

In SA and nationally there are many programs and representative bodies as well as the many staff and volunteers that provide services, support, advocate and lobby for SA's veterans and their families in relation to their health and well being. These are acknowledged and commended.

The following recommendations are made following consultation and feedback from the veterans' community and the health care sector and identify opportunities to build on and progress the reform of health care for veterans and their families in SA.

The recommendations are detailed at the end of this document in the context of a way forward to progress veterans' health in SA in the areas of integration; information sharing and education; research; and planning and policy development.

It is recommended that SA Health:

- > give priority to implementing comprehensive data collection regarding veteran status at all points of entry into the health system
- > develop and maintain strategic partnerships with other key veteran health service providers including both the Government and non-Government sectors
- > work with the Repatriation General Hospital to determine effective methods of sharing veteran health care expertise with other key SA Health services across SA
- > initiate discussions with Department of Veterans Affairs and the Department of Defence regarding the opportunities for research collaborations
- > review current health initiated research programs and include a veteran identification question within the demographic collection
- > factor in the consideration of veteran needs in SA Health policy and planning
- > provide veteran representation / engagement in clinical networks and service development committees in conjunction with Health Consumers Alliance of SA.

SA Health is committed to progress the above recommendations in conjunction with other Commonwealth, State/Territory and Local Governments, veterans' representative groups and the private sector to ensure that our veterans and their families receive the quality of life they deserve.

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# Introduction

Improving the health and wellbeing of all South Australians is one of the key priorities of South Australia's Strategic Plan. South Australia's Health Care Plan 2007–2016 describes an increasing demand for health services in the coming years. Planning to meet this increase presents a series of challenges which include the community's expectations of continued access to high quality, evidence driven services.

The Framework sets out the current and future strategies that SA Health will undertake in response to the future health service needs of veterans and their families.

The overall objectives of the Framework are to:

- > assist veterans' transition to public health systems from Defence
- > deliver services and programs that keep veterans out of hospitals and shift the balance of care toward care provided in the community
- > deliver services that are integrated across the continuum of care and promote smooth transitions between the care settings that exist along that continuum
- > maximise the period in which veterans maintain good health and wellness
- > identify opportunities for the development of key partnerships in veterans' health care in SA
- > identify opportunities for system wide improvement across SA in meeting veterans' health care needs, ensuring older veterans, contemporary veterans and their families receive coordinated, effective and high quality health care which is evidenced based and outcome focused.

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SA Health recognises that veterans face unique health challenges as a result of their military service. As a result, SA Health is seeking to enhance the quality and delivery of health care for veterans from the perspective of patients, providers, partners, families and the broader health care system.

It is also recognised that state funded public health services are only one component in what can be a complex health system for veterans. The Framework commits SA Health to working with and developing partnerships with private and Commonwealth funded services to ensure Australian Defence Force (ADF) members, veterans and their families have a seamless transition from ADF funded health services to Department of Veterans Affairs (DVA) and state funded health services.

For the purpose of the Framework, the term 'veteran' is used to describe South Australian residents who have served in the ADF.

To further differentiate between groups in the veteran community this document has identified three key sub-groups each with their own unique health needs:

- > Older veterans are those who served prior to the end of the Vietnam War in the early 1970s which includes (but not limited to) World War I, World War II, Korea and/or Vietnam conflicts.
- > Contemporary veterans refer to those who served in or after the early 1970s which includes (but not limited to) the Gulf War, Solomon Islands, Bougainville, East Timor, Iraq and/or Afghanistan conflicts.
- > Families of veterans include groups comprising of families of serving members, war widows and families of veterans.

The Veterans' Health Advisory Council (VHAC) is a Ministerial appointed Health Advisory Council that advises the South Australian Minister for Health on the health issues of veterans, war widows and their families.

This includes advising on the health service needs, priorities and issues of veterans, advising on the delivery of health services to veterans and advocating on behalf of veterans.

As part of the VHAC's work, four pillars of health care have been identified that are considered to be integral to the wellness and wellbeing of the veteran community. These are:

- > Mental Health
- > Primary Care
- > Aged Care
- > Oral Health

The VHAC's pillars are supported by SA Health and DVA data which show that mental health-related issues, age-related conditions and chronic disease are the main services required by veterans. As these priority areas coincide with many of SA Health's existing plans and frameworks, it is considered appropriate to align this Framework with them as it will capture many of the needs (age-related or otherwise) of the veteran population.

An Advisory Group was established to oversee the development of the Framework and included representation from the Ministerial appointed VHAC, DVA, Department of Defence, Defence SA, the Repatriation General Hospital (RGH) and the Mental Health Directorate.

A working group was also established which had representation from SA Health and veteran organisations and included Drugs and Alcohol Services SA, Mental Health, RGH, Country Health SA Local Health Network, Women's and Children's Health Network, DVA and the Centre for Military and Veterans Health.

Consultation also occurred outside of the Advisory and Working group structure during the development of the document. This involved Child and Adolescent Mental Health Services, Network Development Managers for relevant Clinical Networks in SA Health, RGH staff, the SA Health DVA Contract Manager and the VHAC Mental Health Subcommittee.

Extensive consultation with and input to content has been provided by the VHAC which also subsequently endorsed the Framework.

The Veterans' SA Office within the Attorney-General's Department was consulted regarding the document, as was the Veterans' Advisory Council (VAC) which provides advice to the Minister for Veteran's Affairs.

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# Veteran Councils, Organisations and Services

The State Government recognises the importance of the appropriate delivery of services to the veteran community and has established veteran specific advisory committees to support the relevant Government Ministers in addressing these issues.

The **Veterans' Health Advisory Council (VHAC)** (refer to the Introduction section earlier in this document for a description of the role of VHAC).

The **Veterans' Advisory Council (VAC)** is a Ministerial appointed Advisory Council that provides the principal means of communication between the veteran community and the State Government via the Minister for Veterans' Affairs. The objectives of the VAC include promoting the wellbeing of all members of the veteran community, encouraging cooperation across all veteran organisations, providing a forum for the veteran community to communicate directly to the highest levels of State Government and to monitor and provide advice about matters relating to the recognition and commemoration of the service of veterans.

The **Australian Government Department of Defence (DoD)** and **Department of Veterans' Affairs (DVA)** both provide a range of services for current serving members and veterans. Full time current serving members are able to access health care services on site (that is, in the Defence facility) including General Practitioner (GP) services, dental and rehabilitation.

The **Defence Community Organisation (DCO)** provides a service exclusively for current serving full time members, reserve members on continual full time service (CFTS) and their families including a broad range of individual and program related services. These services aim to support ADF families to balance the demands of military service with personal and family commitments. DCO also provides assistance in the case of accident, illness, hospitalisation or other family crises and in the event of a casualty or in managing estates at times of bereavement.

The **Veterans and Veterans Families Counselling Service (VVCS)** is a DVA funded service that provides counselling and group programs to current serving members, veterans and their families. VVCS staff are qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families. DVA also fund a range of other services that are provided directly to the veteran community including programs such as the Men's Health Peer Education Program, Community Nursing, Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES), Veterans Home Care and a range of online health and wellbeing services. Visit the DVA website for a full list of services provided:  
<http://www.dva.gov.au>

There are many **Ex-service Organisations (ESO)** operating in SA, for example the Returned and Services League of Australia (RSL), Royal Australian Regiment Association, Total and Permanent Incapacitated Association (TPI), Vietnam Veterans' Association (VVA), Vietnam Veterans' Federation (VVF), Naval Association, Royal Australian Air Force Association (RAAFA) and War Widows' Guild of Australia. These and many other ESOs play an important role in supporting veterans and their families to access and navigate the service system. A list of the major ESOs in SA is provided at Appendix 1.

These defence and veteran specific agencies and service providers sit alongside the usual range of health care providers in SA including the State Government funded health care system which is now structured into Local Health Networks; the private health care system including a range of private hospital and health care providers; and the Australian Government funded Medicare services such as GPs and the newly created Medicare Locals. The system currently works effectively to provide good quality health care to veterans and their families. There are opportunities, however, to ensure that this happens in a more coordinated and timely way to ensure that all veterans and their families are able to access the care they need, when and where they need it.



# Veteran Profile

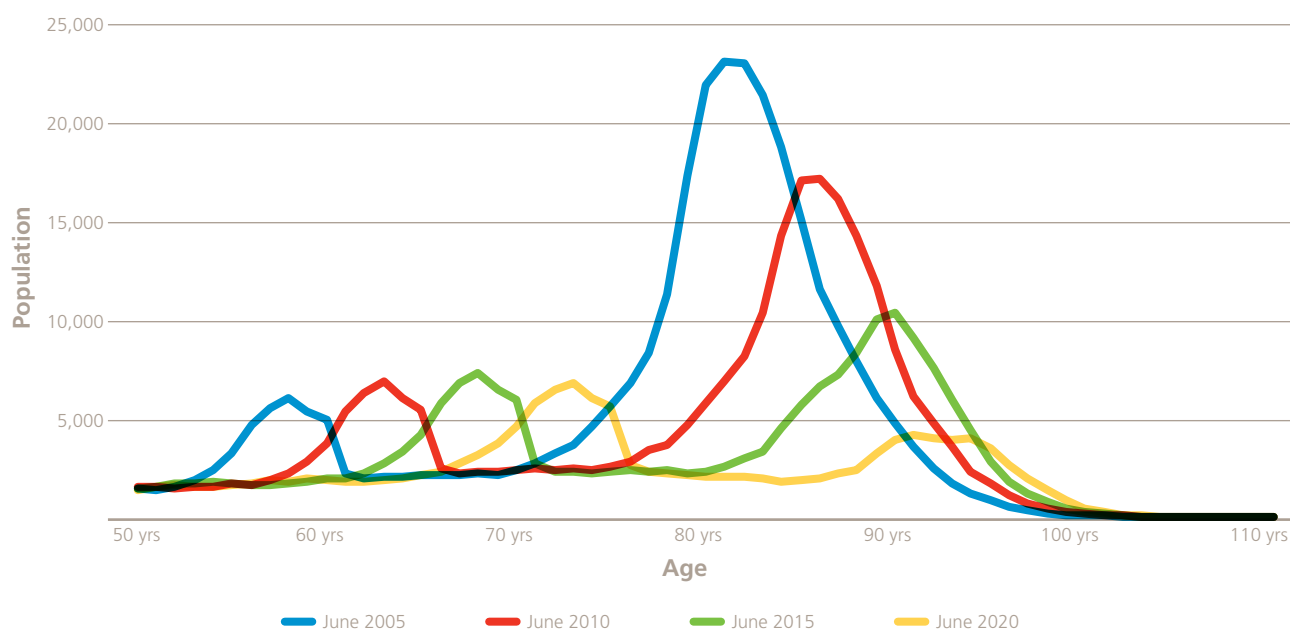
The VAC has completed some preliminary work on estimating the number of veterans living in SA however it is difficult to provide an accurate estimate as there are a range of factors that influence the data sources available.

While DVA is the main publicly available data source, it does not capture the full veteran population. Also, once a serving member is discharged from the ADF they are not tracked in terms of which state they then live in. While a state based population proportion of the veteran population could be applied, there is also some anecdotal evidence that suggests SA may have a higher than average proportion of the veteran population living in SA.

Historically a number of infantry battalions have been based in SA and as a result some of these veterans originally from interstate have remained in SA. The VAC therefore estimate that there are approximately 29,000 veterans of all conflicts living in SA (including those with three or more years of peace time service), approximately 30,500 partners of veterans and 27,000 children of veterans.

What is known is that the profile of Australia's veteran population is changing. There are no longer any surviving World War I (WWI) veterans and the World War II (WWII) veterans are in their later stages of life. Veterans of the Vietnam conflict, which was the largest deployment of personnel undertaken by Australia since the World Wars, are predominantly 60 years of age and over.

The graph in Figure 1 illustrates the expected change in the age of the older veteran treatment population nationally. By 2020 the remaining WWII veterans will be in their nineties and the Vietnam veterans will be in their seventies and will become the largest group of veterans accessing DVA services. Groups of contemporary veterans will be increasingly accessing services by 2020. The overall numbers of contemporary veterans are not expected to be as high as the peaks representing WWII and Vietnam conflicts. Despite this, it is anticipated that they will present their own unique set of health issues and challenges for the health system.



**Figure 1: Total DVA treatment population by age trend from June 2005 – June 2020, as at June 2010. (Source: Adapted from - DVA Treatment Population Statistics Quarterly Report June 2011)**

## Health Care Entitlements

Public health services are available to all South Australians, including veterans. Specific services may also be available to veterans who are eligible for DVA entitlements.

When a veteran registers with the DVA and applies for entitlements there are three pieces of legislation that determine what entitlements can be provided to which groups (Appendix 2). These are the

- > Veterans' Entitlement Act 1986 (VEA)
- > Military Rehabilitation and Compensation Act 2004 (MRCA) and
- > Safety, Rehabilitation and Compensation Act 1988 (SRCA)<sup>1</sup>

DVA services are funded federally and delivered through the use of treatment cards, the two main cards being gold and white.

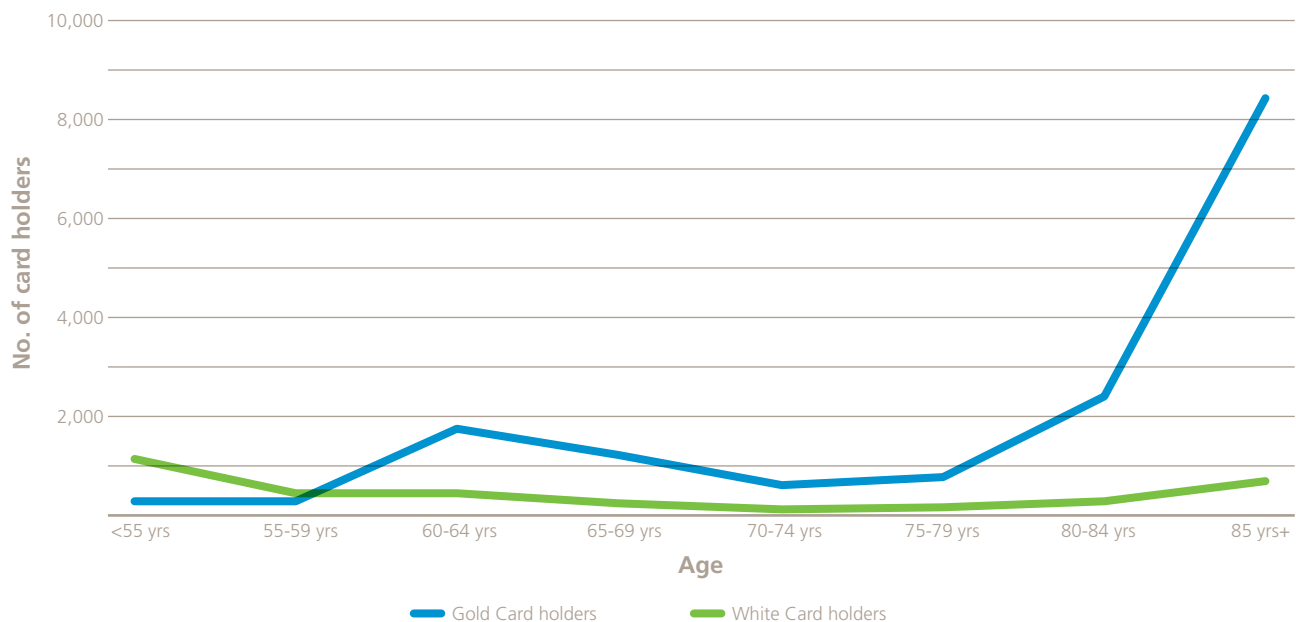
A gold card entitles the holder to DVA funding for services for all health care needs and for all health conditions, whether they are related to war service or not. The card holder may be a veteran or the widow / widower or dependant of a veteran.

The white card is issued to eligible veterans for the care and treatment of accepted injuries or conditions that are war or service related. In certain circumstances, members and former members with warlike or non-warlike service after 1 July 2004 may also be provided with a White Card under the VEA for the treatment of malignant neoplasia, pulmonary tuberculosis, post-traumatic stress disorder or anxiety and/or depression, irrespective of whether those conditions are war-related<sup>2</sup>.

A white card is also issued to ex-service personnel who are eligible for treatment under agreements between the Australian Government and the New Zealand, Canadian, South African and the UK Government for disabilities accepted as war-caused by their country of origin.

In SA there were approximately 19,300 beneficiaries holding either a DVA Gold Card or White Card as of 1 July 2011<sup>3</sup>. Included in the 19,300 beneficiaries are approximately 15,780 gold card holders and 3,500 white card holders. The average age of a gold card holder is 80 years and 64 years for a white card holder.

Figure 2 highlights the largest group of Gold Card holders (8,432) are aged 85 years and over, with the second largest group (2,393) being 80 - 84 yrs and another peak noted for the age groups between 60 - 64 years (1,758). These groupings reflect the large deployments to WWII and Vietnam conflicts. The largest group of White Card holders are under 55 years, which reflects more recent deployments.



**Figure 2: South Australian DVA Card Holders by type of card and age group, as at 1 July 2011**

Veterans have a right to choose where they access health care services and whether or not they utilise their DVA entitlements. DVA pays for the health care of eligible veterans, whether it is provided by the private or public sector. Not all health services will be available in the private system, or in the country areas of SA, and therefore choice for the veteran is impacted in these situations. It is important to note that not all veterans are eligible for a DVA entitlement that covers their health needs.

## Aboriginal and Torres Strait Islander Veterans

Aboriginal and Torres Strait Islander men and women have made significant contributions in all wars, conflicts and peace keeping operations that have involved Australia. Approximately 500 Aboriginal and Torres Strait Islander people enlisted during WWI and it is estimated that a further 3,000 served in WWII with many in dedicated Aboriginal units<sup>4</sup>. Following WWII, Aboriginal and Torres Strait Islander men and women have continued to join the ADF and have contributed to all conflicts since.

The 2007 Defence Census<sup>5</sup> reported that, among the permanent force members, 1.4% had indicated that they were Aboriginal. This is a slight increase from 1.3% in the 2003 Defence Census.

The Commonwealth Minister for Veterans' Affairs recently reported that there are approximately 980 Aboriginal and Torres Strait Islander people who are current serving ADF members nationally either to protect Australia's borders or deployed overseas on operations<sup>6</sup>. It can be expected that the numbers of Aboriginal and Torres Strait Islander serving members will grow as the Department of Defence continues to implement targeted measures for recruitment and retention of Aboriginal and Torres Strait Islander people<sup>7</sup>.

Limited data are available regarding the numbers of Aboriginal and Torres Strait Islander veterans living in SA and work is currently underway to better identify these veterans.

## Female Veterans

ADF Annual Reports show that there has been an increase in the proportion of female full time ADF serving members from 12.8% in 2000 to 14.5% in 2010<sup>8</sup> as shown in Figure 3 below. Most noticeable increases were in the Navy and Air Force. Figure 2 also shows there was a decrease in female reserve serving members from 17.9% in 2000 to 16.0% in 2010.

Research is currently being undertaken as part of the Military Health Outcomes Program to investigate the issues confronting female veterans with a particular focus on the effect of deployment on servicewomen with children.

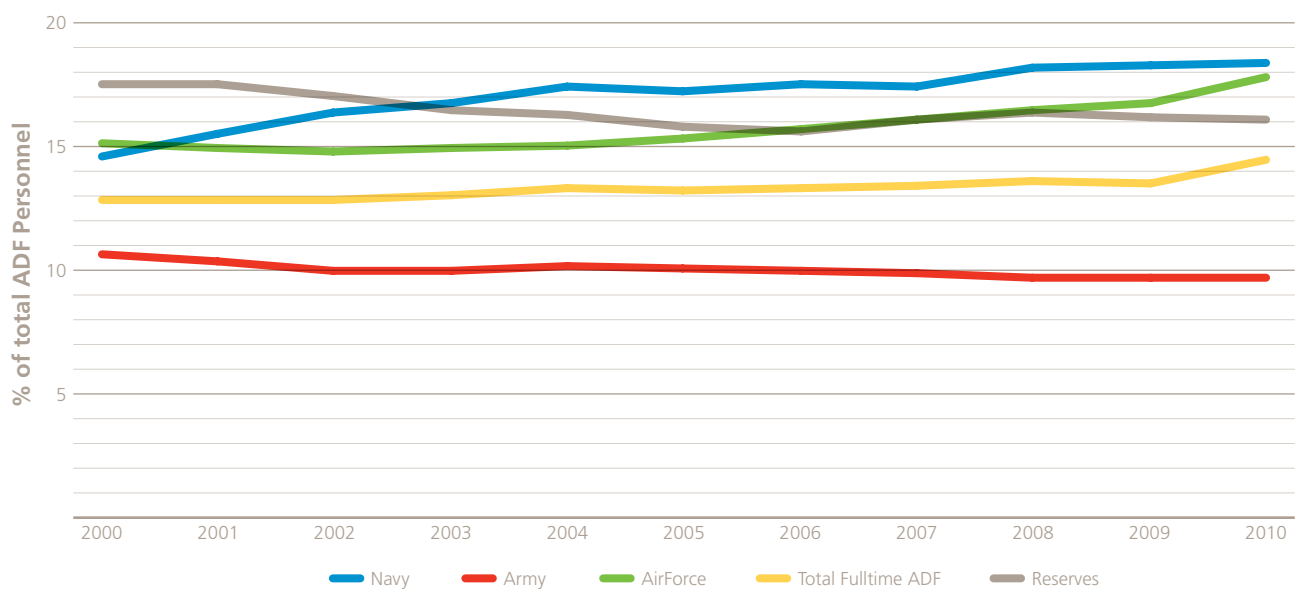


Figure 3: Female ADF personnel as a percentage of total ADF personnel

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## Reserves

The Reserves play an integral role in the ADF capabilities. As at 30 June 2011, there were 1,810 Reservists based in South Australia<sup>9</sup>. Reservists, whilst on Reserve duty other than field exercises and courses, have access to immediate first aid care from the ADF. Secondary care is then sought through the private and public health systems.

Reservists who are on CFTS, field exercises or courses are able to access health care that is equivalent to that of full time personnel. They are then entitled to ongoing care through the ADF if a compensation claim is accepted. Reservists who are on CFTS are also entitled to access DCO support.

When Reserves are deployed on multiple occasions, they increasingly transition between ADF service and civilian life. For some, the constant transitioning may be a smooth journey with no gaps in health care delivery requirements but for others, their support systems become disrupted which often results in disjointed health care delivery.

## Vietnam Veterans

DVA data shows that there are about 4,000 Vietnam veterans living in SA as of June 2011. It is important to highlight the differing needs of the Vietnam veteran group. This group will become heavy users of health services as they get older and whatever can be done now to improve their general health and wellbeing will provide long term benefits to them and to the health system.

The VVCS Factsheet titled 'Combat Experience in Vietnam and its Effects'<sup>10</sup> states that combat in the Vietnam War exposed veterans to severe traumatic situations of threat, death or serious injury for themselves and those around them. These experiences were often accompanied by feelings of fear, helplessness or horror. Many veterans may have recurring thoughts and feelings about such traumatic events and in some veterans there can be longer lasting disorders such as Post Traumatic Stress Disorder (PTSD).

Vietnam veterans returned to an Australia that was significantly divided in its support for its involvement in the Vietnam War. Conscription and the use of conscripted troops in Vietnam were important factors in that division as well as the exposure that the electronic media had given to the war. Being involved in an unpopular war, being withdrawn before the war was over and feeling rejected by society has resulted in many veterans remaining silent about their experiences.

Substance abuse, marital failure, severe depression and suicide are more prevalent amongst the Vietnam veteran group<sup>11</sup> than in the general veteran community and in the community at large.

## Future Veterans

As of June 2011, there was 4,990 ADF personnel living or stationed in SA<sup>12</sup>. This included 3,180 full time personnel and 1,810 reserve personnel.

Full time personnel included:

- > 80 Navy personnel
- > 1,305 Army personnel
- > 1,795 Air Force personnel.

Reserve personnel included:

- > 198 Navy personnel
- > 1,220 Army personnel
- > 392 Air Force Personnel.

The relocation of a significant group of Army personnel, including the spouses and children of many of these personnel, from the Northern Territory to SA is ongoing and will see an increase of approximately 400 personnel during 2011-12.

The majority of this dependency is based at Edinburgh in the northern metropolitan area 25 kms from Adelaide, (Refer to the map on page 13) with the number at Edinburgh expected to be around 3,200 by 2013, an increase of 14%. The remaining personnel are based at Woodside Barracks in the Adelaide Hills and other metropolitan locations such as the Keswick, Warradale and Hampstead Barracks. There are also Navy personnel located at metropolitan Osborne.

## Geographic Profile of Veterans

Veterans are spread geographically across the state with noted increased proportions of DVA eligible veterans in the more typical retirement areas such as Victor Harbor, Yorke Peninsula and Holdfast Bay Local Government Areas (LGAs)<sup>13</sup>.

Approximately 70% of DVA beneficiaries live in the metropolitan area with the remaining 30% living in the regional and rural areas of SA, consistent with the general population spread across metropolitan and regional SA.

Table 1 outlines the Top 25 LGAs with the highest percentage of DVA eligible veterans per population as at 1 July 2011.

LGA	Net Total DVA Beneficiaries	LGA Estimated 2012 Resident Population	% of population
Victor Harbor	605	13,971	4.33%
Barunga West	99	2,634	3.76%
Yorke Peninsula	404	11,782	3.43%
Holdfast Bay	1,150	35,923	3.20%
Peterborough	55	1,969	2.79%
Southern Mallee	60	2,172	2.76%
Copper Coast	358	13,144	2.72%
Yankalilla	126	4,661	2.70%
Alexandrina	627	23,868	2.63%
Kangaroo Island	122	4,661	2.62%
Flinders Ranges	46	1,793	2.57%
Marion	2,018	85,398	2.36%
Loxton Waikerie	274	12,073	2.27%
Walkerville	168	7,408	2.27%
West Torrens	1,234	56,169	2.20%
Mount Remarkable	65	2,966	2.19%
Tumby Bay	60	2,762	2.17%
Gawler	456	21,041	2.17%
Wakefield	146	6,856	2.13%
Mid Murray	182	8,599	2.12%
Berri and Barmera	237	11,270	2.10%
Renmark Paringa	206	9,897	2.08%
Robe	31	1,502	2.06%
Franklin Harbour	28	1,369	2.05%
Orroroo/Carrieton	19	931	2.04%

**Table 1: Net Total DVA Beneficiaries by LGA sorted by % of population**

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## South Australian Health Care System

SA Health's vision statement 'the best health for all South Australians' outlines the State Government's commitment to protecting and improving the health of all South Australians<sup>14</sup>. SA Health provides a range of services to the general community, such as public hospitals and includes emergency care, primary health care, mental health, and drug and alcohol services.

*South Australia's Strategic Plan 2007 – 2016* informs the health reform agenda for South Australia and includes goals for the community to stay healthy, with a focus on preventing illness through improving lifestyle.

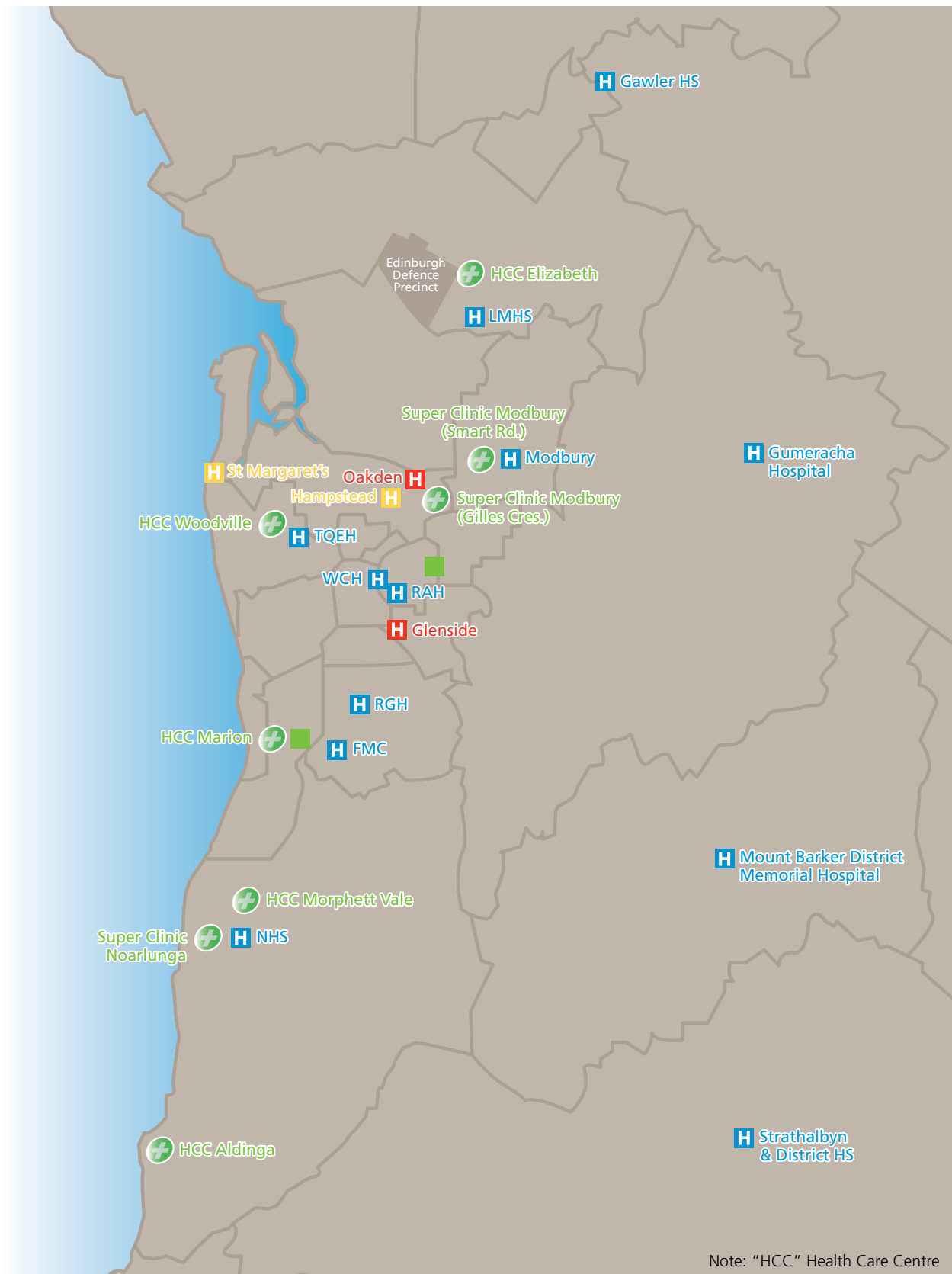
*South Australia's Health Care Plan 2007 – 2016* outlines changes for the health system to effectively manage the changing health care needs of South Australians. The plan outlines the structural changes to services throughout the state. SA Health has undertaken significant reform since this plan and a range of statewide plans have been released to shape the health care system and include:

- > The *Aboriginal Health Care Plan 2010 – 2016* has been developed to ensure health care services can cater to the distinct needs of South Australia's diverse Aboriginal population and provides a framework for Aboriginal Health improvement plans across SA Health.
- > The *Health Service Framework for Older People 2009 – 2016* sets out the strategies that SA Health will undertake in response to the future health service needs of older people.
- > The *Primary Prevention Plan 2011 – 2016* was developed to increase the focus on primary prevention. Primary prevention aims to support and promote good health and eliminate or reduce factors that contribute to poor health.
- > The *GP Plus Health Care Strategy* was released in 2007 and underpins SA Health's approach to health care in South Australia, in particular its approach to primary and community care. The Strategy aims to facilitate the Government's agenda to provide a fully integrated and accessible health care system and increase health promotion, illness prevention and early intervention services. It requires working more closely with general practice and other services including greater collaboration between State and Australian Government funded agencies to better respond to the health needs of local populations.
- > *South Australia's Oral Health Plan 2010 – 2017* aims to improve the oral health of all South Australians. The plan outlines a stepped approach to resources that are intended to promote oral health and treat oral diseases for the whole population.
- > The *Statewide Cancer Control Plan 2011 – 2015* was developed as a guide to providing coordinated cancer control and care in SA. The plan combines high-level targets with actions designed to prevent lifestyle-attributed cancers and improve the cancer journey for people diagnosed with cancer.
- > The *Statewide Cardiology Clinical Service Plan* (January 2010) provides the framework for the future direction of cardiology services in South Australia.
- > The *South Australian Palliative Care Services Plan 2009 – 2016* sets out a new structure for palliative care services within SA Health and outlines the steps that will be taken to reorganise existing palliative care services.
- > The *Statewide Rehabilitation Plan 2009 – 2017* outlines the proposed rehabilitation system architecture required for South Australia and identifies the key initiatives needed to provide an efficient and effective service.
- > The *South Australian Stroke Service Plan 2009 – 2016* ensures that stroke services across South Australia provide the best possible care for stroke patients and their carers. The plan addressed the spectrum of care from preventative measures through to life long support and end of life care.

These plans are available on the SA Health website <http://www.sahealth.sa.gov.au>

## SA Health Services Map

The map below illustrates the geographical location of the Repatriation General Hospital (RGH) and the Edinburgh Defence Precinct in relation to other key public health services in the Adelaide metropolitan area.



- |                       |                                |                          |
|-----------------------|--------------------------------|--------------------------|
| Public Acute Hospital | Public Psychiatric Hospital    | GP Plus HCC/Super Clinic |
| Public Other Hospital | Community Mental Health Centre | Local Government Areas   |

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## SA Health Statewide Clinical Networks

SA Health has established eleven Statewide Clinical Networks to increase the level of clinician involvement in the planning of health services. They develop clinical leadership and plan for the future ensuring that services are provided across the continuum of care. Their aim is to coordinate better delivery of services, improve health outcomes for all South Australians and ensure a strong, sustainable health workforce<sup>15</sup>. The Framework is intended to align with the Clinical Networks:

- > The Cancer Clinical Network brings together clinicians, consumers, care providers, health service managers, cancer non government organisations and the university sector to plan and implement best practice cancer control across South Australia.
- > The Cardiology Clinical Network increases the level of involvement by health professionals and consumers in planning and developing clinical cardiology services. The aim of the network is to improve prevention, early detection, early intervention, and management of cardiac (heart) disease.
- > The Child Health Clinical Network brings together clinicians and consumer representatives to plan statewide health services for children and young people from six weeks to eighteen years of age.
- > The Maternal and Neonatal Clinical Network is a combined group of rural and metropolitan clinicians, other professionals and consumer representatives who jointly plan and implement services, ensuring better health outcomes for mothers and newborn infants across South Australia.
- > The Mental Health Clinical Network was established to develop clinical leadership within the Statewide Mental Health Specialist System. The network also provides direction and expertise to help improve patient outcomes and increase engagement in planning and service delivery and has been extensively involved in the reform of general mental health services across SA.
- > The Older People's Clinical Network brings together clinicians, consumers, care providers, health service managers, non-government organisations and researchers to plan and implement best practice in providing for the health and welfare of older people across South Australia.
- > The Statewide Orthopaedic Clinical Network is a combined group of metropolitan, rural and remote health care professionals and consumers working towards developing orthopaedic services within South Australia.
- > The Palliative Care Clinical Network is a multidisciplinary group which provides leadership, strategic direction, and guidance to metropolitan and rural regions of the health service, as they strive to ensure all South Australians are able to access palliative care.
- > The Rehabilitation Clinical Network brings together rural and metropolitan clinicians, other professionals and consumer representatives across South Australia to plan and implement patient-centred rehabilitation services.
- > The Renal Clinical Network advises SA Health and the Minister for Health on services, planning and clinical issues for patients, their families and the community relating to renal (kidney) diseases and or conditions.
- > The Stroke Clinical Network brings together rural and metropolitan clinicians, allied health, nursing and consumer representatives to improve the treatment of stroke patients in SA. The network will develop, implement and monitor the recommendations in the *South Australian Stroke Service Plan 2009 – 2016*.

It is important that the future work of the Clinical Networks factors in the needs of veterans.



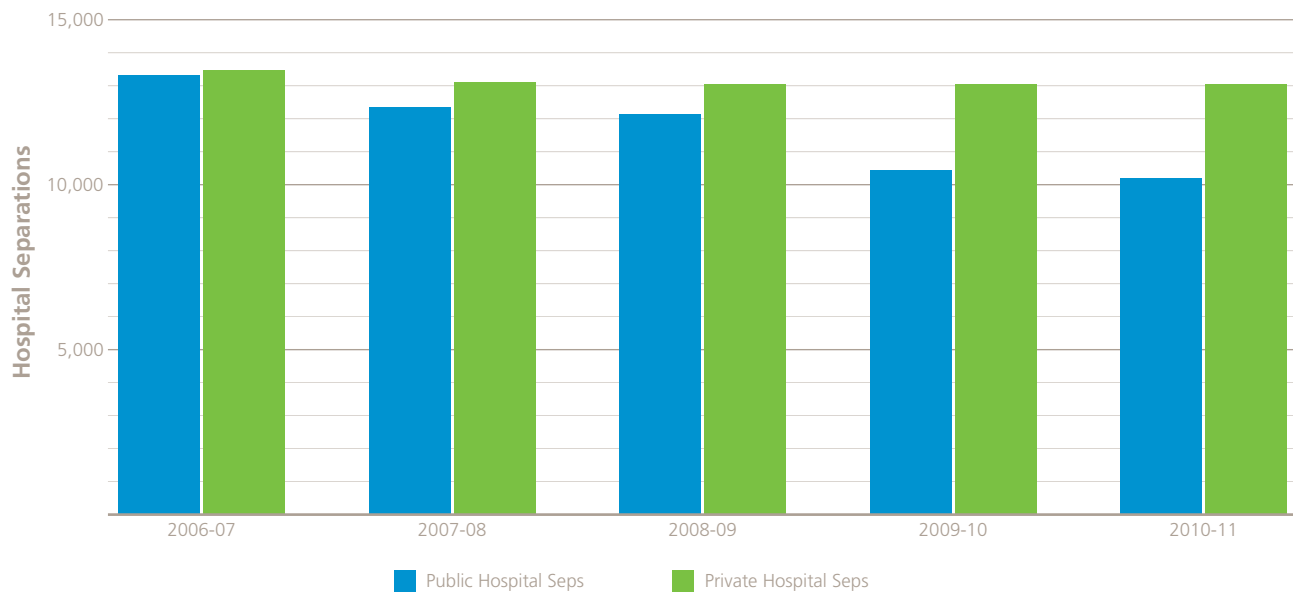
It is estimated that there are between 86,000 and 90,000 veterans and their families who access a range of health care services within South Australia from the public and private health care systems. The key services available to the veteran community are represented in the Figure 4 below.



**Figure 4: Key services available to the veteran community**

## Hospital Admissions

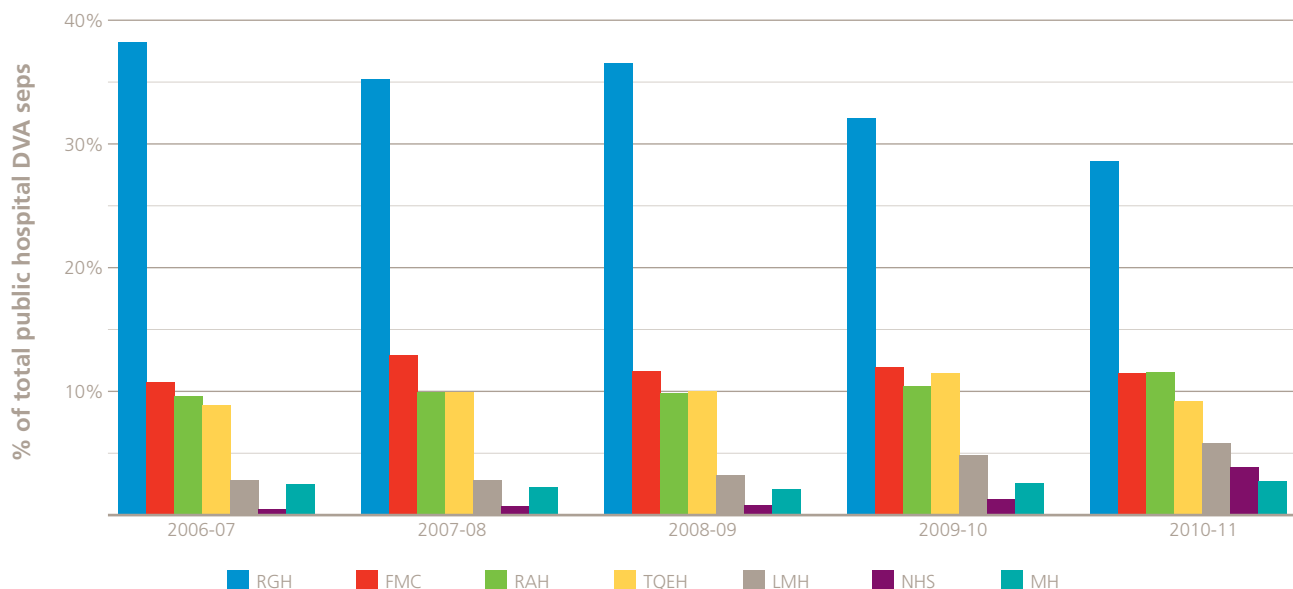
The data currently available regarding veteran activity in the hospital system is limited to those veterans who use DVA entitlements. Figure 5 shows the last five year's data of private and public hospital separations for DVA beneficiaries with steady activity evident in private hospitals whereas the public sector has seen a decrease of approximately 23% since 2006-07<sup>16</sup>.



**Figure 5: Comparison of private and public hospital DVA separations**

Approximately 73% of DVA public hospital separations occur in metropolitan hospitals and 27% in regional and country hospitals<sup>17</sup>. RGH accounts for approximately 30% of public hospital activity for veterans using DVA entitlements, however there has been a decrease in this activity over the last four years (Figure 6).

Most metropolitan hospitals have remained relatively steady in their DVA activity over the same period, although the Lyell McEwin and Noarlunga Hospitals have seen an increase in their DVA activity. It should be noted that funding changes, types of services provided and facility reporting accuracy all impact on the quality and accuracy of these data.



**Figure 6: Metropolitan Hospital DVA separations as a % of total public hospital DVA separations.**

The largest proportion of hospital admissions for DVA clients in metropolitan public hospitals (2010-11) was for the 85 years and over group. This reflects the usual pattern of service utilisation – that is, older patients tend to be much heavier users of inpatient services<sup>18</sup>.

The Diagnostic Related Groups (DRGs) of the public hospital admissions for veterans across the state reflects the large older age group with many being admitted for age related causes<sup>19</sup>. Of note in Table 2 is that in the top six DRGs for both female and male DVA clients, major affective disorders was ranked sixth. Personality disorders and acute reactions also ranked highly for male DVA clients. Heart failure ranked third for both male and female DVA clients, and respiratory infections was ranked in the top six for both male and female DVA clients. This highlights the particular need for aged care, rehabilitation and mental health services to be attuned to the needs of veterans.

Rank	Male	Female
1	Respiratory infections	Stroke
2	Chronic obstructive airways disease	Hip and femur procedures / Hip replacements
3	Heart failure	Heart failure
4	Personality disorders & acute reactions	Respiratory infections
5	Dementia	Kidney and UTI
6	Major affective disorders	Major affective disorders

**Table 2: Highest ranked Equiseps for Public Hospital DVA clients 2010-11**

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# Meeting the Needs of South Australian Veterans

The four pillars of health care are described below in terms of the current SA Health services available to older veterans, contemporary veterans and families of veterans.

## Older Veterans

*South Australia's Health Care Plan 2007 – 2016* notes that SA has the highest proportion of older people in Australia, with one in six people over the age of 65 years<sup>20</sup>. It is expected that this will grow to around 24% or nearly one in four people, by the year 2036<sup>21</sup>. As previously mentioned, the veteran population will be part of this shift in population with WWII veterans now in the over 85 age group and Vietnam veterans reaching the over 65 age group.

It can be expected that these groups of veterans will not only face typical age related health challenges but some will experience complications related to their service as young men and women. This will create unique challenges for the health care system, particularly as people aged between 65 and 75 are twice as likely to be admitted to hospitals than the rest of the population and those aged over 85, are more than five times more likely to be admitted to hospital<sup>22</sup>.

## Mental Health

Mental Health is a field which is gaining profile in Australia. Much of the research conducted suggests that mental illness is widespread in Australia, impacting at the personal, social and economic levels<sup>23</sup>.

In South Australia there is a variety of mental health services that are available to the veteran community. These include: private providers; Medicare Locals or Divisions of General Practice; DVA funded VVCS; DCO (serving full time members and their families only); a range of non-Government Organisations and SA Health public mental health services in community and inpatient settings. A description of the key public mental health services for older veterans is described below.

### Mental Health services

The RGH has traditionally been considered to be the specialist centre for veterans' mental health care in SA. Services include:

- > A 24 bed acute inpatient unit (Ward 17),
- > The Veterans Mental Health Rehabilitation Unit. This unit provides a range of therapeutic group programs to assist patients with rehabilitation and recovery. A referral from a medical practitioner is required.
- > The Post Traumatic Stress Disorder unit. This unit provides programs to facilitate education and understanding in the management of the symptoms of PTSD.

### Mental Health services for Older Persons

SA Health has established a comprehensive network of mental health services aimed at older people. These are generally provided through a team model of care that utilises a multidisciplinary approach that addresses immediate needs as well as long term issues. These teams focus on different aspects of mental health from provision of education, mental health assessments, care planning and follow up through to acute inpatient units and are located in both metropolitan and regional areas. These services include:

- > Community Mental Health Teams
- > Older Persons' Transitional Service
- > Country Older Person's Mental Health Services
- > Consultation Liaison Service
- > Acute Inpatient Units
- > Clements House – Transitional Care Unit
- > Older Persons' Extended Care Unit
- > Makk and McLeay Nursing Home.

## Drug and Alcohol

Drug and Alcohol Services SA (DASSA) can be accessed by veterans as required regardless of DVA entitlement. DASSA offer:

- > a 24-hour telephone information, counselling, and referral service
- > Withdrawal Services (incl assessment and inpatient medical detoxification from alcohol and a range of other drugs)
- > community based counselling services
- > A residential therapeutic community for men and women with drug or alcohol related problems.

Table 3 shows that in 2010-11 approximately 7% of DASSA clients were recognised as either veterans or family members of veterans, reflecting the general proportion of these two groups in the SA community. Of DASSA's veteran client population, approximately 33% were identified as veterans with the remaining 67% identified as a family member of a veteran<sup>24</sup>.

Year	No. clients identified as veteran or family of veteran	Proportion of total DASSA clients
2005-06	341	5.26%
2006-07	431	6.32%
2007-08	481	6.68%
2008-09	675	9.72%
2009-10	484	7.21%

**Table 3: DASSA clients identified as a veteran or a family member of a veteran, as a proportion of total DASSA clients**

DVA and VVCS also offer a range of resources to assist with alcohol misuse disorders. Further information about 'The Right Mix' (DVA) and 'Changing the Mix' programs can be found at:

- > <http://www.therightmix.gov.au>
- > [http://www.dva.gov.au/health\\_and\\_wellbeing/health\\_programs/vvcs](http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs)

## Primary Care

Older people (including veterans) with complex health needs due to multiple medical, social, cognitive and physical issues tend to have more visits to general practitioners and allied health professionals, use hospitals more frequently and for longer periods and are prescribed more medication.

A veteran's health profile is dependent on their personal health circumstances and can vary throughout their life. Health circumstances are determined through numerous factors including socioeconomic status, healthy genes, social connectedness and age. For veterans that are at risk of adverse health events, the model of care dictates focussing on retaining their health and wellbeing. This may include modifying diet and other lifestyle factors such as smoking or alcohol consumption, keeping control of blood glucose and cholesterol levels, and taking positive steps to maintain strong bones, a healthy weight and a healthy level of social integration.

Notwithstanding the older veteran's age, it is their membership in one or more of the following health profiles that will determine their present or future health needs. It is important to understand that membership in these groups is not fixed and can vary overtime according to personal health circumstances. The health profiles include healthy older people, older people at risk and older people needing acute care.

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Health literacy is important for this group. Knowledge, attitudes and beliefs are important determinants of health and behavior<sup>25</sup>. There is growing evidence that those with poor health literacy are:

- > less responsive to health information
- > have less understanding of why it is important to be healthy and how
- > use fewer disease prevention services
- > ask fewer questions and are less likely to seek help early
- > less able to manage chronic conditions
- > more likely to have poorer health outcomes and incur health care costs.

Building health literacy for the veterans is therefore an important focus<sup>26</sup>.

SA Health's *Primary Prevention Plan 2011 – 2016* recognises the importance of working with a broad range of government and non-government partners, as well as individuals and communities, to support South Australians to lead and maintain healthy lives.

The recent establishment of the Australian National Preventive Health Agency (ANPHA) as part of the Australian Government's health reforms will also see a coordinated approach to prevention programs nationally. Many of these state and national initiatives will be relevant to the veteran community, including campaigns to combat obesity, drug and alcohol abuse and smoking.

The GP Plus Health Care Strategy also has a strong focus on strengthening prevention and primary care, including numerous services and programs for older people. The aim of these services is to improve health, reduce risk and improve management in the community.

### Aged Care

In the Framework, aged care has been interpreted as hospital and community based care for older people (aged 65+) and Aboriginal and Torres Strait Islanders (aged 45+). It does not include residential/aged care facilities. Veterans, war widows or widowers who need to enter an aged care home are covered by the aged care system administered by the Department of Health and Ageing. The Framework does not impact upon residential aged care benefits under the *Veterans' Entitlements Act 1986* or the *Aged Care Act 1997*.

The *Health Service Framework for Older People 2009 – 2016*<sup>27</sup> outlines the structure for specialist geriatric services across the state's Local Health Networks. Its structure ensures that no matter where an older person accesses health care across the public health system they will be able to access appropriate geriatric assessment and management services.

For example:

- > Acute Care of the Elderly (ACE) units in the major hospitals
- > Geriatric Evaluation Management (GEM) Units in the general hospitals
- > Geriatric Liaison Services

SA Health will also develop older people health services in 7 key country health services, ensuring country residents are also able to access these services.

### Cancer Control

The DVA has commissioned a number of studies investigating the incidence of cancer for veterans, particularly the Vietnam veteran group. Two studies<sup>28,29</sup> reported strong evidence that Australian male veterans of the Vietnam War had an increased rate of cancer overall. A study<sup>30</sup> on Australian male veterans of the Korean War also reported an elevated death rate from cancers.

For these veterans, the Cancer Clinical Network will ensure appropriate care is afforded to them which is evidence based and outcome focused.

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## Cardiology

In regards to hospital admissions, heart failure is the third highest DRG for both male and females. Refer to Table 2 on page 17.

The *Statewide Cardiology Clinical Service Plan (2010)* provides the framework for the future direction of cardiology services in South Australia. Despite steady improvement over the past three decades, cardiovascular disease remains the biggest cause of death in Australia and continues to generate a considerable burden on the general population in terms of illness and disability.

## Stroke

In regards to hospital admissions, stroke is the highest DRG for females. Refer to Table 2 on page 17.

The *South Australian Stroke Service Plan 2009 – 2016* is an important milestone in improving stroke services across SA. Stroke is the second most common cause of death in Australia and is a leading contributor towards adult disability.

## Rehabilitation Care

Rehabilitation services are important for the veteran population as many of the service-related and age-related conditions suffered by veterans require some type of rehabilitation. Regardless of where the veteran accesses services, the rehabilitation system structure and models of care will ensure that the veteran is able to access appropriate rehabilitation services.

The *Statewide Rehabilitation Plan 2009 – 2017* outlines the structure of the SA Health rehabilitation system across the state. The Plan, supported by additional Council of Australian Governments (COAG) funding, enables growth in both inpatient and ambulatory rehabilitation services.

These plans all aim to describe care pathways that effectively link prevention, primary care, secondary and tertiary services.

## Palliative Care

The *South Australian Palliative Care Services Plan 2009 – 2016* outlines how SA Health will expand and reshape services to meet this increase in demand across the health system. As the population ages the need for palliative care will become more prevalent. The *South Australian Palliative Care Services Plan 2009 – 2016* will allow for expanded services more adept at dealing with co morbidities and complexities.

With designated palliative care services in the Local Health Networks it will ensure that every primary care provider involved in the care of a person at end of life can access a local palliative care provider if required.

These expanded services, supported by additional funding (via COAG sub-acute care funding), will offer increased choice for veterans at the end of life and maximize opportunities to end life at home for those who choose this preference.

Services include:

- > Community Palliative Care
- > Day Hospice Units
- > Rapid Response teams
- > Ambulatory Care (GP Plus)
- > Dedicated Hospice Units

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## Oral Health

It has been recognized that oral health is an important component of serving members' and veterans' overall health. Veterans are more likely to have poorer oral health than the general population due to factors such as their transient nature and isolation from services, change of diet when on deployment or training, poor access to dental hygiene, dental and oral injuries and the effect of other diseases that may impact on a veteran's oral health.

Oral health is thought to be an early indicator of anxiety and PTSD and greater consideration should be given to the detection of possible service-related oral conditions and co-morbidities such as mental illness issues including PTSD and alcohol abuse.

For example, Oral Health symptoms to arise from PTSD can include:

- > Bruxism
- > Muscle spasm and pain
- > Xerostomia (dry mouth)
- > Uncontrollable caries (tooth decay) of calcified dental structures
- > Loss of retention of maxillary complete dentures
- > Frictional irritation of dry mucosal denture
- > Poor gingival health<sup>31</sup>

SA Health is a significant provider of dental services in SA. As such, it has considered ways to make services and information more accessible to the veteran community through primary prevention and health promotion activities.

Veterans with a current Centrelink Pensioner Concession Card or Health Care Card are eligible to receive public dental care via SA Dental Service Community Dental Clinics.

Eligible Department of Veterans' Affairs (DVA) beneficiaries are entitled to the full range of dental services, although entitlements vary between eligibility for treatment of war-caused conditions only (White Health Care Card holder) and eligibility for treatment of all conditions (Gold Health Care Card holder). Financial limitations also exist on the provision of some services.

For an older person, periodontal diseases and oral cancers are more prevalent. Many older people using prescription medications may suffer additionally from a dry mouth, which can cause significant difficulties with eating and speaking. The poor oral health of older people also increases the cost and complexity of medical and aged care services. Tooth loss, for example, undermines the quality of nutrition, contributing to loss of body weight and accumulation of dental plaque is linked to aspiration pneumonia<sup>32</sup>.

## Older Veterans – Opportunities Identified:

- > The identification of veterans is important across all of these services, not just to enable recompense through the DVA system, but more importantly to ensure that any additional issues that veterans may face are considered in their assessment and ongoing care. SA Health does not currently have a consistent method for collection of this information. Therefore veteran identification will be included in all SA Health patient management systems.
- > The need for the development and maintenance of partnerships between the various health providers including all levels of government, non government, private and general practice.
- > Expansion of veteran specific preventative and restorative health programs closer to the veterans' home.
- > Build on the expertise of the RGH as a resource for other public hospitals and health services regarding veteran specific issues.
- > Mental Health inpatient services to review discharge planning processes in place that will ensure appropriate follow up support is provided in the community setting.
- > Appropriate engagement of veterans into health services policy and planning, including Clinical Networks and lead clinician groups.



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## Contemporary Veterans

Many of this group are still serving members or may have only recently left the ADF. When a full time serving contemporary veteran leaves the ADF and transitions to civilian life their previous support networks are no longer available to them. ADF and DVA have systems in place to support veterans through this transition, however it is important that the public health system and private providers are aware that this contemporary veteran group may be accessing services.

Contemporary veterans may choose not to join or actively seek out ESOs or register with DVA, believing that these organisations are for 'older veterans' or that they do not need these services. Alternatively, they may not be aware of ESOs or their entitlements through DVA.

Partnerships between ADF, DVA, State Government, non-Government Organisations and the private sector will be important in managing the increasing demand that the contemporary veterans and their families will place on the health system in coming years.

Early intervention is particularly important in managing any mental health or substance abuse issue these veterans may face.

ESO's and other veteran specific service providers are working to ensure that they attract these contemporary veterans however there may be a need for the health system to play a role in supporting this group until they do engage with specific veteran organisations.

### Mental Health

The 2010 ADF Mental Health Prevalence and Wellbeing Study<sup>33</sup> which focussed specifically on an ADF population was released in October 2011. It stated that the main difference between ADF members and the general population were the profiles of specific disorders suffered. In particular:

- > Anxiety disorders were the most common mental disorder type in the ADF, with PTSD the most prevalent
- > Men in the ADF experienced higher rates of affective disorders than the Australian community
- > Army and Navy personnel were significantly more likely to experience alcohol harmful use disorder
- > ADF personnel reported thinking of committing suicide and making a suicide plan at a higher rate than the Australian population.

This study suggests that anxiety disorders (particularly PTSD), affective disorders and alcohol abuse are prevalent within the ADF<sup>34</sup>. No matter whether ADF members have diagnosed or undiagnosed mental health disorders upon discharge from the defence forces, they will require ongoing support from the public health system.

These findings suggest that mental health should continue to be an important aspect of the ADF's and SA Health's programs. As per the Mental Health Prevalence and Wellbeing Study and the Fourth National Mental Health Plan<sup>35</sup>, specific aspects that need to be considered include:

- > provision of timely and relevant information and assistance
- > relevance (evidence based) of the treatments provided to veterans in terms of veterans' experiences
- > mental illness as a co-morbidity to other chronic conditions
- > social marginalisation of people with mental illness.

### Mental Health services

SA Health has established services that are able to address issues specific to contemporary veterans. Of note, there are veteran specific services offered at the RGH. The RGH has traditionally been considered the specialist centre for veterans' mental health care in SA and will continue to offer services tailored to the needs of veterans.

A range of other unique service provision models also currently exist, such as the Trojan Trek initiative. This initiative run by the Royal Australian Regiment Association of SA (RARA-SA) and with funding from SA Health, targets contemporary veterans and has a veteran-to-veteran focus. This concept of peer support has been explored in other countries with current programs operating such as the Shoulder to Shoulder program in the UK and the Buddy-to-Buddy Volunteer Veteran Program in Michigan, United States.

SA Health has made a commitment to fund this program for a three year period to ensure the program can continue. Further collaborations between State Government and veteran organisations will be considered in the future.

The RGH has seen an increase in the mental health related admissions of current serving ADF members in recent years. This has prompted SA Health to identify the need for more effective discharge planning that ensures appropriate follow up support to be provided in the community setting.

Reform of general mental health services across SA is well underway. Community mental health reform will provide local, accessible mental health services for the whole community. Six new community mental health centres will be established throughout metropolitan Adelaide providing accessible, responsive and personalised adult mental health care services to consumers.

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## Drug and Alcohol

As is the case with older veterans, drug and alcohol misuse is a significant problem for contemporary veterans, particularly post-service. DASSA services are available to all veterans but detection and treatment need to take into account the needs and circumstances of veterans and more particularly the category of veteran.

DVA and VVCS also offer a range of resources to assist with alcohol misuse disorders. Further information about 'The Right Mix' (DVA) and 'Changing the Mix' programs can be found at:

- > <http://www.therightmix.gov.au>
- > [http://www.dva.gov.au/health\\_and\\_wellbeing/health\\_programs/vvcs](http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs)

## Primary Care

### Primary Prevention

General Practitioners will likely be the key primary health care provider for this group and will play an important role in identifying a veteran who may be experiencing difficulties post transition from ADF. As they develop, Medicare Locals will also become important in the primary care setting. Referral pathways and linkages to appropriate organisations should be readily available for all front line primary health care workers.

The prevalence of chronic conditions in middle age is rising, and thus the proportion of contemporary veterans with poorer health will increase in the future as they age.

Physical problems such as poor oral health, arthritis, incontinence, low vision and hearing levels can impede independence, function and wellbeing. Self-assessed health status decreases with an increase in the number of chronic conditions<sup>36</sup>. Strategies to reduce risk and improve management of chronic disease are therefore critical for contemporary veterans.

Serving or ex-serving members may have been exposed to a variety of environments that will require them to seek health advice, intervention and potentially ongoing management. For all members of the ADF, it is crucial that prevention management is uppermost in their education and awareness to ensure whatever health impact they may have, it will be at the earliest identification. Early identification and management can contribute to more positive health outcomes.

### Cancer Care

The SA Health Statewide Cancer Control Plan 2011-2015 outlines the importance of cancer prevention and early detection as essential components of cancer control. Primary prevention of cancer aims to prevent as many cancers as possible. This is achieved by minimising people's exposure to cancer-causing agents and by promoting and facilitating cancer-prevention behaviours.

Over half of all cancers could be prevented by acting on existing knowledge about tobacco control, improvements in diet, physical activity, healthy body weight, sun protection and reduced alcohol consumption.

Health promotion or healthy lifestyle programs developed for the contemporary veteran community needs to ensure that these risk factors are included into the program content<sup>37</sup>. This includes a number of GP Plus services delivered in community settings.

### Rehabilitation Services

Contemporary veterans, due to their military service, may be high consumers of rehabilitation services. Rehabilitation services currently available from SA Health, private health services and DVA ensures the contemporary veteran is provided rehabilitation services to support both partial disability with the ability to return to work or those with permanent disability with the supports to live with their disability.

Early rehabilitation management may ensure contemporary veterans sustain a better quality of life and may reduce the incidence of incurring co-morbidities which ultimately require a higher and potentially longer term demand on health care services.

## Aged Care

### Preparation for Aged Care

SA Health acknowledges that contemporary veterans will have their own specific needs and requirements that will differ to current veterans' requirements.

Through the use of population planning and health profiles, SA Health will undertake to create a better system-wide understanding on the sort of skills, roles and interventions required for this population in their later years.

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## Oral Health

Oral and dental health is very important to all segments of the veteran community. Current anecdotal evidence suggests that the use of energy drinks within the ADF is high. With this comes the inherent risk of oral health issues due to the causative link between sugar and dental decay. Diets high in sugar and carbohydrates also encourage the development of chronic diseases such as diabetes<sup>38</sup>.

While full-time members will leave the defence force with a comprehensive dental check and any restorative treatment needed complete, they will require ongoing maintenance and treatment for any dental issues. Oral disease is associated with chronic disease that results in avoidable hospitalisations. For example:

- > diabetes directly affects the tissues of the gum that support the teeth
- > disease of the gums (periodontal disease) may contribute to cardiovascular disease, pre-term birth and low birth weight in babies, aspiration pneumonia, hepatitis C, HIV infection, infective endocarditis, and nutritional deficiencies in children and older adults<sup>39</sup>.

The establishment of larger SA Dental Service clinics in a range of community settings (including GP Plus Health Care Centres and Super Clinics) offers patients the benefit of an integrated primary care setting and a more skilled workforce due to the additional training opportunities the new service models create.

## Contemporary Veterans – Opportunities Identified:

- > It will be important for health services and health care providers to ensure that they identify contemporary veterans as they access services. These men and women may not fit the stereotypical image that many may have of veterans. This incorporates the inclusion of a veteran identification in SA Health patient management systems.
- > Veteran service providers and ESOs will need to ensure appropriateness of services for this younger group.
- > Appropriate referral pathways and working arrangements between the range of service providers are required to ensure that no matter where the contemporary veteran accesses health services they are linked in to appropriate services.
- > Up-skilling of mainstream SA Health health care workers, particularly within key Mental Health, DASSA and Emergency Department services, regarding veterans' issues and where to access specialist advice and assistance regarding the management of veterans.
- > A detailed review of the Military Health Outcomes Project (MilHOP) research should be undertaken when available to determine implications for SA Health services.
- > The increase of ADF personnel in SA along with the high numbers of those who have been or will be deployed to areas of conflicts presents a unique opportunity for research regarding the impact of deployments. The possibility for a cross government research project should be explored.
- > Local Health Networks and Medicare Locals should ensure veterans and veterans' issues are taken into consideration when planning and delivering local health services. In particular, the Northern Adelaide Local Health Network will need to consider the impact the Edinburgh base expansion will have on the local community.
- > Opportunities for partnerships between the state government and other veteran service providers should be further explored. Examples of this include the current partnership between SA Health and the Royal Australian Regiment Association of SA (RARA-SA) to fund the RARA-SA Trojans Trek initiative
- > Any initiatives to support veteran's health such as the RARA-SA Trojans Trek are to be evidence based to demonstrate outcome focused benefits.

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## Families of Veterans

The effects of military service are not only experienced by the veteran. Their families also live with the outcomes of their service. For some this may be a positive experience, while for others the effects of long absences during deployments, as well as the stress and anxiety that may result when family members are in areas of conflict, and any ongoing physical and/or mental health issues following their deployments, may have significant impacts on the family unit and individual family members.

During a serving member's career, veteran families may experience multiple relocations into metropolitan, rural and remote locations within Australia such as the relocation of a significant group of Army personnel from the Northern Territory to Edinburgh in SA. Each relocation brings with it the need to adjust to new environments and reconnect with communities and services. The transient nature of many veteran's families, together with long absences of one parent during deployment, can especially impact on the wellbeing of very young families, infants and children and particularly when the availability of, and access to, health information and services is exacerbated by the remoteness of the location.

Families of serving members who have been deployed for a long period of time, or who decided to stay in their original location, may also experience a readjustment phase.

Some veteran families may also experience significant stress on family relationships as the direct result of military deployment. Access to specific support and counselling services addressing the specific issues faced by families are paramount.

While many veterans have maintained and developed good relationships with their families for others, family relationships become difficult. Some veterans do not discuss their experiences with family members, this may be to either protect themselves or their family members. Some veterans can be overwhelmed by the continuing or recurring effects of war or peacekeeping-related events. When this happens, they may think only of themselves and how to survive what is happening. As well, their lives may be disrupted by sleep disturbances, nightmares, depression, anxiety or mood swings. Some veterans may become emotionally detached and withdrawn while other veterans may become controlling. Aggression or outbursts may occur over apparently small issues and there may be patterns of domestic violence. Some veterans will use alcohol or other drugs to try to ease their distress, even though these may make the symptoms worse and, in many cases, become an addiction that then needs to be addressed as well.<sup>40</sup>

### Mental Health

Timely and appropriate access to mental health, wellbeing and health information services, together with other community support services such as school transition support programs for children and supportive networks for young parents, that recognise the specific issues, circumstances and needs of veteran families, are crucial.

### Perinatal Depression

In some veteran families, one parent may be on deployment throughout the pregnancy, birth and early years of their child. Although this in itself is not a causative factor to perinatal depression, research<sup>41</sup> indicates that each year around one in ten Australian women experience depression during pregnancy and almost one in five experience depression in the weeks and months after giving birth. If left untreated, this can have a negative impact on new mothers, their babies, families and friends, including relationship problems and difficulties bonding with children. Many women who experience perinatal depression are not identified and so do not receive adequate support, placing them at risk of more serious problems. This may be exacerbated for partners of veterans who may also be newly relocated to a community and away from her/his partner.

### Child and Adolescent Mental Health Services (CAMHS)

SA Health Child and Adolescent Mental Health Services (CAMHS) provide a confidential counselling service for children and young people up to 18 years of age and their families. Services are provided by child and family specialists including psychologists, psychiatrists, social workers, nurses, occupational therapists and speech pathologists who are experienced in helping children with emotional, behavioural or social difficulties.

Referrals are able to be made to CAMHS directly from parents, care givers and young people over 16 years. Services are provided across the state with key locations across metropolitan Adelaide including, Elizabeth, Paradise, Port Adelaide, Noarlunga, Marion and Seaford and around 13 regional centres as well as visiting services to more remote locations.

Children of Parents with a Mental Illness (COPMI) is an initiative undertaken by the Australian Infant Child Adolescent and Family Mental Health Association (AICAFMAH) with funding from the Australian Government. It provides information for family members across Australia where a parent has a mental illness. There is a web site that provides information and resources to family members to promote better mental health outcomes for children (0 – 18 years) of parents with a mental health problem or disorder.

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*headspace* is an Australian Government initiative available for young people between 12 and 25 years. The service provides health advice, support and information regarding general health, mental health and counselling, alcohol and other drug services, education, employment and other services. Within SA, *headspace* is situated in the northern metropolitan suburbs of Elizabeth, Gawler and Salisbury. It also has offices in Murray Bridge and Berri in regional SA.

### **Adult Mental Health Services**

Children of veterans who are above 18 years of age are able to access acute and community adult mental health services. Acute services are available through the major hospitals, the Assessment and Crisis Intervention Service and Hospital at Home program.

Community services are provided and coordinated by integrated teams to consumers in a variety of settings including their own homes. Each adult community mental health team provides a range of services including acute crisis response, assertive care and clinical support services during normal business hours. The acute crisis response service operates over extended hours and on weekends. Adult community mental health teams provide care coordination including specialised assessment, provision of treatment, administration of medication and collaboration with other agencies (general practitioner, non-government or government organisation) to provide a coordinated support service to the consumer.

### **Better Access to Mental Health Care Initiative**

As part of the Australian Governments' Better Access to Mental Health Care initiative new Medicare Benefit Schedule items and referral pathways are available to clinical psychologists and other allied mental health service providers, helping GPs and psychiatrists to provide more and better targeted mental health care for their clients.

The Divisions of General Practice Network and Medicare Locals play an important role in providing this service.

### **Department of Education and Child Development (DECD)**

Children's Centres are an early childhood, cross government initiative providing a mix of educational, family support and health services for families with young children aged up to eight years. They are located on existing Department of Education and Child Development (DECD) childcare, preschool and primary school sites and each Children's Centre is tailored to meet the needs of the local community. Children's Centres help parents and children get the support they need, when they need it, within their own community. There are a number of Children's Centres located close to the Edinburgh base including Elizabeth Grove, Smithfield and Munno Para.

### **Primary Care**

General Practitioners play an important role as service providers to families of veterans as they will often be the most regular point of contact with a family. This places them in the unique position to identify early those family members who may be experiencing difficulties.

Strategies to support good health and prevent illness are complemented by the provision of effective primary health care services through the GP Plus Health Care Strategy to prevent, treat and manage common conditions and by access to tertiary hospital services for more specialised care.

GPs are key providers of prevention services to the community by offering an opportunity to ensure a good connection between understanding the population's health needs, especially those who are more disadvantaged, and ensuring the best service responses.

The *Primary Prevention Plan 2011 – 2016* aims to ensure that all young people are supported to be mentally, socially, physically and emotionally healthy. SA Health aims to provide universal services and programs that use a strengths-based approach, with additional support programs and services available for groups who are more vulnerable and require early intervention. There is an opportunity to prevent young people from moving into higher risk and higher need categories that may impact on their life.

When schools, families and communities work in partnership, they can support the health of young people and reduce the inequality gradient in health, wellbeing and resilience. The opportunity to improve youth health makes this population group an important focus of the PPP's life course approach<sup>42</sup>.

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## Medicare Locals

A key component of the Australian Government's National Health Reform is the establishment of a new nation-wide network of Medicare Locals.

Medicare Locals will be primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

Medicare Locals will have a number of key roles in improving primary health care services for local communities including local primary care planning. Medicare Locals will be tasked with identifying gaps and developing a plan for after hours primary care so that all Australians, regardless of where they live, are provided with accessible and effective after hours primary care services.

## GP Plus Centres and Super Clinics

GP Plus Centres and GP Plus Super Clinics, a joint Commonwealth/State initiative are a key element in building a stronger primary health care system including a greater focus on health promotion and illness prevention and better coordination between GPs, allied health services, community health and other state funded services.

The GP Plus Centres and GP Plus Super Clinics bring together General Practitioners, Nurses, visiting medical specialists, allied health professionals and other health care providers to deliver better health care, tailored to the needs and priorities of the local community. Services may be delivered by a range of providers, including Commonwealth, State, Territory or local governments, private sector or non-profit organisations.

The Centres and Super Clinics will offer an extensive array of primary care services in a single location with integrated services delivered by teams of health professionals. They will open for extended hours and have significant capacity for inter-professional clinical training and education.

There is a Veterans and Veterans Families Counselling Service available at the Elizabeth GP.

Health promotion, education and awareness will be readily available through the Centres and Super Clinics for all family members of veterans. All sites deliver child and family focused services that are accessible to veteran's families. This ensures families of veterans have the ability to make informed decisions about their health care requirements. Early detection and prevention in health care for this group will ensure exposure to the health care system is appropriate and on time with as less an impact as possible on the wellness and wellbeing of the family member.

## Aged Care

### War Widows and Widowers

In SA, as of 1 July 2011 there were 7,687 war widows receiving the War Widow pension from the DVA<sup>43</sup>. While the majority of these widows are in the 80 years and over groups, there were 49 under the age of 55 years. There is a number of surviving war widows from WWI in SA, with the largest groups now from the WWII and Vietnam deployments.

War widows find they have to cope with grief and loss associated with the death of life partners and others within their generation or community and this can be exacerbated if death occurs whilst on deployment.

SA Health's *Health Service Framework for Older People 2009 – 2016* outlines the health care services available to older people and acknowledges the broader health needs of older people<sup>44</sup>. These services can be accessed by war widows above 65 years of age.

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## Oral Health

There has been more than a 50 per cent increase in the prevalence of dental decay among South Australian children since the late 1990s, mirroring a similar national trend. Forty per cent of children by five years of age have decay experience and 60 per cent of dental caries (tooth decay) are untreated<sup>45</sup>.

The recent reforms to SA Dental Service (including school dental services) will improve the quality and accessibility of dental care. This includes a significant dental presence at GP Plus Centres and Super Clinics.

The School Dental Service offers a comprehensive dental care program to all children until their 18th birthday. Participation is high in the School Dental Service, with 87 per cent of primary, 45 per cent of secondary and 16 per cent of pre-school-aged children (0–4 years) enrolling in the program and receiving regular care. Ninety-nine per cent of 5-11-year-olds and 97 per cent of secondary-school-aged children receive dental care within a two-year period through a combination of the School Dental Service and the private dental sector. This level of coverage is indeed high, compared with older age cohorts in South Australia<sup>46</sup>.

Partners, War Widows and Children of veterans over 18 years of age who are the holders of a Concession Card are able to access the Community Dental Service either through public dental clinics, or by dentists contracted through the private dental sector<sup>47</sup>.

## Families of Veterans – Opportunities Identified:

- > SA Health Local Health Networks and Medicare Locals, particularly those with high numbers of defence families, should ensure that the needs of serving members, veterans and their families are considered in local service planning and delivery.
- > In times of large scale deployments such as is planned for the 1st Brigade (Adelaide) in 2012, local child and family related health services need to plan for the implications that this may have on existing services, particularly local mental health services for children and families.
- > Other service providers, including headspace, Children's Centres and General Practitioners, particularly those in areas with high numbers of Defence families, will also need to consider this group in their service planning and staff professional development programs.
- > Again, the increase in ADF personnel and their families in SA presents a unique opportunity for research regarding the impact of deployments on families. The possibility for a cross government project should be explored.

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# The Way Forward

The following recommendations are made to identify opportunities to progress the reform of health care for veterans and their families in SA.

## Identification

The capacity of health services to accurately identify serving members, veterans and their families at the point of access is important for a range of reasons.

It promotes a more appropriate service response, enables the monitoring of health service access by these groups and allows for accurate financial recompense for the services provided. A standardised system to enable health services to do this will be introduced across SA Health patient management systems.

By asking the question “have you or an immediate member of your family unit served in the Australian Defence Force?” and recording the response, considerable improvements in health service responsiveness are possible.

**Recommendation 1: SA Health to implement comprehensive data collection regarding veteran status for all points of entry into the health system.**

## Integration

The opportunities for partnerships particularly between SA Health, DVA and Department of Defence should be developed and maintained to ensure a continuity of care for serving members, veterans and their families.

Collaborations between SA Health services, Medicare Locals, GPs and other private providers should also be developed to ensure appropriate referral pathways are in place essentially creating a ‘no wrong door’ for veteran health services.

Innovative service delivery models should also be encouraged with opportunities for SA Health to engage with ESOs and other veteran specific service providers, particularly in the areas of Mental Health, Aged Care and Drug and Alcohol services.

**Recommendation 2: Relevant areas of SA Health particularly Mental Health and DASSA to develop and maintain strategic partnerships with other key veteran health service providers including both the Government and non-Government sectors.**

## Information Sharing / Education

The RGH currently houses considerable expertise relating to veteran health care for SA Health. Consideration of how this expertise can be effectively shared with other SA Health services should be undertaken. This may include expanded consultation services, the development of education packages or liaison services.

**Recommendation 3: SA Health to work with the RGH to determine effective methods of sharing veteran health care expertise with other key SA Health services across SA.**



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## Research

The increase in ADF personnel based in SA presents an opportunity for local research regarding the health and other impacts of military service on serving members, veterans and their families. Partnerships between SA Health, the Centre for Military and Veterans Health and key research institutions should be explored.

The outcomes of research regarding serving members, veterans and veterans' families, particularly the MilHOP study, should be considered in future services planning for this group.

SA Health initiated health survey programs such as the Health Omnibus Survey and the Health Monitor Survey should investigate the feasibility of including a veteran identification question to increase the availability of health information regarding the veteran community.

**Recommendation 4: SA Health to initiate discussions with DVA and the Department of Defence regarding the opportunities for research collaborations.**

**Recommendation 5: SA Health to review current health initiated research programs to determine the feasibility of including a veteran identification question within the demographic collection.**

## Planning and Policy Development

Local Health Networks and Medicare Locals must consider the engagement of veterans in local health services planning, delivery and policy development.

SA Health, in collaboration with the Veterans Health Advisory Committee, must consider the way in which the veteran community is consulted, for example in relation to the work of the Statewide Clinical Networks and other key committees.

All veteran health service providers will need to consider the change in the veteran demographic in the coming years and determine methods of attracting contemporary veterans to their service.

**Recommendation 6: SA Health to factor in the consideration of veteran needs in SA Health policy and planning.**

**Recommendation 7: SA Health to provide veteran representation / engagement in clinical networks and service development committees in conjunction with Health Consumers Alliance of SA.**

# Next Steps

## Evaluation and Monitoring

SA Health is committed to progress the above recommendations. There are also numerous opportunities for others to contribute to the improvement of veterans' health by addressing the issues identified in the Framework. To achieve the goals set out in the Framework, the collaboration of other key stakeholders (including government, non-government and private organisations) is critical and SA Health will endeavour to develop and maintain these important partnerships.

The Ministerial appointed Veterans Health Advisory Committee (VHAC), provides an appropriate structure by which progress can be monitored. SA Health will identify a liaison officer for the VHAC within the Department of Health. The Liaison Officer will participate in VHAC meetings as appropriate to report key achievements of the Framework.

A formal review will be undertaken in 2016 to determine the impact of the Framework and to determine future directions.

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# Appendix 1:

## Ex-service Organisations in SA

The following list includes the ESOs operating in SA as supplied by DVA. Please note that sub-branches have not been listed however it is acknowledged that there are many operating across SA. It is also acknowledged that there may be other ESOs that have not been identified in this list.

### Major Ex-service Organisations in SA

- > Australian Army Training Team Vietnam Association
- > Australian Peacekeeper & Peacemaker Veterans' Association (SA)
- > Australian Veterans and Defence Services Council
- > British Commonwealth Occupation Forces (Japan) Association of Australia – South Australia Branch Incorporated
- > Consultative Council of Ex-service Organisations
- > Ex-Prisoners of War Association of Australia (SA Branch)
- > Extremely Disabled War Veterans Association of Australia South Australia
- > Korea and South East Asia Forces Association of Australia (SA Branch)
- > Legacy Club of Adelaide Inc
- > Merchant Navy Association of South Australia Inc
- > The National Malaya & Borneo Veterans Association Australia Inc – South Australia & Northern Territory Branch
- > The National Malaya, Borneo and Timor Veterans Association SA Inc
- > National Servicemen's Association of Australia SA Branch
- > Naval Association of Australia (SA Section)
- > "N" Class Destroyer Association (SA) Inc (Napier-Nizam-Nestor-Norman-Nepal)
- > RAAF Association Mitcham Branch (Incorporated)
- > Returned and Services League of Australia (SA Branch) Inc
- > Royal Australian Air Force Association (SA Division) Inc
- > Royal Australian Navy Corvettes Association
- > Royal Australian Regiment Association (SA Branch)
- > Special Air Service Association – South Australia
- > TB Sailors', Soldiers' and Airmen's Association of Australia
- > The Association of T&PI Ex-Servicemen and Women (SA Branch) Inc
- > The Partners of Veterans Association of Australia SA Branch Inc
- > Tubercular Soldiers' Aid Society of South Australia
- > Vietnam Veterans' Association of Australia South Australian Branch Inc
- > Vietnam Veterans' Federation South Australian Branch Inc
- > War Widows Guild of Australia (SA) Inc
- > Warramunga Veterans' Association

### Major Unit Battalions

- > 2/43 Battalion AIF Club Inc
- > 2/48 Battalion Returned Soldiers Welfare Club Inc
- > 27 South Australian Scottish Regiment – Ex-Servicemen's Club
- > 2/7 Australian Field Regiment Social & Welfare Club Inc
- > 10th Battalion AIF Association Incorporated
- > 2/3 Field Regiment Association

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# Appendix 2:

## Summary of DVA Legislation

### Veterans Entitlements Act 1986 (VEA):

An Act to provide for the payment of pensions and other benefits to, and to provide medical and other treatment for, veterans and certain other persons, and for other purposes.

A person is covered under the VEA for injury, disease or death occurring on or before 30 June 2004 for the following service:

- > Peacetime service (after completion of a three year qualifying period) – from 7 December 1972 to 6 April 1994. Members who enlisted before 22 May 1986 and who served continuously until after 6 April 1994 are also covered for service after that date.
- > All periods of operational service, peacekeeping service and hazardous service.
- > Warlike operations (for example East Timor) and non-warlike operations.

A member who had not completed the three year qualifying period before 7 April 1994 is not covered under the VEA, unless he/she was medically discharged within that time.

### Safety, Rehabilitation and Compensation Act 1988 (SRCA):

An Act relating to the rehabilitation of employees of the Commonwealth and certain corporations and to workers' compensation for those employees and certain other persons, and for related purposes.

The SRCA is the Commonwealth's workers' compensation legislation that applies to all employees of the Commonwealth. This includes members and former members of the Australian Defence Force (ADF), Reservists, Cadets and Cadet Instructors and certain other persons who hold honorary rank in the ADF, as well as members of certain philanthropic organisations that provide services to the ADF.

Covers: 3 January 1949 until and including 30 June 2004

### Military Rehabilitation Compensation Act 2004 (MRCA):

This Act provides for compensation and other benefits to be provided for current and former members of the Defence Force who suffer a service injury or disease. The Act also provides for compensation and other benefits to be provided for the dependants of some deceased members.

A person who is entitled to a benefit under this Act might also be entitled to a pension, allowance or other benefit under the Veterans' Entitlements Act 1986. This might include a service pension, treatment, veterans supplement, a Victoria Cross allowance or Income Support Supplement or a funeral benefit.

The MRCA provides compensation and rehabilitation coverage for the following members and former members of the ADF for service on and after 1 July 2004:

- > all members of the permanent Defence Force
- > all members of the Reserve Force
- > Cadets and Officers and Instructors of Cadets; and
- > other people declared in writing by the Minister for Defence to be members of the ADF.

The MRCA also provides benefits to certain dependants of these persons in the event that they are severely injured or lose their life as a result of their service.

Covers: on and after 1 July 2004

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