

**INDEPENDENT STUDY INTO SUICIDE
IN THE
EX-SERVICE COMMUNITY**

GOVERNMENT RESPONSE

Minister for Veterans' Affairs,
the Hon Alan Griffin MP

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Full report at www.dva.gov.au

GOVERNMENT RESPONSE TO THE INDEPENDENT STUDY INTO SUICIDE IN THE EX-SERVICE COMMUNITY BY PROFESSOR DAVID DUNT

The Australian Government is committed to improving the mental health of current and ex-service men and women during and after their service. Before the last election, the Government committed to conducting an independent study to examine the broad issue of suicide in the ex-service community.

The study was conducted by Professor David Dunt, an eminent public health specialist and epidemiologist from the University of Melbourne. Professor Dunt's study examined the broad issues of suicide in the ex-service community and a number of specific cases to help identify the extent of suicide, some common contributing factors, veterans who may be at risk and what administrative changes can be made to help combat this serious problem.

Professor Dunt's report, the Independent Study into Suicide in the Ex-Service Community, was delivered to the Government on 6 February 2009. The Government welcomes this important study by Professor Dunt.

The study contains 21 detailed recommendations. The recommendations cover wide ranging matters including suicide prevention, mental health programs, compensation schemes and administrative processes in relation to service men and women transitioning from the Australian Defence Force (ADF).

Implementation of the recommendations will provide a key platform to assist the Government to improve services to the ex-service community in the future. The Government has allocated \$9.4 million over four years to implement Professor Dunt's recommendations.

The Government thanks Professor Dunt for conducting this study, and also the large number of individuals and organisations who provided submissions or other input into the study.

The recommendations from the Independent Study into Suicide in the Ex-Service Community and the Government's responses appear below.

PART A Suicide and suicide programs in veterans

Section 2 Overview of suicide and suicide prevention

Recommendation 2.1: *In considering the wider focus for Operation Life expressed in the five priority areas, the Department of Veterans' Affairs (DVA) should closely consider the evidence-based literature on suicide prevention and should only implement programs that are evidence-based and most likely to be successful in veterans. These are most importantly doctor education on detection and treatment of depression and restricting access to lethal means.*

Government Response: Accepted

The Government will review the Operation Life workshops at the conclusion of the first year of the Operation Life expansion, in June 2010, to ensure that programs that are evidence-based are being implemented.

In addition, doctor and mental health practitioner education on detection and treatment of depression and other mental health conditions will continue.

Section 3 Review of the research literature on suicide and its risk factors in veterans

Recommendation 3.1: *It is likely that a study of suicide in a full cohort of post-Vietnam veterans will be conducted at some time in the future. Before making a decision to proceed, there should be a review of findings of:*

- *the Australian Institute of Health and Welfare investigation into the cause of death of DVA clients by age/sex/conflict with a specific focus on suicide; and*
- *'Preventing suicide: a psychological autopsy study of the last contact with a health professional before suicide' being undertaken by Griffith University.*

The former will indicate whether numbers and difference between veterans and non-veterans are sufficient to justify a full cohort study. The latter should further identify likely factors in suicide in Australian veterans.

In addition, any decision will need to take full account of the methodological problems to which veteran suicide studies are susceptible, particularly misclassification of veterans and unadjusted demographic differences between veterans and the comparison group.

Government Response: Accepted

If a further study is commissioned following the above investigation and study as well as the current study into health effects of service on families (the Vietnam Veterans' Family Study), then the findings of this research and the methodological problems identified by Professor Dunt will be taken into account.

Section 4 Rapid literature review of suicide prevention programs

No recommendations were made by Professor Dunt.

PART B Services for Australian veterans with mental health problems

Section 5 Transition from the ADF

Recommendation 5.1: *The ADF and DVA should have joint responsibility for a comprehensive transition service that works closely with the ADF Transition Centres and extends to at least 12 months post-discharge. It should resolve the duplication in services now being offered by the IPSS and TMS. ADF should fund pre-discharge activities and DVA post-discharge activities within this joint responsibility.*

Government Response: Accepted

Defence and DVA are working collaboratively to deliver a seamless transition service that ensures all reasonable assistance and support is available and utilised by members and their families preparing to transition to civilian life.

Recommendation 5.2: *The Lifecycle pilot adds value to existing programs (IPSS/TMS) in improving staff training and support. If successfully evaluated it should be rolled out nationally.*

Government Response: Accepted

The Lifecycle Transition Mental Health and Family Collaborative is an initiative currently being trialled in Townsville, Queensland. The aim of the initiative is to establish more effective mental health and family support services for medically separating personnel at risk of, or experiencing, mental health problems. Outcomes and recommendations from the trial will inform further development of the enhanced transition support service. The Government notes that the timetable for the evaluation of the Lifecycle pilot in Townsville is mid 2010.

Recommendation 5.3: *In principle, families should have an involvement in transition programs. This could be at the Transition Seminars involving the Stepping Out program that may need some redesign.*

Government Response: Accepted

The Government recognises the importance of families in the Defence transition services and will explore strategies to increase family involvement in the transition service including ADF transition seminars and the Stepping Out Program.

Recommendation 5.4: *It is important that members leaving the ADF with mental health (or other problems) are fulsomely acknowledged for their contribution to the ADF, particularly so as their health had deteriorated while they were in the ADF. This could take the form of a letter of thanks from CDF or Passing out Parade.*

Government Response: Accepted

ADF members who are separating are to be pro-actively engaged and treated with care, consideration, and compassion. The separation process is to be as uncomplicated and stress free as possible and include formal acknowledgment of the member's contributions to the ADF.

Recommendation 5.5: *A Keeping in Touch program post-discharge with responsibility jointly by the ADF and DVA extends this healing process. In doing so, it is likely to make an important contribution to the proactive management of any emerging mental health problems.*

Government Response: Accepted

As mental health issues may not surface for some period after separation from the ADF a robust program that encourages contact with Defence and veteran organisations may serve to assist the better management and early detection of emerging mental health problems. Defence and DVA are currently exploring this issue.

Section 6 Veteran compensation schemes and mental health

Recommendation 6.1: *Initiatives such as the Single Claim Form, Separation Health Examination and the Client Liaison Unit are valuable and, subject to satisfactory trialing can be strongly supported.*

The changing business processes of the MRCA group including a strong orientation to client-service are welcomed but should extend to all three schemes, particularly the VEA group and be further strengthened with business, training and evaluation plans.

Experienced case managers should be assigned to claims of clients having complex multiple needs claims.

Government Response: Accepted

In particular, DVA is currently implementing the following initiatives consistent with this recommendation:

- A Separation Health Examination trial is running until mid 2009. This will be evaluated with a view to a national roll out. It incorporates a single medical assessment form for all DVA Acts as well as ComSuper benefits.
- It is the Government's intention to introduce a Single Claim Form, commencing with a trial from May 2009. This will provide the opportunity for driving the application of more consistent work practices across all three Acts.
- The concept of risk based differentiation for the management of claims will be extended to cover the Military Rehabilitation and Compensation Act (MRCA). Incoming claims are screened then streamed into different business process teams based on work types or triggers. This targets 'low risk' claims for quick and simplified processes enabling the diversion of resources into those clients who need more personalised support and close management.
- The Government will provide funding to increase the number of experienced case managers to manage complex claims.

Recommendation 6.2: *A separate process for claims involving chronic mental conditions should be established involving formal consultation with an appropriate mental health professional (psychiatrist or clinical psychologist) to assess the mental health impact of DVA decisions on veterans at all important decision points (e.g. primary claims, Section 31 and where relevant VRB and AAT appeals, as well as suspension and downgrading of benefits and CDDA applications. The mental health professional should 'sign-off' for the action to proceed.*

It is desirable that the period of the Temporary Special Rate pension (or equivalent) can be extended if the veteran's doctor (or in the event that a doctor is not able to do this, a representative of the veteran) can provide robust evidence of a level of patient distress or risk of self-harm sufficient to render dangerous the conduct of a GARP(V) or GARP(V) M assessment of impairment and lifestyle.

Government Response: Accepted

This process will be managed with Recommendation 6.1 above. DVA will introduce a protocol for 'Managing the provision of advice to clients at the risk of self-harm'. This protocol will expand the conduct of internal DVA case conferencing on identified clients together with obtaining advice from the treating health professional on how best to manage the delivery of the advice.

The Temporarily Totally Incapacitated (TTI) special rate of pension under the VEA is payable if the person meets the eligibility criteria for special rate pension, with the exception of the war caused incapacity being only temporary. It would not be within the intent of the payment to continue eligibility if the person is no longer prevented from continuing to work due to their war caused disabilities. However, where the mental illness is accepted as war caused and a change in circumstances such as a re-assessment would likely result in an exacerbation of the condition, and the veteran's doctor can provide robust evidence of this, it would be appropriate for the period to be extended.

MRCA shares the many underlying features of TTI in that it provides for incapacity payments which are payments for economic loss payable while an accepted condition continues to impact on a person's ability to earn. If an accepted mental health condition is impacting on the person's ability to work the period of incapacity payments will continue. Any change in payments is generally based on a rehabilitation assessment which includes consideration of psychological and other socioeconomic factors. Permanent Impairment (PI) payments are also payable as a weekly pension or lump sum equivalent and are not contingent on a person's ability to work but rather on whether the condition has reached a threshold of permanent and stable impairment. Once this threshold is met, the payment will continue irrespective of whether the person is in paid employment.

Recommendation 6.3: *Every VRB hearing for a veteran involving a mental health-related condition should aim to have one member with a clinical mental health background on the two or three member board.*

Government Response: Accepted

The Government notes there are practical difficulties that may arise from time to time for particular hearings. The first step is to aim for inclusion of persons with clinical mental health background among VRB members.

Recommendation 6.4: *DVA will need to increase its capacity to access psychiatric/clinical psychological advice for both individual cases and policy involving mental health more generally.*

Government Response: Accepted

DVA does have access to external, independent psychiatric specialist advice in the development of policy and clinical programs. The Government agrees to fund additional full time clinical psychologists as well as the provision of consultant psychiatrist advice. This additional support will also increase DVA's capacity, where relevant, at important decision points as identified in Recommendation 6.2 above.

Recommendation 6.5: *In the event that a veteran's claim is incomplete, DVA should consider a further step in the primary application process whereby the application could be returned to the veteran indicating areas where further supporting documentation is the necessary. This would be different in nature to a Section 31 review.*

Government Response: Accepted

As stated above at Recommendation 6.1, a review of current business processes across all three Acts will be conducted.

In some cases, the client or his/ her representative is personally contacted by DVA to clarify what further information may need to be provided in order to properly assess a claim. DVA will review this process to ensure this occurs in all cases where appropriate.

Section 7 PTSD and compensation

Recommendation 7.1: *Since diagnosing and assessing service connection for PTSD is not straightforward, it would be worthwhile to develop suitable guidelines for this, to supplement the Statement of Principles (SoPs). It is envisaged that these might involve a suitably qualified clinician taking a structured detailed history that established both diagnosis and possibly exposure to service-related and non-service-related traumatic stressors service. This would be conducted at the time of the veteran's health examination in the lead up to the submission of their claim for compensation to DVA.*

Until such time as these best practice methods can be decided and instituted and given the difficulties outlined in the use of historical military record sources, it would be better to generally avoid their use. In other words, processes for PTSD should proceed more like other claims. This is as judged by the presentation of material in the veteran's claim and its conformity with the relevant SoP both in terms of disease causation and service connection based on a reasonable hypothesis that can not be disproved.

Government Response: Accepted

DVA, the Royal Australian and New Zealand College of Psychiatrists and ex-service organisations agreed in 2005 to a diagnostic and assessment protocol, 'Guidelines for Psychiatric Compensation Claims: Diagnosing, Investigating, Determining and Assessing', for psychiatrists' use in the diagnosis of PTSD. The content, format and use of the protocol will be reviewed in the context of this recommendation, noting that this is not a supplement to a SOP. However, it will provide improved support for psychiatrists and assessors.

Recommendation 7.2: *The use of historical military service records should move more to the investigation of fraud cases where their use can very clearly demonstrate that a fraud has been perpetrated. Their use should not be routine. If there were particular reasons that they would have value in unusual cases other than for the investigation of fraud, the information needs interpretation and signoff by a mental health professional.*

Government Response: Accepted

The Government notes that Professor Dunt has subsequently clarified that the use of military service records can be an essential part of any investigation into a claim for liability, but that the use of military researchers should not be routine. The Government supports the development of procedures whereby a case conference is held prior to the use of military researchers with the requirement that the Repatriation Commission and the Military Rehabilitation and Compensation Commission be charged with the task of ensuring ongoing monitoring of this process. It should be noted that the use of military researchers in DVA reduced from 296 to 147 claims between 2006 and 2008, and currently occurs in less than 1% of claims.

Recommendation 7.3: *Tip off cases should only be investigated where there is further substantiation and where there are reasonable chances of success. Reliance on anonymous 'informant networks' alone is insufficient to form the basis of subsequent investigation.*

Government Response: Accepted

DVA has moved in the past six months to incorporate this process. Instructions have been recently issued to DVA's fraud investigators that contact with the subjects of allegations and potential witnesses should only occur where there is evidence in support of the allegation or there is evidence which requires clarification. DVA does receive anonymous allegations, both verbally and in writing, of fraud by others. By law, all allegations must be examined. About 17% of fraud allegations 'screened' are referred for fraud investigation.

Of 63 cases that have been assessed by a new two step process (the vast majority of these would be tip offs), since January 2009 only two cases have been referred to formal investigation.

Section 8 Mental health, compensation and the ex-service organisations

Recommendation 8.1: *While volunteer Pension Officers endorsed by ESOs have provided a great community service, it is time to move to a new two-tier system. The first tier would consist of largely volunteer TIP-trained Officers as at present. They would in future restrict their advice to straightforward cases.*

The second tier would consist of a new group of trained Pension Officers and Advocates who would be accredited on the basis of their completion of a Diploma or Certificate IV TAFE qualification. They would be paid through BEST or similar DVA-funded program. They would provide advice to veterans in cases that were not straightforward including appeals and tribunal appearances.

Both groups would be subject to appropriate quality assurance procedures.

Both tiers of Officers would operate with the endorsement of an ESO. The second-tier, paid, accredited Officers would operate on a day-to-day basis more independently of the ESOs so they can provide services both to veterans who align themselves with an ESO and those who do not by reaching out to the veteran.

Government Response: Accepted in principle

The Government agrees there are some issues that need to be reviewed regarding the future operations of Pension's Officers and the TIP and BEST programs. These initiatives may result in significant change. To ensure changes are appropriate, the Government will consult with key groups. This will be a government priority in 2009-2010.

Section 9 Mental health programs and services for veterans

Recommendation 9.1: *DVA's mental health strategy beginning in 2001 has led to the development of a number of community mental health promotion programs. DVA's intention to consider how this strategy might be further developed is strongly supported. Programs for suicide and alcohol misuse require particular attention. The ACPMH have been contracted by DVA to evaluate its Mental Health Initiatives for 2007-10 and this will be very useful in identifying other areas.*

Government Response: Accepted

Recommendation 9.2: *VVCS is a very successful DVA program that is likely to expand and further develop. Recent developments in Medicare Australia whereby subsidy is now available to psychologists and social workers for counselling are having major impacts and defining new standards for psychologist services. It supports only evidence-based interventions. These are Focused Psychological Strategies for registered psychologists and GPs and Psychological Therapy for clinical psychologists. VVCS should be able to demonstrate that they conform to this standard or how it plans to do so.*

It is important that there should be some level of involvement of psychiatrists or GPs with interests in mental health in all VVCS centres. This is because the treatment of DSM-IV mental conditions may require psychotropic drugs which only doctors can prescribe. This involvement could largely take the form of shared care, participation in case conferences and education.

Government Response: Accepted

VVCS only employs qualified psychologists and social workers as clinical staff, and supports evidence-based therapies.

VVCS consults regularly with psychiatrists and general practitioners in the development of case plans and where appropriate refers clients to specialist mental health services.

Recommendation 9.3: *The Hard-to-Engage and Barriers to Social and Vocational Rehabilitation Lifecycle Initiatives undertaken by the ACPMH, on contract with DVA can be strongly supported. The Keeping-in-Touch Initiative (Recommendation 2.5 above), could be extended to offer group proactive health and wellness with possible individual follow-up to veterans and their families.*

Government Response: Accepted

The Hard-to-Engage and Barriers to Social and Vocational Rehabilitation initiatives are components of the Lifecycle initiative, one of the Government's key election commitments. The Government will review the Keeping In Touch initiative to take into account this recommendation, and will pilot an extension of Keeping in Touch, commencing in 2010.

Recommendation 9.4: *A strategic review of PTSD programs in Australia should be urgently commissioned. This should be comprehensive in scope and cover service access, acceptability and cost and most successful models of care. Priorities should be defined such that their implementation will have the most effect on the level of patient care ie the programs that are funded will be effective as well as efficacious.*

Government Response: Accepted

The Government agrees to fund a review of departmentally funded PTSD programs. This review is expected to commence in late 2009 and conclude by mid 2010.

Recommendation 9.5: *DVA has been very active in supporting and funding research and this can be strongly supported. Its support for evaluation of its innovative programs has been a little less active and could be further developed.*

Government Response: Accepted

DVA's Applied Research Program has adopted new research priorities, ensuring that they are aligned nationally and follow best practice guidelines consistent with the Department's strategic directions. The evaluation of innovative programs in areas such as mental health, aged care and in supporting younger veterans leaving the military will be incorporated into these research priorities.
