Appendix C

Australian Government
Department of Veterans' Affairs

Please complete this form and include it with your submission. Submissions that do not have this form attached may not be considered.

## Does this submission reflect the views of the organisation or an individual?

☐ An individual ☐X An organisation

## Contact Details

| | |
|---|---|
| Contact person: | Sue Elderton, Policy Manager & Melissa Farrance, Research Officer |
| Organisation: | Carers Australia |
| Background: | |
| Address: | Unit 1, 16 Napier Close, Deakin, ACT, 2600 |
| Phone: | 02 6122 9900 |
| Fax: | 02 6122 9999 |
| Email: | SElderton@carersaustralia.com.au |

**Please only include the name of the organisation here if your views reflect those of the organisation.

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Name (please print)___Ara Cresswell___CEO_____

Signature: _____

Date:__28.2.2013_____

Note: *It is acceptable to type your name in the signature box of this form as your electronic signature.*

This feedback was prepared by: Melissa Farrance, Research Officer (Carers Australia), Doris Kordes, Mental Health Carers Voice Policy Officer (Carers ACT), Zena Sharples, Education and Training (Carers Victoria), Colleen Sheen, Policy and Communications Manager (Carers ACT).

Date: February 2013

On behalf of: Carers Australia and participating Carers Associations
Unit 1, 16 Napier Close
DEAKIN ACT 2600
Telephone: 02 6122 9900
Facsimile: 02 6122 9999
Email: caa@carersaustralia.com.au
Website: www.carersaustralia.com.au

**Contact person: Melissa Farrance**
**Organisation: Carers Australia**
**Phone:(02)61229900**

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| ii | **Purpose** | Carers, family members and other supports are subsumed under 'veteran and ex-service community'. By 'Carer' we mean 'a person that provides personal care, support and assistance to another individual who needs it because that other individual has a disability; or medical condition; or a mental illness or is frail and aged'[1]. The primary carers of somebody with a mental illness are often likely to be male veterans or serving members. People that are carers for service and ex-service members may or may not be eligible for DVA services. The term 'carers' should be included in each of the three principles in recognition of the vital part that carers play in mental health prevention, recovery and optimisation. |
| iii | **Core Principles** | |
| iv | **Vision** | The target group, 'veteran and ex-service community' should be expanded to include families and carers that do not identify with this classification. |
| 1 | **Context** | |
| 1 | The changing and diverse needs of our clients | While there is projected to be a decrease in the number of veterans by 2022 (100,000 less than at 2012)[2], there is evidence to suggest that future DVA populations will be at higher risk of adverse mental health outcomes. The contributing factors include; increased operational activity resulting in multiple deployments throughout a service career[3]; the inclusion of military women in combat roles[4]; and the ageing of the current veteran community and their dependants, leading to increased co-morbidities, and increasing rates of dementia. There are many ADF families with two serving or ex-serving members. Such ADF families can experience multiple deployments at the same or different times, sharing the caring role for each other and dependants, often in locations where they lack family and social support. Increased severity and complexity of mental health conditions, arising from ageing and multiple deployments, places greater demands upon their carers.<br><br>Both serving and ex-serving members of the ADF access non-ADF mental health services. This occurs primarily as a result of the stigma of mental illness in the ADF and perceived consequences to career, of |

[1] 2010, Carer Recognition Act 2010, No. 123, 2010, p. 3.
[2] 2012, Department of Veterans' Affairs (DVA), Treatment Population Statistics, Quarterly Report-September 2012, Table 9.
[3] 2010, The University of Adelaide, 2010 Mental Health in the Australian Defence Force: 2010 ADF Mental Health Prevalence and Wellbeing Study, Executive Report, Key Findings.
[4] DVA, The challenges faced by today's generation of defence force women, retrieved from: http://www.dva.gov.au/aboutDVA/publications/corporate/annualreport/2010-2011/Department/Performance/Outcome2/Pages/8-2-2-7_The.aspx

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| | | mental health conditions on medical records. More needs to be done to support members, families and carers within the ADF and to address stigma of mental illness.<br><br>The ADF must increasingly recognise the needs of gay and lesbian service members and veterans and offer mental health services and other supports that meet the needs of these minority groups. Minority groups are at greater risk of workplace stress therefore increasing their risk of mental health conditions. |
| 1 | Contemporary Veterans | Multiple generations of veterans with different military experiences demands a flexible and contemporary response to mental health disorders.<br><br>There are more than 300,000 young carers, under 25 years of age, in Australia, with 150,000 under 18[5]. The person they care for may be a parent, partner, sibling, their own child, relative or friend.This means that the caring role impacts the carer at a time when they are attending school, post-school education, or, about to enter the workforce. The families of current and ex-serving members are additionally disadvantaged due to relocations in the posting cycle. It is important that the ADF and DVA address the needs of young carers.<br><br>Contemporary veterans may not have been ADF members but have experienced a variety of roles in diverse situations including combat, peacekeeping operations, humanitarian work, border protection, and assisting remote communities. How does the DVA Mental Health Strategy fit with the mental health programs and supports offered by non-ADF organisations, and do their mental health strategies and supports recognise and offer supports for families and carers? |
| 2 | Aged Clients | As the DVA population ages, the impact of lifetime exposure to trauma alongside the usual challenges and complexities of ageing, will become evident. For example, there is growing evidence of the incidence of depression in older people. The veteran's family and carers will be managing both health and mental health care for veterans with complex co-morbidities. There are many supports available to carers, from federally funded services and the carer associations in each State and Territory. For example, the National Carers Counselling Service.<br><br>Awareness of carers is increasing and efforts continue to ensure the broader Australian community understands what the caring role entails, the disadvantages that carers face, and the range of supports and services available for them. How can DVA raise awareness of carer issues within the veteran and ex-service community? What strategies does DVA have to identify their carers, and provide information to them about services and supports available to them? |

[5] 2009, ABS, SDAC report.

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| | | In what ways can DVA better support carers of ageing veterans to manage co-morbidities such as PTSD and dementia? |
| 2 | Vietnam Veterans | Vietnam veterans are a group that has documented evidence of mental health conditions. The family and carers of Vietnam veterans support them in their tasks of daily living, including the maintenance of an environment conducive to preventing and recovering from mental illness, and optimising mental health. As well as experiencing mental health problems, Vietnam veterans may have or currently use alcohol and drugs. As Vietnam veterans are ageing at a faster rate than the general population[6], their carers are likely to be challenged by the impact of long-term, mental health issues and alcohol and/or drug use.<br><br>How will DVA assist and support the family and carers of ageing Vietnam veterans? How can the carers of Vietnam veterans be adequately supported to maintain and attend to their own health and wellbeing? For example, will flexible respite options be available for carers of ageing Vietnam veterans with mental illness? |
| 2 | Unique Occupational Hazards | Good recognition of the ways that occupational hazards impact on families. The families and partners of Vietnam veterans have been found to have experienced challenges in their own lives resulting from veteran's war-related stress. |
| 3 | War Widow(er)s | Good recognition of the mental health needs of partners of veterans. |
| 3 | Families | Good acknowledgement of the important role played by families and carers and the recognition of greater prevalence of mental health conditions among families. Carers in general, are disadvantaged in terms of their health and social well-being and economic security. The families and carers of veterans also face particular challenges from; the stressful circumstances of military life including, postings, deployments, social disconnection, and the higher prevalence of war and trauma related PTSD among veterans.<br><br>In Australia, over two-thirds of primary carers are women and most often, they care for a partner or close relative[7]. Currently, the main support for carers of veterans within DVA is VVCS. Certain carers, for example, parents of a veteran, may not be eligible for support from VVCS. What supports can be offered to carers that are ineligible to access VVCS? |
| 3 | Reservists | It is necessary to acknowledge reservists, their families and carers in this strategy. Reservists commonly have full time civilian careers. The concern for Reservists is that they may not receive the equivalent follow-up mental health care that ADF service members routinely |

[6] 2011, Veterans' need for aged care services, submission to The Australian Capital Territory (ACT) Care Planning Advisory Committee, retrieved from: http://www.dva.gov.au/service_providers/aged_care_issues/Documents/ACPAC_submission_NSW.pdf

[7] 2011, National Carer Strategy, FAHCSIA, Commonwealth of Australia, p. 9.

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| | | receive as a component of the deployment process. Their families and carers too may not access the supports and services they need. Initiatives to define and support the mental health needs of Reservists, their families and carers are important. |
| 3 | Women | Women are more likely to be primary carers[8].This is consistent with the mainstream expectations that women will take on a caring role. While female ADF service members are a minority group, they will be working in combat roles. The combat role increases the occupational risk of mental health conditions as does the likelihood of multiple deployments. This has implications for the female ADF personnel and their families and carers.<br><br>Female ADF service members that are parents, with or without partners, are likely to have multiple caring responsibilities. Their partner could also be a deployable serving member with mental health issues requiring support. Research shows that carers in general have higher rates of depression[9]. What additional supports will the DVA offer to female veterans and ex-service members with caring responsibilities? |
| 4 | **Emerging issues** | |
| 4 | Introduction | Greater recognition and support needs to be given to the role of families and carers in overcoming barriers to mental health care in the ADF and in the prevention of mental health conditions. It is recognised that health and community care professionals will be able to better plan and respond to the needs of individuals because of the experience and insight provided by carers[10]. Carers, if they are a close family member can often contribute to important decisions such as relocating family, or undertaking deployments (where members have a choice). Carers can facilitate a diagnosis by recognising the signs of a mental health condition and encouraging partners to access services and supports. A carer's support and encouragement to seek help for a mental health condition could be a factor reducing barriers to seeking mental health care, such as, stigma, and the reluctance to seek mental health care for fear of harming their career. |
| 4 | Transition | Transition is acknowledged as a process of moving from military to civilian life. A retiring service member is likely to require a range of supports and services before, during and long after transition. Service members, their families and carers recognise that military service, with its unique occupational hazards, has had an impact on their overall health and wellbeing. It is important that families and carers are provided with the same information about entitlements and services as the service member. |

[8] Ibid.
[9] 2008, AIFS, , The nature and impact of caring for family members with a disability in Australia, Research report No. 16, 2008, retrieved from:http://www.aifs.gov.au/institute/pubs/resreport16/chapter7.html
[10] 2011, National Carer Strategy, FAHCSIA, Commonwealth of Australia, p. 17.

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| | | The 'Wellbeing Toolbox' provides web-based information on a range of issues for members and veterans and their families. Are there plans to supplement the toolbox with other supports, for example, face to face components that help the member (and their family) to better prepare them for all aspects of civilian life? |
| 4 | Mild traumatic brain injury | Service members and carers require more information about mild traumatic brain injury so that they may better recognise risk factors and signs. Recovery from brain injuries whether mild or severe, creates many challenges within families and relationships. Carers will be among those most affected.<br><br>Are there supports and services in place for veterans that have sustained brain injury and their carers? |
| 4 | Dementia | With the veteran community ageing faster than the general population, dementia will become increasingly prevalent among veterans, their families and carers.[11] There is also growing recognition of contributing factors, incidence, and impacts of younger-onset dementia on families and carers. For example, research from the Dementia Collaborative Research Centre at the UNSW, links sustained alcohol consumption with increased incidence of early- onset dementia.[12] Such findings have implications for the DVA population that have experienced problems with alcohol.<br><br>DVA must understand and respond to the challenges facing carers of veterans with all types of dementia. There are many organisations that the DVA can collaborate with including State and Territory carers associations that offer training for carers and service providers about the effects of dementia on carers.<br><br>Respite for carers of people with dementia provides carers with a break from caring plus time to attend to their own health and social well-being. The veterans and carers in-home respite and emergency short term home relief program commenced in 2011 and gives support for people to stay in their own home.[13]<br><br>It is commendable that DVA is considering ways to better support the needs of families and carers of veterans with dementia. |
| 5 | Volunteers | Volunteers need a comprehensive understanding of carer issues and the needs of carers, for their advocacy work with the veteran community. |
| 5 | E-health | E-health initiatives are an important means of improving access to |

[11] 2011, Veterans' need for aged care services, submission to The Australian Capital Territory (ACT) Care Planning Advisory Committee, retrieved from: http://www.dva.gov.au/service_providers/aged_care_issues/Documents/ACPAC_submission_NSW.pdf

[12] 2010, report from the Dementia Collaborative Research Centre study, University of NSW, retrieved from: < http://www.abc.net.au/news/2010-09-16/alcohol-linked-to-early-onset-dementia/2263582>.

[13] 2012, Department of Families, Housing, Community Services and Indigenous Affairs, National Carer Strategy Progress Report (2011-2012), p. 18.

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| | | health care and support, especially for veterans, their families and carers in rural, regional and remote Australia. E-health strategies have been shown to be particularly helpful for people with mental illness. Certain groups of carers, particularly young carers, have been found to benefit from on-line support. It provides opportunity to connect with other young carers through shared experience.<br><br>Personally Controlled Electronic Health Records are now online and available for use. As consumer and health professional uptake increases, the PCEHR will become increasingly important in the management of health care. The PCEHR has potential for increasing communication between health professionals and carers, therefore improving carer recognition as a partner in health care. How will DVA support an ageing veteran and ex-service community and their carers to utilise the PCEHR? Will DVA be supporting their community to prepare Advance Health Directives? Would DVA consider e-health strategies to improve carer support and services? |
| 5 | Changes in social environment | Data showing household composition of the veteran community may provide evidence of the need for social supports. |
| 5 | Veteran identity | Just as there are barriers to the ex-service community identifying as veterans, there are many in a caring role that do not identify as carers. Awareness raising strategies across the DVA population may be helpful. Carer awareness programs currently in place utilise a combination of online and social media methods and high profile national events. |
| 6 | **Policy Background** | |
| 6 | Policy statement 2001 | This acknowledges the past and current policy contexts. Carers are briefly mentioned in this discussion. |
| 6 | Policy development and implementation 2001-2012 | Mental health care strategies that aim to increase community sector involvement are underpinned by mental health carers. Strategies must include ways of increasing carer knowledge, support and services. |
| 7 | Policy new directions 2013 onwards | |
| 8 | **Key Veteran Mental Health Milestones** | |
| 9 | Mental health reform in the community | Include the Mental Health Recovery Framework. |
| 10 | Mental health reform in Defence | Suggest that the first paragraph be expanded to encompass carers and families. |
| 10 | Defence Mental Health and Wellbeing Strategy | |
| 11 | **Current Status: Clients and Services** | |
| 11 | Introduction | |
| 11 | Mental health cohorts in the DVA population | This suggests that cohorts from different ex-service generations face different mental health challenges. Will the Strategy be comprehensive and able to provide targeted supports to different client groups? |
| 12 | Mental health expenditure | The pie graph shows significant expenditure on pharmaceuticals (13 |

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| | | million prescriptions in RPBS 2010-2011)[14]. If there are high prescription rates for psychiatric medications and anti-depressants, will DVA develop priority actions that ensure attention is focussed on a preventive approach to mental health conditions? Carers have an important role to play in the management of medications. How will DVA support the role that carers have in managing medications for veterans and ex-service members with mental health conditions? The graph also includes costs of providing support to families in VVCS. |
| 13 | **Case study 1** | The soldier's family and carers need support to manage family relationships resulting from sleep disorders and anger. |
| 13 | **Case study 2** | Holistic management of changed family circumstances. |
| 13 | **Case study 3** | There are a range of issues relevant to the carer in this case study. The carer is likely to have managed behaviour associated with an acute episode of PTSD and been instrumental in having the veteran assessed as requiring inpatient care. Upon discharge, the carer will continue to support medication management, GP consultations, and participation in support group activity. |
| 13 | **The mental health care journey** | There is no mention of the role of carers in the journey despite the significant contribution of carers throughout the mental health care journey. Include the Mental Health Recovery Framework. |
| 13 | **Self-care and self-management** | There is no mention of the role of carers in supporting self-care and self-management. |
| 13 | **Care coordination** | There is no mention of the role of carers in care coordination. |
| 14 | **DVA Service Diagram** | There is no mention of the role of carers in the diagram. |
| 14 | **Governance** | |
| 15 | **Strategic Objectives** | These are quite generic statements. Each of the strategic objectives is linked to existing supports, resources and services, which suggests possible sources for data collection. There is mention of carers and families in each of the strategic objectives. |
| 16 | *1. Ensure Effective Mental Health Care* | |
| 16 | Introduction | The strategy acknowledges that DVA provides services and supports for families and carers, so it is implicit, that there is a pathway for carers. |
| 16 | Priority Actions | To be developed. It's not clear how concerns (see gaps below) are addressed. |
| 16 | Outcomes | Quite broad. There is no linkage between actions and outcomes. |
| 18 | *2. Promote Mental Health and Wellbeing* | |
| 18 | Introduction | Include family and carers as a target group. There is a need to address factors affecting their mental health. |
| 18 | Priority Actions | To be developed. It's not clear how concerns (see gaps below) are addressed. |
| 18 | Outcomes | Broad, with no linkage between actions and outcomes. |
| 20 | *3. Strengthen Workforce Capacity* | This Strategic Objective is not identified as a priority throughout the Strategy until the reader gets to this section. |

[14] 2012, AIHW, Australia's Health 2012, Section 7.7, The Use of Medicines, p. 404.

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| 20 | Introduction | Workers need to understand the unique stressors that carers of veterans and ex-service community members have. |
| 20 | Priority Actions | Include up-skilling of existing providers to raise awareness of the caring role and the impact of caring on health and well-being and mental health.<br><br>The Defence School Transition program provides support to young people in the school environment. This is a very good program. The Defence School Transition officers would benefit from greater awareness that some of the young people they meet have a caring role and what the caring role entails. |
| 20 | Outcomes | |
| 22 | *4. Enable a Recovery Culture* | Include the Mental Health Recovery Framework. |
| 22 | Introduction | |
| 22 | Priority Actions | The recognition of carers needs to be reflected in priority actions.<br>It is not clear how concerns (see gaps below) are addressed. |
| 22 | Outcomes | Carers need opportunity to participate in the evaluation of health services.<br>Broad with no linkage between actions and outcomes. |
| 23 | *5. Build the Evidence Base* | |
| 23 | Introduction | Build the evidence base for mental health of carers of veterans and ex-service members. For example, how many primary carers are there in the DVA community? How many mental health carers are there? What services are carers using? How satisfied are carers with services? What is the health status of carers? |
| 23 | Priority Actions | Improve data collection from families and carers by targeting them for feedback and other research. |
| 23 | Outcomes | Good outcomes, lacks detail about actions that will support them. |
| 24 | *6. Strengthen Strategic Partnerships* | Mental health advocacy groups, Alzheimers Australia, Carers Australia. Carer representation (from the veteran community) on expert advisory groups.<br><br>Strengthening linkages with non-DVA mental health services might ensure that people within the service and ex-service community get the treatment and referrals they are entitled to and need. |
| 24 | Introduction | Include greater opportunities for families and carers to participate in decision- making processes concerning mental health care services and design of services. |
| 24 | Priority Actions | |
| 24 | Outcomes | |
| | | |
| | **Gaps** | The DVA should have an area on their website that includes resources for carers and families with links to relevant services.<br><br>Greater attention should be paid to the mental health needs of minority groups and how these needs will be supported under the Strategy's strategic objectives. |

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| | | Greater attention to how emerging issues are addressed/given attention, through the strategic objectives.<br><br>DVA needs a well-defined carer population, including prevalence of young carers, and data should be collected to allow for better assessment of carer needs. |
| | **Any other Comment** | Empowerment of the veteran community in the area of mental health is achieved by greater opportunities for genuine participation in mental health service planning and design. There are also opportunities for the priority actions to improve carer recognition if they include carers.<br><br>Opportunities should be created to allow family and carers to have input into the design and evaluation of mental health services and carer supports. |