**Productivity Commission: A Better Way to Support Veterans**

I attended the recent Public Hearing in Brisbane to share my story. Although nerve wreaking, everyone was very kind and the Commissioners were approachable and came across as being very sympathetic to the needs of veterans’ families. Since the hearing, however, I’ve had the opportunity to read some of the transcripts of hearings that have become available online and accordingly I’ve resiled my opinion slightly.

Rehabilitation for families

I’m not saying that I deserve a gold card or even a white card; however I believe that I should receive some kind of subsidy for my own medications and medical appointments. Surely DVA has a duty of care to spouses who’ve suffered mental illnesses as a result of the veteran’s service-related illnesses and injuries. Why shouldn’t we receive some assistance? The Commissioners have pointed out that Australia has Universal Healthcare and ill spouses can just tap into those standard provisions. I find that attitude short sighted and uncaring

On the day I spoke at the Hearing I was running low on my anti-depressants – I needed to get a new script but the credit card was maxed out, there was only $10 in our bank account and I wasn’t getting paid until later in the week. At that time I simply couldn’t afford a $75 appointment with my GP plus a $37 prescription. I need those anti-depressants to cope- they are an air pocket inside an avalanche. I guess I could run around town trying to find a bulk billing doctor and then tell that practitioner my entire history from scratch. Then, if they were convinced I wasn’t ‘doctor shopping’ and agreed to give me a new prescription how would I be able to afford the medication? Pawn my wedding ring, perhaps? Fortunately this did not happen, however I was consumed with worry for several days.

The Commissioners also asked me a number of loaded questions about the services available through Open Arms. It seems to me that they were giving excessive weight to that organisation with no consideration of alternatives. Why should I have to go halfway across town to engage with a new counsellor through Open Arms when I already have a psychologist I’m comfortable with near to my home? Frankly, it would cost the State a whole lot more in funding and resources if I wasn’t present to support my husband, it is reasonable to redistribute a tiny portion of funding to support spouses.

Why am I being treated like this? I’m living a nightmare: and I never enlisted in the military: literally all I did was wave my husband off to a warzone (and in return I got back a broken, angry stranger).

**Additional comments:**

* The Government has demonstrated no commitment to the support and recognition of veterans’ families. The 2013 Parliamentary Report ‘*Care of ADF Personnel Wounded and Injured on Operations Inquiry of the Defence Sub-Committee’* included a recommendation that the Defence ministries undertake a study into the psychological support of partners and families of ADF members and ex-members. This recommendation was not supported by the Government.
* If Australia wants a *‘better way to support veterans’* the needs of the whole family must be considered. This is especially important when the veteran has young children or other dependents. Family members can also become unwell as they struggle to support their veteran. DVA case workers should be assigned to the family unit not just to the veteran in isolation: spouses are typically left out of the engagement, unaware of the veteran’s treatments and unsure of how they can support the veteran. Spouses of veterans with mental illnesses should have better inclusion and access to resources (eg free access to Mental Health First Aid training).
* I welcome the proposal to have a combined Defence Ministry for both Personnel and Veterans, this ideally will facilitate smoother transitions from military to civilian life. It may also force Defence to have more accountability when injured or ill members are transitioning out of service: there is currently a ‘tick ‘n’ flick’ mentality in Defence when these veterans are discharged (‘they are DVA’s problem now’).  *Example: The 2015* Senate Inquiry into the Mental Health of ADF Members and Veterans *indicates that there is a cultural attitude in Defence of viewing members with mental illness as being ‘weak’ or ‘malingering’*
* The Government doesn’t even know exactly who our veterans are, this may limit vulnerable veterans’ access to the specialist services they require. The issuance of a white card at the time of discharge will be a useful tool but it is not a full solution given that numerous veterans currently do not hold a white card. As an absolute minimum, a person’s veteran status should be a mandatory question on certain government forms and questionnaires (for instance, on admission to a mental health facility). *Example: several months ago I received a 3am phonecall from a physician at a mental hospital who was seeking ‘collateral history’. My husband had been escorted to the hospital some hours earlier in the back of a police wagon. The physician had no idea my husband had PTSD or was a veteran until I informed him. Presumably he hadn’t asked my husband these questions nor had the police shared this information– despite the fact that the police knew this (I had informed them when they attended my home at my request during a mental health crisis).*

Thank you for taking the time to read my submissions and for listening to my words at the Hearing. It’s clear that this inquiry has been a massive undertaking and that a range of stakeholders have made important contributions; I’m hopeful of some positive changes.

Regards,

Fiona Brandis