Reintegration and Reablement: Increasing Local Connection and Access for the Tasmanian Veteran Community

The Tasmanian Veteran Needs Assessment and Wellbeing Support Service Feasibility Report

UNIVERSITY of TASMANIA

The authors would like to thank all those who participated in the consultation: Tasmanian veterans, family members of Tasmanian veterans, first-responders, members of ex-service organisations, members of veteran service organisations, and other key stakeholders.

Thanks also extend to those who assisted with the project: Dr Jon Lane and Associate Professor Sonya Stanford for assisting with the project design; Darren Grattidge for web and online survey build, Associate Professor Rachel Kornhaber for assistance with development of the search strategy for the literature review, and Dr. Emmanuelle Bostock for contributions to the desktop review.

Project Team

Professor Christine Stirling, School of Nursing, College of Health and Medicine, University of Tasmania.

Professor Steven D'Alessandro, School of Management and Marketing, College of Business and Economics, University of Tasmania.

Mark Tocock, School of Accounting Economics and Finance, College of Business and Economics, University of Tasmania.

Associate Professor Amanda Neil, Menzies Institute for Medical Research, College of Health and Medicine, University of Tasmania.

Professor Michelle Cleary, School of Nursing, College of Health and Medicine, University of Tasmania.

Dr Heather Bridgman, Centre for Rural Health, College of Health and Medicine, University of Tasmania.

Dr Jon Mond, Centre for Rural Health, College of Health and Medicine, University of Tasmania.

Dr Sharon Andrews, School of Nursing, College of Health and Medicine, University of Tasmania.

Associate Professor Melanie Greenwood, School of Nursing, College of Health and Medicine, University of Tasmania.

Professor Kimberley Norris, School of Psychological Sciences, College of Health and Medicine, University of Tasmania.

Publication of this document reflects commissioned work from the University of Tasmania on behalf of the Australian Government Department of Veterans' Affairs and the Tasmanian Government Department of Communities Tasmania.

Contents

List of Figures and Tables

Acronyms

AD	Accepted Disability
ADF	Australian Defence Force
ADSO	Alliance of Defence Service Organisations
AIHW	Australian Institute of Health and Welfare
ANZAC	Australian and New Zealand Army Corps
APPVA	Australian Peacekeeper & Peacemaker Veterans' Association
ASASA	Australian Special Air Service Association
AVCAT	Australian Veterans' Children Assistance Trust
DFWA	Defence Force Welfare Association
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
GEARS	Group Emotional and Relationship Skills Program
GP	General Practitioner
JTA	Joint Transition Authority
LGA	Local Government Area
NA	Not Applicable
NGO	Non-Governmental Organisation
NLHC	Non-Liability Health Care
NFP	Not-for-Profit
NSW	New South Wales
NT	Northern Territory
PVAA	Partners of Veterans Association of Australia
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
RSL	Returned and Services League
SA	South Australia
TAS	Tasmania
TBC	To be Confirmed
TPI	Totally and Permanently Incapacitated
US	United States
VIC	Victoria
VSO	Veterans Service Organisations
VVAA	Vietnam Veterans' Association of Australia
WA	Western Australia

Glossary

Advocate
An individual who helps veterans with compensation claims and welfare benefits available from the Department of Veterans' Affairs or other government agencies.

Defence Force Personnel
Members of the Australian Defence Force.

Ex-Service Organisation
Member based organisations of primarily ex-Service personnel with the sole purpose of supporting veterans and/or their families. Assistance can vary from providing advice with navigating bureaucratic process through to more direct support such as the provision of financial and housing support.

First Responder
An employee of an emergency services management organisation. These organisations include the Department of Health and Human Services, Department of Police, Fire and Emergency Management and related volunteers.

Transitioning Veteran
An individual who has completed the formal process of transferring out of their previous role within the Australian Defence Force. Although these members may have completed said formal processes their transition to a civilian life may still be in progress. This is also an issue for first responders and their families in Tasmania.

Veteran
An individual with formal experience in a current or former role within the Australian Defence Force.

Veteran Families
Individuals who are related to a veteran.

Wellbeing Centre
A collection of integrated services that support veterans and their families. These services leverage complimentary channels to assist the DVA in providing cores services and support.

Needs
The combination of identified or perceived service gaps and expert recommendations.

Veteran Support Organisation
Organisations for the sole purpose of supporting veterans and/or their families without a membership base of ex-service personnel.

Executive Summary

This study was undertaken to better understand the feasibility of establishing wellbeing support services in Tasmania under the Veteran Wellbeing Centres Program, and any possible overlap in service gaps with first responders. Consultation with Tasmanian veterans (or ex-members of the ADF), their families, first responders and service providers, along with the analysis of information relevant to the Tasmanian veteran population, were used to develop the recommendations contained within this report.

The DVA Wellbeing Model [1] framed the study which is based on seven key components: recognition and respect, health, education and skills, housing, social support and connection, employment, and income and finance.

Tasmanian veterans want better access to culturally safe transition and health services (with physical health services, pain management, and mental health needs prominent). Results highlighted access difficulties (including distance to services, hours of service, and wait times) and other barriers to service use (knowledge, financial, cultural, and a desire for 'veteran friendly services'). The greatest overlap with first responders' needs likely occurs around high intensity/acute mental health needs.

These results closely match those service gaps reported in many other Australian studies. The key difference found is that because of Tasmania's dispersed population, services need to be local (where practical).

The proposed Tasmanian Wellbeing Service Ecosystem Model has:

1. A community development approach to building services that meet local needs using existing resources, ESOs and volunteers.
2. Central coordination and agreed standards.
3. A distributed service network model coming from regional centres/hubs.
4. End-to-End coordinated case management for complex needs.

Study limitations include smaller than anticipated workshop participant numbers, data that is likely not generalisable to all Tasmanian veterans.

Introduction

The aims of the Tasmanian Veteran Needs Assessment and Wellbeing Support Service Feasibility Study (the study) were to:

1. Gain insight into the current service delivery environment for veterans and their families in Tasmania;
2. Assess whether a wellbeing centre model would provide long term benefits to veterans and their families in Tasmania;
3. Consider a potential implementation approach for a Tasmanian wellbeing support service model; and
4. Consider overlap in service gaps between Tasmanian veterans and first responders.

Through a better understanding of needs and perspectives, the findings informed recommendations regarding future directions and wellbeing service delivery options for Tasmanian veterans and first responders and their families.

A mixed methods co-design approach was employed, the research team working in collaboration with stakeholders and end-users through a range of consultation opportunities. Data collection included:

1. Desktop review to collate published information about the distribution, of Veterans and first responders and their families, and their demand and the potential demand for wellbeing services.
2. A service gaps analysis of Tasmanian services based on publicly available data sources.
3. A state-wide consultation process involving:

(i) Co-design workshops (three locations: Hobart, Burnie and Launceston) - qualitative data was collected.

(ii) Interviews with stakeholders (held either face to face or online) - qualitative data was collected.

(iii) Anonymous online survey – of veterans, first responders, their families and service providers. (406 responses were analysed for this report).

The findings from these various data sources were used to inform development of the proposed Wellbeing Model, subject to considerations of feasibility and likely effectiveness. The Report concludes with a series of recommendations.

Study Approach

This project adopted a co-design approach, where researchers worked in partnership with veterans, families, first responders, service providers and key informants through the consultation opportunities. (See Appendix 1 for further details with respect to study design).

Recruitment and Participants

For the consultations, we asked known service providers to both participate in consultations and to disseminate information to their members or clients and asked that information be sent on to other potential participants (see Appendix 1 for further details on recruitment and participants). DVA used social media avenues to promote the consultations. Potential participants were directed to a website/email address which had links to the online survey, and to registrations for the workshops/zoom interviews.

Ethics approval was gained (H0023643) and all participants provided written consent to participate. As of January 30th, 2021:

11 participants attended workshops

27 participants were interviewed

406 participants in the survey

Data Collection and Analysis

The consultations were based around DVA Proposed Wellbeing Centre Elements [1]. These elements are: health, education and skills, housing, social support and communication, employment, income and finance, and recognition and respect.

Consultations focused on four questions:

- What services work well now/can be accessed?
- What services are needed but cannot be accessed?
- What are the barriers to providing/ accessing needed services?
- What elements of a service delivery model do you think would address the needs and barriers?

Consultation

Qualitative data were grouped into themes. Findings from the entire consultation process, existing literature and models were used to inform recommendations.

The workshops were open to all participants across Tasmania. The 38 people interviewed online and in workshops represented a diversity of respondents from veterans, ESOs, first responders and service providers.

Limitations

- The number of participants attending the workshops and interviews were significantly less than anticipated, likely due to the impact of COVID restrictions and the short project time frame with data collection occurring in the busy pre-Christmas period. Also, while 487 accessed the survey, and 406 people answered survey question, a third answered only a few questions. This resulted in less data to inform recommendations.
- Recruitment was through existing DVA. Ex-Service Organisations (ESO) and first responder networks and so the survey, interviews and workshops data may not be generalisable to veterans that do not connect with these networks.
- During the study period significant changes were occurring in the DVA support sector which means some responses may relate to past service elements, or recommended changes that are already planned.

Tasmanian Context

About half of Tasmanian veterans live in the north and north west of Tasmania but there are less services there (ESO, VSO and health and welfare) for veterans and their families.

DVA Clients in Tasmania (see Appendix 2)

Tasmania has disproportionately higher numbers of older and younger Veteran Service Pensioners, including pensioners that are permanently incapacitated.

The numbers of DVA clients and demand for medical treatment is expected to increase.

Need, particularly among newly discharged clients, is split between the South and mid-North, North-West of state.

The average age of Tasmanian White Card holders is higher than the Australian average, but the average age of Gold Card holders is lower.

Younger Tasmanian DVA clients may have more complex needs than the Australian average.

Tasmania had 8,871 DVA clients as of April 2020 (2.7% of Australia's total) [3], with slightly more being service pensioners and disability pensioners than the Australian DVA average.

The numbers of DVA clients and demand for medical treatment is expected to increase in Tasmania (as elsewhere) because the defence force is increasing their personnel at the same time as the number of people eligible for benefits has expanded.

Newly discharged Tasmanian clients are mostly found in the south-east (242 of 420, 57.6%) and mid-north to north-west of the state (178 of 420, 42.4%) [3].

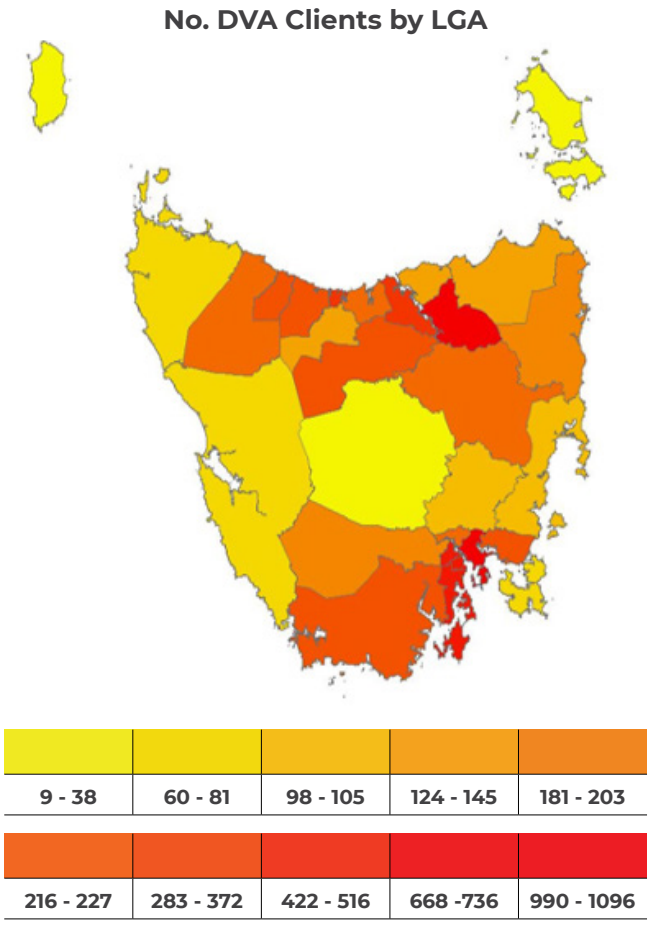


Figure 1: Distribution of DVA clients across Tasmania

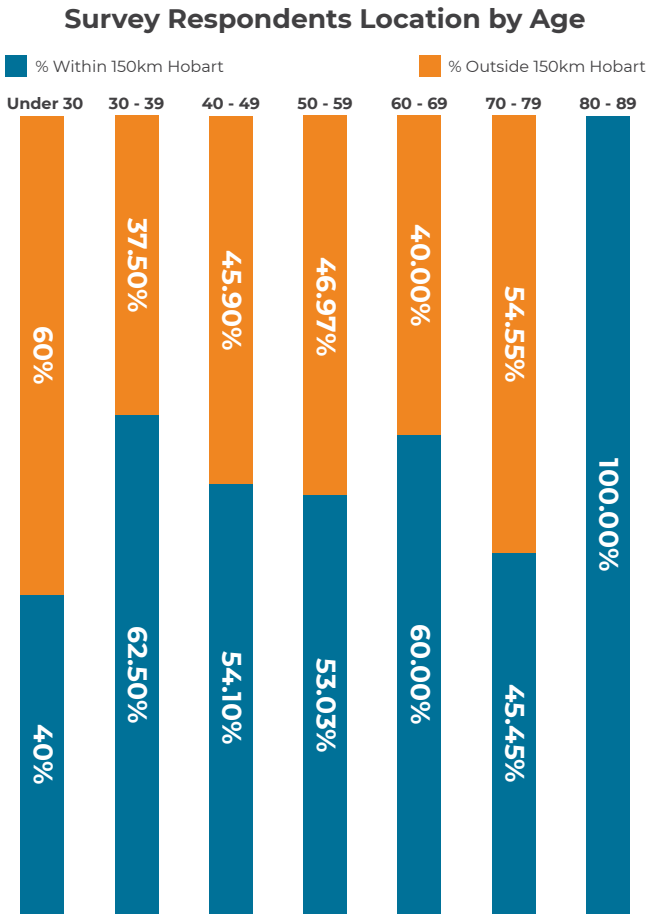


Figure 2: Distribution of DVA Clients across Tasmania % within 150 kms of Hobart.

Wellbeing-related service delivery for Australian veterans

There are no studies explicitly about Tasmanian veterans' wellbeing.

Studies of Australian veterans focused on integrated services and service efficacy.

PTSD, PTSD symptoms and the challenges of treating PTSD were highlighted in previous studies of veteran needs.

The importance of peer and family support, cultural and system considerations, and non-traditional therapies in relation to PTSD were prominent.

A scoping review on current wellbeing-related service delivery (Appendix 2) for Australian veterans found 17 articles, none of which explicitly included the Tasmanian veteran community. Seven of these articles were focussed on the delivery of wellbeing-related services. Two studies provided an overview of integrated service provision, the remaining five addressing a specific service to assess its efficacy in the veteran population. PTSD and/or PTSD symptoms was a key consideration in all but one study. Rural and regional areas were not explicitly investigated in any of the analyses areas typically less well resourced to manage/support complex health needs. The challenge of PTSD and its treatment, and the role of peer support, family engagement and non-traditional therapeutic supports (e.g., outdoor therapy, equine therapy and service dogs) were prominent. Differences between Australian and US veterans with PTSD were noted. The review also highlighted the importance of cultural and system considerations. This review demonstrated that the Tasmanian Veteran community is under-researched and that there are significant gaps in the literature which may inform service provision to the veteran community in Tasmania who experience potentially unique health needs and circumstances.

Tasmanian Emergency Services Workforce (First Responders)

There are approximately 8,468 employees and volunteers across all Tasmanian Emergency services, including police, state emergency service, fire service, and ambulance (as at the end of the 2019/20 financial year).

There is limited information nationally (including Tasmania) about first responder wellbeing needs and how these needs might relate to veterans' needs. Other service providers responding to this project identified nurses and prison officers as additional front-line workers at risk of PTSD.

Table 1: Number of Employees and Volunteers by Emergency Service

Service	Employees	Volunteers	Total
Police	1,376	-	1,376 [4]
State Emergency Service	39	600	639 [4]
Fire Service	332	5,100	5,432 [5]
Ambulance	521	500	1,021 [6]
Total	2,268	6,200	8,468

Mental Health Services in Tasmania

Poor mental health is a recognised Australia wide problem. The rates of mental disorders among Australian veterans are higher than the general adult population or serving ADF members [1, 6, 7]. The following information refers to transitioned ADF members and highlight the likely extent of need amongst newly discharged Tasmanian veterans [1, 6].

Around 46% of transitioned ADF members had experienced a mental disorder in the previous 12 months. Of these anxiety disorders were most common (37%), with PTSD (18%) and panic attacks (17%) the most common types of anxiety disorder [6].

Rates of mental disorders were highest in those medically discharged, not serving as reservists, and receiving DVA services [6].

Self-reported mental disorder rates of transitioned ADF members increased after the first year post discharge [6].

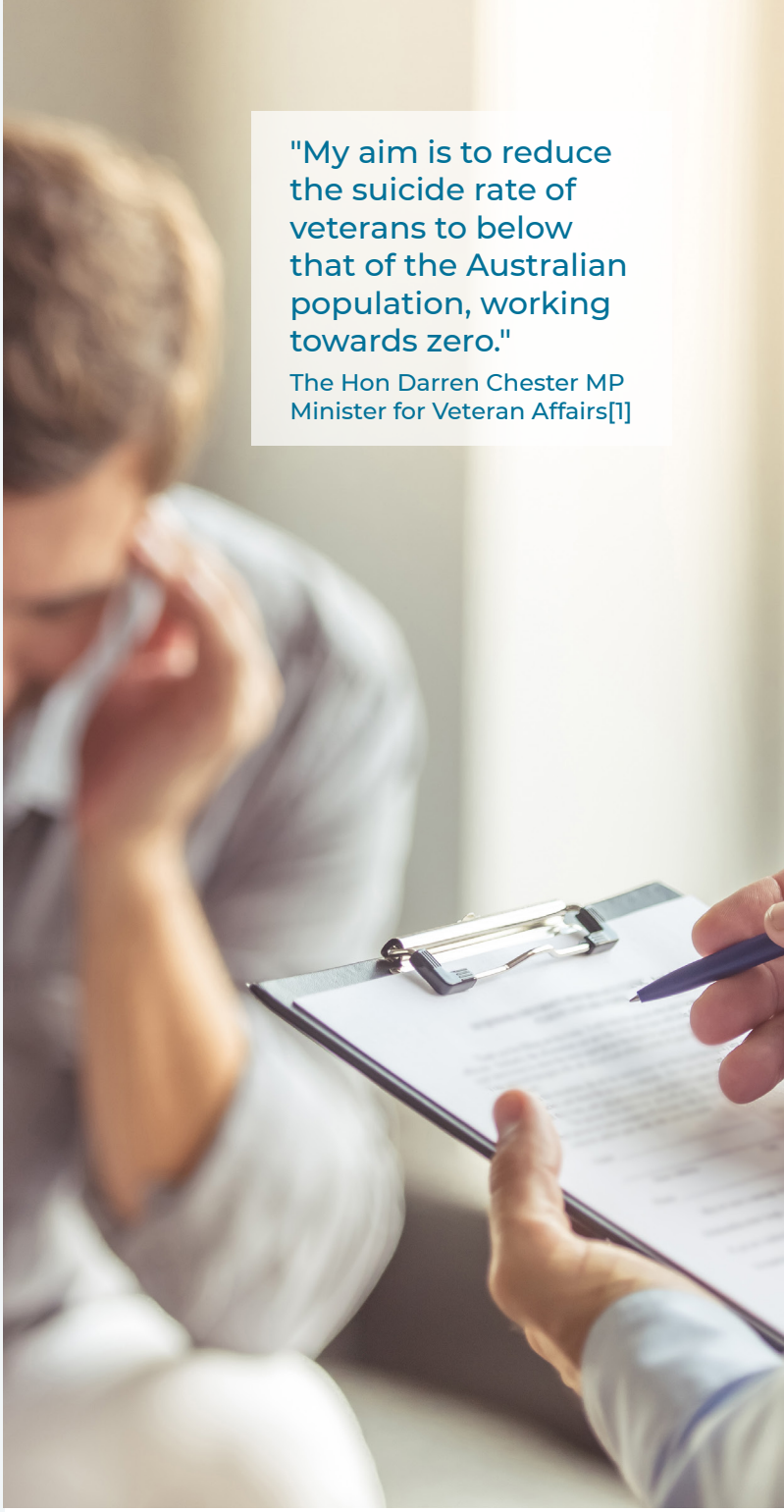
Rates of moderately severe and severe depressive symptoms (31%) were significantly higher in transitioned ADF members than for inactive and active reservists [6].

Over 20% of transitioned ADF members reported experiencing suicidal ideation, 8% made a suicide plan, and 2% attempted suicide in the past 12 months [6].

The rates of mental disorders among Australian veterans are higher than serving ADF members [1, 7].

Given the high number of newly transitioned veterans to rural and regional areas of Tasmania, (see Appendix 2, Figure 3) this information is important for mental health services. Both 'Rethink 2020 – a regional plan for mental health services in Tasmania 2020-2025' [8] along with the 'Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023" [1] highlight strategies for improving the coordination and collaboration of mental health services and decreasing veteran suicide rates.

A list of current Tasmanian Mental Health Services and other wellbeing-related services provided across organisations found via internet search across sectors in Tasmania is available in Appendix 2.



"My aim is to reduce the suicide rate of veterans to below that of the Australian population, working towards zero."

The Hon Darren Chester MP
Minister for Veteran Affairs[1]

Ex Service Organisations (ESOs) within Tasmania

Veterans and DVA clients outside Hobart and Launceston may have limited access to support and services.

Most ESOs are clustered around Hobart and Launceston, apart from the significant RSL network across Tasmania (Appendix 2). Access to ESOs outside these two areas is limited, highlighting the need for outreach services to be better coordinated and distributed to remote clients.

Consultation Responses

Key Messages

1. Transition services are vital in Tasmania to help veterans and their families adapt to civilian life.
2. A smaller number of veterans and first responders need more access to crucial navigation support, physical and mental health services and welfare services.
3. Good, timely transition and navigation services should prevent some situations deteriorating.
4. Services should be local with central coordination and agreed standards.
5. There are many examples of 'veterans doing it for themselves', which could be more effective with access to strategic collaboration and support.

Wellbeing Services Available During Transition

Consultations found that access to counseling and fitness programs has improved since expanded eligibility for DVA White Cards and Nonliability Health Care, plus new Veteran Payments. *Services identified as available in all regions were:*

- Open Arms counselling services,
- RSL Advocacy Services,
- Mates4Mates peer support,
- RSL Veteran Support Officers,
- GPs, private counsellors, psychologists,
- Physical and exercise programs.

Box 1 highlights the services that had limited regional availability

BOX 1 SERVICES WITH VARIABLE REGIONAL ACCESSIBILITY

ESO programs:

- Peer outdoor, physical support programs
- Social connectedness
- Veteran and family support.
- Financial assistance
- Office space
- Employment Support/ Service providers
- Employment (also for families of vets).
- Alternative therapies – via referral

Other non ESO services:

- Transport
- Temporary accommodation provided for homeless people (safe shelter)
- Specialist pain services
- Drug and Alcohol addiction/ detox services
- Bulk billing GPs

Veterans and first responders access similar services.

Table 2: Top five wellbeing services accessed by respondents in Tasmania

Service	All % (N)	Veteran % (N)	First Responder % (N)
Mental health and support	63% (170)	61% (82)	65% (77)
Physical support services	46% (123)	39% (52)	57% (67)
Allied health Services	30% (80)	41% (55)	18% (20)
Community and peer advisors	29% (78)	27% (36)	32% (37)
Alternative therapies	26% (69)	20% (26)	34% (38)
Total Number of Individual Responses	263		

Note: For all survey results those who were both a Veteran and First Responder are categorised as a veteran. See Appendix 3 for more detail. Around 200 respondents did not answer the questions.

Wellbeing Services wanted but not accessed

The survey asked about services that were desired but not accessed. The top five most desired services are shown in Table 3, noting:

- Physical support services meant access to physical activity programs or facilities.
- Alternative therapies meant services such as Tai Chi or acupuncture for pain relief and rehabilitation.

Table 3: Top five desired wellbeing services wanted, but not accessed, by respondents in Tasmania.

Service	All % (N)	Veteran % (N)	First Responder % (N)
Physical support services	29.75% (83)	31.43% (44)	27.50% (33)
Alternative therapies	20.07% (56)	20.00% (28)	19.17% (23)
Mental health and support	17.56% (49)	20.00% (28)	15.83% (19)
Social support programs	12.54% (35)	15.00% (21)	8.33% (10)
Allied health Services	11.83% (33)	13.57% (19)	8.33% (10)
Total Number of Individual Responses	279		

The following barriers to accessing services show the need to support veterans to navigate available services, to deliver local and low cost services, and to improve help-seeking.

Table 4: Barriers to service

Barrier	Total % (N)	Veteran % (N)	First Responder % (N)
I think I can manage the problem on my own	22% (61)	24% (33)	19% (23)
I don't know where to go to get an appointment	22% (61)	28% (39)	14% (17)
I don't think my problem is important or serious enough	20% (57)	28% (39)	12% (15)
I don't think I can afford it	17% (48)	17% (24)	17% (20)
I don't want anyone to know about my problem	13% (37)	13% (18)	14% (17)
I don't think they will take my problem seriously	12% (35)	16% (22)	8% (10)
It is too far to travel	12% (34)	14% (19)	10% (12)
I don't think they will be able to help me	12%	11% (15)	12% (14)
Total Number of Individual Responses	279		

Note: respondents could select more than one service.

Services that cannot be accessed

Two key service areas were identified as areas of importance through all three methods of data collection:

Transition and reintegration services and programs, were felt to be largely lacking with no easy 'point of entry' to discover any locally available transition services.

"I didn't know how to use a Medicare card"

Re-integration into civilian life helps veterans and their families with employment, housing, and financial needs but also provides broader support (See Box 2).

Health, incorporating physical support services and acute mental health services, were the biggest identified service gaps after transition services (See Box 2). Health services were felt to be either not accessible or involved long wait times due to a shortage of health care professionals, funding criteria barriers, or a lack of veteran aware services. Long wait times put pressure on the veteran, family members, and often service providers who were involved in support.

"I finally accessed a psychiatrist in Brisbane because it was faster than getting one in Tasmania'.

There is an acknowledged shortage of high acuity mental health professionals and services in Tasmania.

The need for high intensity and acute mental health services was perceived as a major area of overlap with first responders.

BOX 2
KEY SERVICE GAPS

Transition and Re-integration services:

- Veteran navigator
- Service Gateway
- Advocates
- Employment help
- Housing help
- Education about civilian life
- Social connection – peer support
- Family support services

Health Services:

- Physical support such as gymnasiums, swimming pools, exercise programs.
- Acute Mental Healthcare
  - Psychiatrists,
  - Community Based programs
- Specialist inpatient services for PTSD
- Out of business hours non phone support.
- Pain clinics, specialists

30%

of survey respondents listed physical support services as the most important service.

Desired service characteristics

Culturally safe (i.e., veteran aware) health and crisis support were wanted with service providers understanding active service experience and spaces being suitable (i.e., quiet and nonthreatening for veterans with PTSD arising from 'active war service'). Veterans also want help to feel more comfortable with using 'civilian' services. "There needs to be more work prior to discharge from ADF in assessing distress, capability for civilian reintegration, and links to a peer support in the new environment".

Better coordinated services were wanted in relation to re-integration, finding employment, managing pain, alcohol and drug dependency, mental health problems and PTSD.

The combination of poor transitions/re-integration, service gateway, stigma, and fragmented services led to 'people falling through the cracks' and could result in a downward spiral and exacerbation of problems.

Veterans are doing it for themselves

Many veterans and ESOs are actively working to fill service gaps. Collaborations and strategic support for these organic developments could make a big difference. Two examples, NW veterans and service providers have developed a Burnie veteran hub to provide volunteering opportunities, and a meeting and information centre. Tasmanian Vietnam Veterans are creating a rural retreat to provide a recuperation space for veterans.

Others are accessing interstate veteran specialist services (those mentioned included Bespoke Retreats, the Geelong Clinic providing trauma informed care, inpatient centres for veteran mental health crises/PTSD such as the Veterans' Psychiatry Unit, or the Jamie Larcombe Centre). This demonstrates need.

BOX 3
WHAT TASMANIAN VETERANS/FIRST RESPONDERS WANT

- Support for local reintegration services – hubs, peers, volunteering, employment, ESO collaboration
- Local veteran aware health and medical services – GPs, allied health, fitness, alternative health
- Timely Access to appropriate specialist care – crisis care, pain services, specialist programs, in-patient
- Coordination of service/s, their standards and accessibility

Key Recommendation

Strategic support will help veteran, local and community led initiatives.

Desired Elements of a Tasmanian Wellbeing Service

Four key barriers were identified to the provision of needed/ desired services in Tasmania, all of which point to the benefits of an ecosystem of support distributed to areas of need but well-coordinated centrally.

The survey results highlighted the mix of services veterans and first responders would like to see delivered from wellbeing services, with 75% of survey respondents wanting services related to health, wellbeing, respect and social inclusion (full details in Table 5)

The top 7 prefered service features were: (see table 15 in Appendix 3 for full list):

Face to face services	40%
Prompt assistance	37%
Ease of access (drop-in, bookings, time available)	33%
Flexible time options (e.g outside business hours)	31%
Understanding of defence service	23%
Personal support to navigate offerings	22%
Affordability	21%

BOX 4
KEY TASMANIAN SERVICE BARRIERS

Accessibility

- Hobart centric
- Business hours only
- Travel time
- Wait times

Service Fragmentation

- Difficult navigation
- ESO competition

Veteran Diversity

- Different service cohorts
- Stoicism and stigma

DVA system complexity

- Advocates
- Different legislation

Those suffering acute mental health crises and needing urgent appropriate inpatient service were mentioned most often as an area of concern. *'Access to adequate and skilled psychiatric and psychological services is incredibly limited in NW and regions (Burnie and Devonport) Tasmania' (Tasmanian GP).*

Table 5: Respondents choice of Top three wellbeing services

Service	Total Number	Veteran	First Responder	Service Providers
Health	284	120	106	58
Recognition and Respect	171	62	69	40
Social Support and Connection	140	71	41	28
Income and Finance	130	55	52	23
Education and Skills	101	38	45	18
Employment	72	29	27	16
Housing	26	12	9	5

Note: respondents could select more than one service.

How to deliver services to address gaps and barriers

The list of service gaps, along with the barriers to delivering services were reflected in participant views of how these gaps and barriers could be addressed. The need for regional services, key information points, culturally safe veteran services, collaboration and health and acute/crisis medical services were acknowledged by all during consultations.

In many instances participant feedback focused on 'how' services are delivered and not 'what' services.

Some participants proposed 'models' and others, principles. The following list details the key design elements proposed by participants.

1. Ensure accessible veteran specific services.

Delivery model should focus on regional services – where possible, locate services close to transport or link with transport services.

Each region to have:[1]

i. Access to veteran hubs run by volunteers – to include drop in centres, information about local services and ways to access, peer support group programs, activities, volunteering opportunities.

ii. Local access to physical activity programs and facilities to assist recovery, reablement, pain control and mental health.

iii. Veteran specialist GP/Allied Health clinics (GPs and allied health professionals trained regarding veteran needs with access to multidisciplinary treatment teams)

iv. Access to outpatient mental health programs – for example, the GEARS program – a 12-week peer-led counselling program, delivering a generalised, skills-based intervention for emotional and relationship management[2]. It was noted that the Hobart Clinic is starting an outpatient GEARS program in early 2021. Other programs such as the Geelong Clinic desensitisation program were also suggested. These programs are offered to first responders too.

v. Access to high intensity and acute/specialist mental health treatment as per the DVA Stepped Models of Care [1]. These services are an important need for some veterans with participants variously suggesting that DVA should help facilitate access by 'quarantining' Tasmanian private acute care beds for veterans and first responders, funding increased capacity of interstate specialist facilities, or building a Tasmanian facility[3].

vi. Use multiple methods of service delivery as appropriate (e.g., face to face / online, individual / group, private / public).

[1]Note a small number argued for one large centre containing all services
[2] Information provided by participant
[3]DVA has agreements with all Australian State and Territory Governments to provide treatment and care to eligible members of the veteran community in the public hospitals. Veterans now can access healthcare in their local area, through their local General Practitioner, accessing local services and local specialists. DVA claims that access to healthcare for veterans is actually stronger in the decentralised public/private system that the DVA funds, for the 288 000 clients of the department. Page 52 transition inquiry.

BOX 5
DESIRED REGIONAL SERVICES

A physical space for:

- Drop in services
- Information
- Volunteer opportunities
- Peer support
- Re-integration programs

Veteran Aware health professionals

- Educated
- Remunerated
- Bulk-billing

Specialist programs for:

- Mental illness
- Pain management
- Substance dependency
- Relationship skills

2. Improve information and navigation of systems.

Note that these consultation results aligned with the recommendations 5 and 6 of the inquiry into transition from ADF [9]

- Provide service knowledge via navigators, case management (especially for veterans in crisis), hubs web information page, social media updates and other digital technology.
- Access to out of hours services – with a Tasmanian based, 'veteran aware' service that can provide crisis support.
- Use a stepped care model – right care, right place, right time. For example, services need to deal with addiction / medical issues, then address homelessness and then provide the ancillary services such as employment, literacy.
- A gateway into services is required, but there should be a 'no wrong door' approach which would need more collaboration between ESOs and VSOs.
- Transition 'open days' (a forum environment with ESOs presenting information about their services) have been used previously to provide knowledge to veterans and were felt to be useful.

3. Improve the cultural competence of wellbeing services.

The issue of culturally competent veteran services was important for many veterans. Suggestions about how to improve this included:

- Co-design services with veterans – and make sure that veterans are aware that veterans have had a say.
- Create a community of practice between ESOs thereby creating a model that encourages sharing and collaboration.
- Provide non-judgemental support and referrals.
- Deliver 'veteran aware' cultural competency education and training for clinicians, case managers, public servants and civilian employers.
- Adopt a strengths-based/ reablement model needed to help transition and adapt to disability and chronic illness.

Feedback

75% of survey respondents thought the important services related to health, respect and social inclusion.

Model Feasibility and Likely Effectiveness

An Ecosystem of Wellbeing Services

We recommend an ecosystem approach to Tasmanian veteran services. Veteran wellbeing services are currently provided by governments of different levels, VSOs plus an estimated 500 Australian ESOs. An ecosystem approach would encourage greater integration of services and increase wellbeing outcomes through increased accessibility, as well as efficiencies. An ecosystem model highlights the necessity for transition services to start at the beginning of an ADF members' transition to civilian life and flow through into navigation and support services provided through wellbeing centres and hubs.

The recommended Tasmanian Wellbeing Ecosystem Model requires:

1. A distributed service network model coming from two centres/hubs.
2. End-to-End coordinated case management

The annual budget for Veterans' Affairs is substantial, an estimated 13.2 billion dollars a year covering veterans' rehabilitation and compensation [10]. Despite the number of reviews of veterans' support and compensation, there is still need for substantial reform [9].

Whilst this is beyond the scope of this report, truly effective wellbeing services need "a comprehensive, coordinated and sequenced package of reforms" [10].

There are a multitude of services already available to veterans in addition to DVA funded programs, and state programs (see Appendix 2 and the recent mental health strategy of Tasmania, [11]), community groups and charities, and ESOs providing wellbeing services in Tasmania (see Appendix 4). Despite this, many veterans do not access these services for reasons outlined through the consultation. Addressing these barriers to engagement through local community development could improve veteran's use of services.

What do DVA Wellbeing Centres/Services provide?

There are approved wellbeing services in Centres located in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The services are divided by essential, desirable and connected services. The existence and use of these services throughout Australia highlights that Tasmanian veterans would likely benefit from similar services proposed by other Wellbeing Centres services, but using a model that addresses the needs of Tasmania's rural and regional populations (a distributed model).

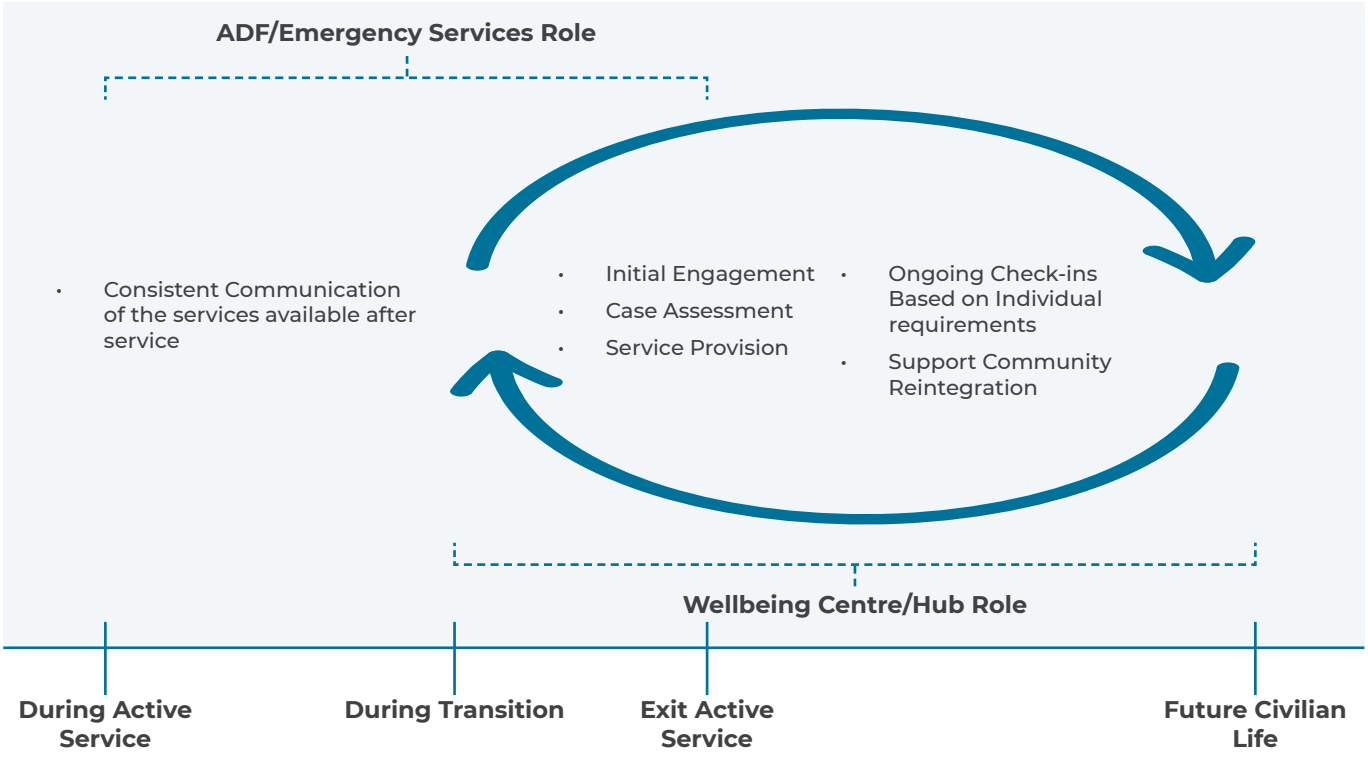


Figure 3: Wellbeing service ecosystem design.

The Tasmanian Wellbeing Centre/Hub Model

Design Principles

The following design principles arising from this study fit with many recent current reports [1, 6, 9] recommendations for the design of veterans' wellbeing services. Our research and consultation with veterans, their families, ESOs, key stakeholders and first responders suggest the following are important service design principles for wellbeing services in Tasmania.

1. Veterans should have multiple pathways available when seeking help

   a. Two regional wellbeing centres/hubs with a focus on outreach, using an existing Hobart location and a new Launceston location.

   b. Veteran-friendly telehealth/online services linking wellness centres to the rest of the state. As shown in (Appendix 3), around 53% of veterans want to access some wellbeing services online and 34 % by phone. When choosing between online and phone services most veterans and first responders prefer online (53%) to phone (34%).

2. Disseminated and outreach services to reach smaller communities. Veterans and first responders are only likely to travel 30 minutes to appointments for wellbeing services (see Appendix 3).

3. End-to-End coordinated navigation (case management for those with more complex service needs) that proactively engages with veterans before the transition from active service.

4. ESOs need to be integrated into networked and connected services.

5. Financial incentives to be provided/ improved for Medical and Allied Health Services delivering Veteran services.

6. Improved access to services for high intensity, acute and specialist mental health services as per the stepped models of care [2].

The Tasmanian disseminated wellbeing hubs / centres could have the following multiple services based on analysis of local community need:

- Transition services including employment, housing, and social networking assistance).
- Digital Kiosk/Access to Internet Services.
- Lobby with pamphlets explaining connected services providing information about local communities/organisations.
- Multi-Purpose Meeting Rooms (this shown by the broad range of services veterans and first responders seek, (see Appendix 3).
- A place for ESO's/other organisations to use as satellite offices. This also reduces costs and makes the centres more veteran and first responder centric.
- Consulting rooms for counselling and other advocacy services.
- Regular shared activities based on veteran/ first responder needs and wants, such as information sessions, and social events (e.g. BBQ's).
- Volunteering opportunities.
- An online and social media presence with regular promotion.

The Tasmanian wellbeing centres/hubs need to be:

- Accessible – including after hours and weekend access, and disability access.
- Catering for a range of veteran cohorts and experiences. The background and experience of veterans differs across cohorts and the varied nature of deployments since Vietnam suggests service design should encompass diversity (e.g. gender, age, marital status, type of service).
- A gateway to crisis services and to social support to help prevent the onset of more serious illnesses, although not a crisis centre. There is some support in the literature of this preventative approach [12-15].
- Ideally close to existing government services (Such as Service Tasmania) so that dropping into a wellbeing centre could form part of a routine when visiting regional centres.
- Providing ongoing data collection and performance metrics to allow for:

  a. Statistics such as number of users per month

  b. Standards and monitoringof wellbeing service which would also be managed by centres so that independent recommendations could be made.

Benefits of using a community development approach

Health and access to health support services is important. Although this support is often provided at the state level or through private providers, providing a 'concierge' or 'gateway' to service providers is likely to be an important function of wellness centres and hubs working with veterans who may have limited experience of navigating civilian systems. How the wellness centre / hub operates is also crucial with recognition and respect for, and of, the veteran experience being vital. Local knowledge can best achieve these features.

The aspect of social support and connection also recognises the need not only for these centres to be veteran / first responder centric, but to also provide greater connection to other community groups (Men's sheds and volunteer organisations). This will help with social integration and the veteran / first responder having a sense of purpose and value. A good example of a referral program emanating from a wellbeing centre / hub is the Farm Aid program in Queensland, through the Oasis Centre. This program matches veterans with farmers in crisis, whereby veterans assist farmers with fencing and maintenance. Both groups benefited significantly from the social support of this program.

Sustainability

The DVA Veteran Wellbeing Centre Program was established based on the expectation that each Centre will be viable and fully capable of operating without further funding within a few years, with ongoing sustainability a key consideration.

There are several mechanisms proposed for sustainability of services in Tasmania:

1. **Eco-System:** The eco-system approach would be expected to generate cost savings for DVA.
2. **Community Development:** Using a community development approach to develop local services will capitalise on veteran volunteer contributions and ESO services.
3. **Co-contribution:** There is some support from veterans to contribute to funding of these centres, with 21.9% of responses favouring a model in which personal payment contributions are made for some private services. Co-contribution is the most popular means of payment supported by 41.4% of responses (see Appendix 4). An average payment of $28.14 per hour of service received was considered good value by respondents (see Table 6). Not all veterans can afford co-contribution.
4. **Combining Services:** Services could be jointly supplied (as per the wellbeing centre/ hub in Hobart). The colocation model of a RSL and wellbeing centre seems to work well as shown by the ANZAC house set-up in Western Australia.

"Ensure services are focused on all aspects of wellbeing, not just recovery from an injury, mental health condition, etc – to overcome image that only sick and wounded 'get help'"

Recommendations

1. **Two regional wellbeing centres/hubs,** one in Launceston and using existing infrastructure. These centres should be community based and veteran centric. Having regional wellness centres in these locations would mean that over 98% of current DVA Clients would be within 150km of a centre.

2. **A distributed network** of community development services reaching into other regional and rural areas. It would add valuable capacity if the wider network of RSLs in Tasmania (see Appendix 2) were part of this new distributed model of community service.

3. **A lead agency / VSO or ESO to coordinate** services and standards for both centres/hubs and provide the case management and navigational assistance to veterans.

4. **Integrated web and telephone services** as an extension to wellbeing centres (note telephone services should not act as crisis hotlines).

5. **End-to-End coordinated case management** that proactively engages with veterans/first responders before the transition from active service.

6. **ESOs and VSOs integrated** into wellbeing centres and distributed services.

7. **Improve access to physical and mental health services** by providing case management for complex conditions, education and incentives to increase the number of 'veteran friendly' service providers, and speed access to any relevant compensation. Implement the DVA Stepped Model of Care for High Intensity and Acute/Specialist Mental Health Services.

Making wellbeing services financially viable in Tasmania

- Most centre /hubs should use existing buildings infrastructure. This could be part of the existing RSL network or shared community resources such as the Burnie hub.
- Staffing of centres / hubs should be based on co-operative, rather than competitive, federal funding. They would provide critical mass for accessing state funding or being a navigator for such services (see Appendix 4).
- Hubs / centres may be a gateway for ESOs and other community organisation to provide service.
- A membership model, similar to that used by the Royal Canadian Legion, could be used to make centres /hubs more sustainable. The current cost for Canadian members is $52.50 per year. The Legion has 260,000 members and some 1,350 branches. Note there is some support for a co-payment model (see Appendix 4).
- There are also considerable savings in preventing the social and economic impacts of escalating physical and mental health conditions. Wellbeing services can help reduce these costs through prevention and these should be considered in any business analysis of future proposals.
- Hubs and centres may serve as a more efficient means, with dedicated resources to distribute services to veterans and first responders, than through the myriad of VSO and ex-service associations.
- Centres/hubs could also help deliver the Prime Minister's $6 million employment program and help with the increased access of 24/7 of Mates 4 Mates counselling, as outlined on page 15 of 2020-2021 budget papers for the Department. The authors note the existing DVA tenders for mental health and wellbeing services (Statement of Services for the provision of Mental Health and Wellbeing Services – DVA-PNL 2020-21/77, part of the $100.7 million allocated in the 2020-2021 budget dealing with mental support for veterans and Community Grants Hub schemes). These could be provided also through hubs/ centres at no additional cost and encourage a more community of practice approach.

References

1. Department of Veterans Affairs, *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023*. 2020.

2. Department of Veterans Affairs, *DVA Pensioners and Treatment Card Holders by Local Government Area as at 3 April 2020*, Department of Veterans Affairs, Editor. 2020.

3. Tasmanian Department of Police, Fire and Emergency Management, *Annual report. Department of Police, Fire and Emergency Management 2019-2020*. 2020.

4. Tasmania Fire Service, *State Fire Commission Annual Report 2019-20*. 2020.

5. Family Based Care Tasmania, *Annual Report 2019-2020*. 2020.

6. Van Hooff M, L.-W.E., Hodson S, Sadler N, Benassi H, Hansen C, Grace B, Avery J, Searle A, Iannos M, Abraham M, Baur J, McFarlane A, *Mental Health Prevalence, Mental Health and Wellbeing Transition Study*. 2018, Department of Defence and the Department of Veterans' Affairs: Canberra, Australia.

7. Australian Institute of Health and Welfare, *A profile of Australia's veterans*. 2018.

8. Primary Health Tasmania, *Rethink Mental Health 2020 A state plan for mental health in Tasmania 2020–2025*. 2018, Primary Health Tasmania: Tasmania, Australia

9. Parliament of Australia, Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into transition from the Australian Defence Force (ADF)*. 2019.

10. Productivity Commission, *A better way to support veterans*, Productivity Commision, Editor. 2019, Australian Government: Canberra, Australia.

11. Tasmanian Government Department of Health. *Rethink Mental Health*. 2020 [cited 2020 December 16]; Available from: http://www.health.tas.gov.au/mentalhealth/rethink_mental_health_project.

12. Otter, L. and J. Currie, *A long time getting home: Vietnam Veterans' experiences in a community exercise rehabilitation programme*. Disabil Rehabil, 2004. **26**(1): p. 27-34.

13. Romaniuk, M., J. Evans, and C. Kidd, *Evaluation of an equine-assisted therapy program for veterans who identify as 'wounded, injured or ill' and their partners.* PLoS One, 2018. **13**(9): p. e0203943.

14. Lloyd, D., et al., *Preliminary outcomes of implementing cognitive processing therapy for posttraumatic stress disorder across a national veterans' treatment service*. J Clin Psychiatry, 2015. **76**(11): p. e1405-9.

15. Bird, K., *Research Evaluation of an Australian Peer Outdoor Support Therapy Program for Contemporary Veterans' Wellbeing*. Int. J. Ment. Health, 2015. **44**(1-2): p. 46-79.

Appendices

Appendix 1	Click here to view or download as a PDF
Figure 1: Research design	
Figure 2: DVA Proposed Wellbeing Centre Elements	
Figure 3: Screenshot of project entry webpage	
Table 1: Organisations contacted	
Table 2: Qualitative Consultation Participant Characteristics	
Table 3: Characteristics of survey respondents	

Appendix 2	Click here to view or download as a PDF
Figure 1: Scoping Review, Flow diagram of included studies	
Figure 2: Distribution of DVA male and female clients across Tasmania, % within 150 kms of Hobart by age.	
Figure 3: Distribution of Tasmanian DVA Clients, Treatment Population, White & Gold Card Holders, DVA Clients/1,000 population and Newly Discharged Clients by LGA	
Figure 4: Tasmania Treatment Population. Gold and White Card Holders by LGA	
Figure 5: Distribution of Tasmanian DVA Clients, Total Veterans, Treatment Population and Treatment Population as % DVA Clients, by LGA	
Figure 6: Distribution of Tasmanian Ex-Service Organisation by LGA	
Table 1: Summary of results of service provision for veterans, widow(er)s and partners, by focus and chronological order	
Table 2: Characteristics of DVA Clients as at March 2020, by Jurisdiction	
Table 3: Tasmanian Clients by Top 20 Conditions, MRCA, 5 November 2020	
Table 4: Identified Veteran-related Organisations and Service Providers in Tasmania by Location	
Table 5: National mental health support services available to Veterans and their families	

Appendix 3	Click here to view or download as a PDF
Table 1: Characteristics of survey respondents	
Table 2: Top five wellbeing services accessed by veterans and first responders in Tasmania.	
Table 3: Top five desired wellbeing services not accessed, but wanted, by veterans and first responders in Tasmania.	
Table 4: Full list of desired wellbeing services not accessed, but wanted, by Tasmanian veterans and first responders.	
Table 5: Barriers to service engagement reported by veterans and first responders in Tasmania.	
Table 6: Respondents' selection of most important elements of a Tasmanian wellbeing service (could pick three from list).	
Table 7: Top three most important areas of wellbeing support services for respondents.	
Table 8: Acceptable distance to travel to wellbeing services reported by respondents.	
Table 9: Preferences for service delivery methods (other than face-to-face appointments).	
Table 10: Service providers' reported client profile.	
Table 11: Responses to 'Do you/your organisation currently provide any of the following services that are useful for veterans or their families?'	
Table 12: Services which providers believe veterans or their families would like to access but cannot.	
Table 13: Service providers' response to 'describe people's biggest barriers to accessing services'.	
Table 14: Service provider respondents' selection of most important elements of a Tasmanian wellbeing service (could pick three from list).	
Table 15: Service provider respondents' ratings of the three most important areas of wellbeing support.	

Appendix 4	Click here to view or download as a PDF
Table 1: Payment options endorsed by veterans and first responders for wellbeing services	
Table 2: Price Sensitivity for wellness services per hour as reported by Tasmanian veterans and first responders	

FEBRUARY 2021

UNIVERSITY of TASMANIA