

SUBMISSION TO VETERANS ADVOCACY AND SUPPORT SERVICES SCOPING STUDY

Dear Rob, thanks for our interview this morning. On behalf of the holistic health and welfare team at Veterans Care Assn , I would like to affirm in writing the key points we discussed. These reflections are drawn from my 47 yrs military service, including 24 yrs as a chaplain and welfare officer, as well as that of my team of doctors, psychologists, chaplains, mentors, life coach and carers at VCA. See our website www.veteranscare.com.au to gauge our experience base.

Firstly, beginning with a “Vision” in mind, whatever we do in this space must be contributing holistically towards getting veterans and their families healthier. In this submission I wish to point to the value of welfare advocates, utilised at peer supporters and health educators and the benefits that can flow from this area being strengthened.

In the advocacy space the pensions and welfare advocates are complementary and indispensable partners in a veteran’s engagement with DVA. The process of applying for a pension or compensation is necessarily intrusive and causes the veteran to recall and revisit a range of traumas from the past that have normally been suppressed. This normally exacerbates their condition and results in elevated symptoms and unhealthy behaviours that affect the whole family, and indeed the pensions advocates. A welfare advocate working with the pensions advocate can assist the veteran and family to ameliorate these conditions and/or guide them to clinicians who can.

Quite often the veteran may have a range of conditions that have been undiagnosed, let alone treated, but together contribute to a complex health crisis situation. The welfare advocate can help the veteran not only unravel and name the problems they have but help access a range of treatment eg Ex physiology, that the veteran may have been unaware of. A strengthened system would see the welfare advocates trained in the DVA sponsored Men’s (veteran) Health Peer Education programme - MHPE , and actually move the veteran to a self-managed mindset of improving their health, rather than the current norm of maintaining a victim/ hopeless mentality, which over time sees their health deteriorate. We model this form of collaboration at VCA and at the Veterans Support Group at Nerang, but anecdotal reports indicate that there is little collaboration between pensions advocates and welfare advocates in many other situations, primarily due to the lack of advocates and MHPE advisors!

Exponential benefits to all would come to all from DVA resourcing, integrating and improving the Advocate and MHPE programmes. Currently they are underfunded volunteer programmes. You get what you pay for in life, and both programmes are in crisis with lack of volunteers and under resourced training and ongoing development. The ATDP programme is a positive improvement on TIP but is failing because it has placed the onus on training upon a presumption that unpaid mentors will spend many hours training other volunteers. We don’t have enough volunteer mentors, but many would emerge if there were some modest financial incentive to engage in this vital work. What value does DVA place on improving the health and wellbeing of veterans?

Through evidence based work we have done in VCA over the past 4 years, we have demonstrated that you can improve the health and wellbeing of almost all veterans and their families, by intentional holistic health education, and peer support . Clinically this is called “psycho social intervention”. It is an internationally recognised form of intervention, that complements clinical interventions. We have the basis for dramatically improving our situation in Australia, by strengthening/ evolving frameworks we already have, and saving distress in veteran’s families.

The cost of modestly funding the training and employment of advocates and peer health educators would be very quickly offset by the savings in crisis treatment, and ongoing savings to the whole budget would occur. We have been disappointed that these issues and approaches have been raised with the Minister and staff at DVA and no interest has been shown to what is a simple fix to this situation. I hope you are able to progress this!

Thanks for your interest.

Gary Stone

President Veterans Care Association 19 July 2018

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