

Appendix 2: Tasmania Wellbeing Support Service Study – Desktop Review

The desktop review was undertaken to provide evidence-based insights into the current service delivery environment and potential gaps in wellbeing services to veterans and their families in Tasmania. The review was comprised of:

- 1) a scoping review of the academic literature regarding the provision of wellbeing related services to veterans in Australia with specific reference to Tasmania.
- 2) a needs/gaps analysis for Tasmanian services based on publicly available data sources.

In the scoping review the research team identified 17 articles which fulfilled the inclusion criteria. No article specifically included the Tasmanian veteran community. Seven articles were focussed on the delivery of wellbeing-related services spanning publications over a 21-year period. Two studies provided an overview of integrated service provision. The remaining five studies addressed 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 specifically investigated in any of the analyses. 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 with respect to exposure to childhood trauma and current homelessness, highlighting the importance of cultural and system considerations. This review demonstrated that the Tasmanian veteran community is under-represented in the academic literature thus not reflecting their health needs and there are significant gaps in the literature on the provision of wellbeing related services to veterans in Australia. Addressing these gaps may inform service provision to the veteran community in Tasmania, who may present with unique health needs and circumstances.

Wellbeing-Related Service Delivery for Australian Veterans: A Scoping Review

Abstract

Objective: the aim of the present study was to conduct a scoping review on current wellbeing-related service delivery for Australian veterans. The purpose of this is to inform engagement with, and improve service provision and outcomes for, the Tasmanian veteran community.

Design: the online database PubMed was used to identify academic, peer-reviewed papers. The research team identified 17 articles which fulfilled the *a priori* inclusion criteria.

Results: of the 17 studies, none specifically included the Tasmanian veteran community. Seven were focussed on the delivery of wellbeing-related services which were conducted over a 21-year period. These services comprised community nursing, an inpatient program, peer outdoor support therapy, cognitive processing therapy, the use of service dogs, an exercise program and equine-assisted therapy. It was found that these services led to improved wellbeing and mental health including decreased PTSD, increased happiness and quality of life and positive lifestyle changes. These findings endured through the delivery of the service and follow-up periods ranging from 2 to 9 months to post delivery in all but one study. No study provided specific analyses pertaining to rural and remote communities.

Conclusions: Two studies addressed comprehensive models of care, covering holistic service provision and five studies were stand-alone services. Based on the available academic literature the Tasmanian veteran community is under-researched.

Introduction:

The aim of the scoping review was to provide an overview of current wellbeing-related service delivery for Australian veterans to inform engagement with, and improve service provision and outcomes for, the Tasmanian veteran community.

Method:

A systematic search of the database PubMed was conducted in the first week of October 2020. Studies were included in the review if they met the following criteria: (a) were peer reviewed; (b) published in the English language; (c) included the target population of veterans and families; (d) related to the provision of a service that promoted wellbeing; (e) was delivered in Australia. Exclusion criterion: (a) data was not presented by country. Titles and abstracts were screened for their suitability of inclusion and full text publications that addressed the topic were retrieved from the database.

Identification of Studies:

The comprehensive search strategy used to identify potentially relevant publications is listed below.

Scoping Review Search Strategy

defence mental health system [tiab] OR Hospitals, Veterans [mh] OR Veterans Health Services [mh] OR Early intervention [tiab] OR Health Services Accessibility [mh] OR Mental Health Services [mh] OR Comprehensive Health Care [mh] OR Delivery of Health Care, Integrated [mh] OR trauma system model* OR integrated care [tiab] OR Decision Making, Shared [mh] OR model of care [tiab] OR models of care [tiab] OR Patient Navigation [mh] OR care navigat* [tiab] OR Case Management [mh] OR Continuity of Patient Care [mh] OR Delivery of Health Care [mh] OR patient-centered care [mh] OR patient-centred care [tiab] OR Primary Health Care [mh] OR Tertiary Healthcare [mh] OR Patient Discharge [mh] OR Telemedicine [mh] AND Veterans [mh] OR Veterans Health [mh] OR Military Family [mh] OR Military Personnel [mh] OR Military Health Services [mh] OR Military Health [mh] OR Australian Defence Force [tiab] OR Armed Conflicts [mh] OR Australia [mh] OR Vietnam Conflict [mh] OR Gulf War [mh] OR Veteran Family [tiab] OR Veteran Mental Health [tiab] OR returned servicemen [tiab] AND Multiple Trauma [mh] OR Trauma and Stressor Related Disorders [mh] OR Psychological Trauma [mh]

A purpose-built coding sheet was used to assess publications for suitability against the inclusion criteria (Appendix 2.1).

Data Extraction:

Abstracts of publications found in the search were inputted into EndNote. The process by which the authors arrived at the final number of studies is depicted in Figure 1 below.

Results:

The first search yielded 2,012 results whilst the application of the specifier “AND Australia” yielded 170 results. From the 170 titles and abstracts, 3 authors (EB, MC, RK) identified and agreed upon 17 articles for inclusion in the Scoping Review. This process is shown in the flow diagram in Figure 1.

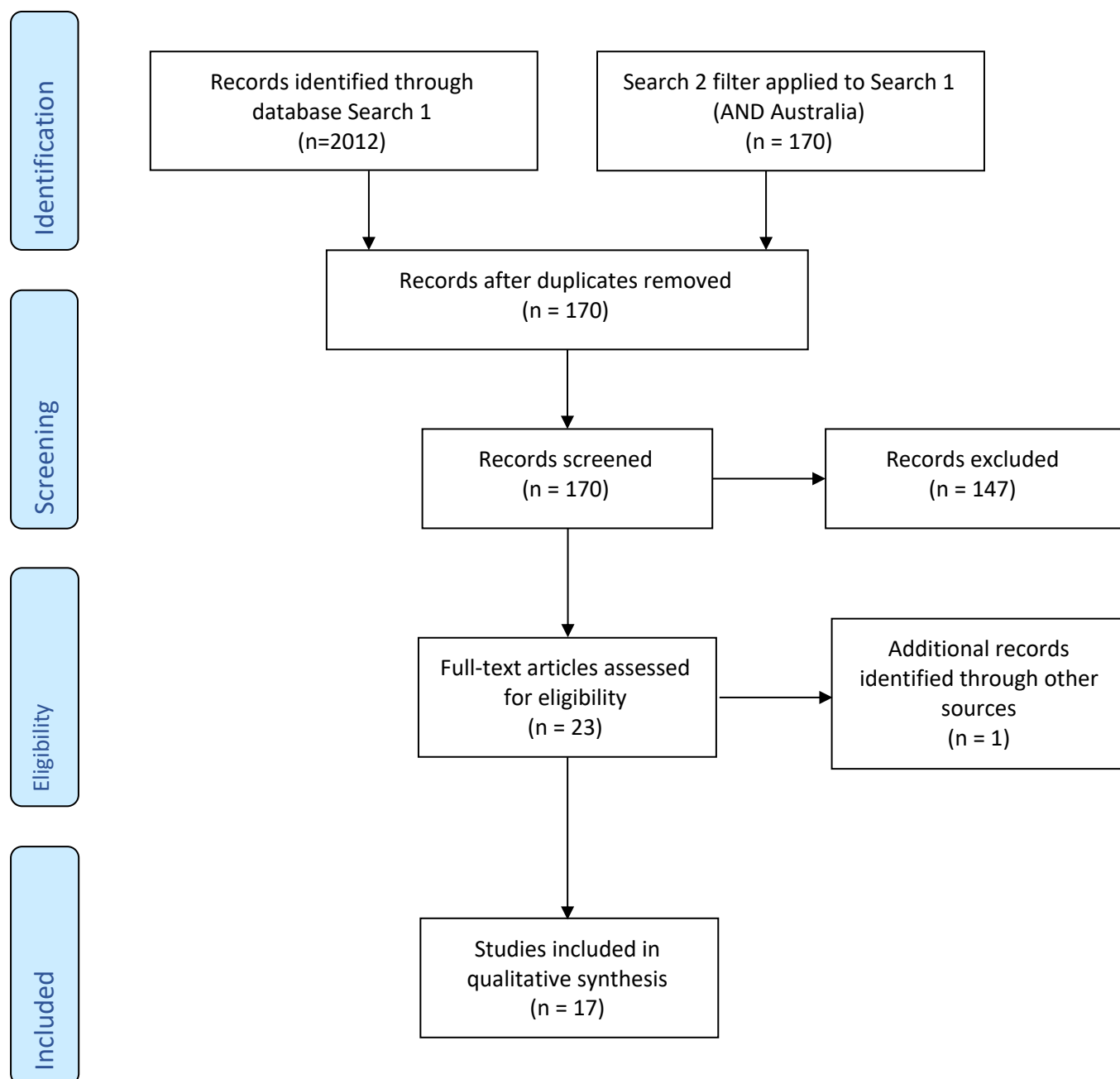


Figure 1: Scoping Review, flow diagram of included studies [1].

Fifty-nine percent of the included studies (17 articles) characterised veterans in Australia covering perspectives on: health-care providers' views on medically unexplained symptoms (n=1)[2]; contact with a telephone counselling service (n=1)[3]; a profile of help-seeking (n=2)[4, 5]; life satisfaction (n=1)[6]; anxiety and post-traumatic stress disorder (PTSD) (n=2)[7, 8]; medical costs associated with PTSD (n=1)[9]; mental health service use (n=1)[10] and psychosocial adjustment (n=1)[11]. The remaining studies (n=7) pertained to the implementation of services that were designed to improve the wellbeing of veterans and their families. Two studies were national, one was completed in South Australia and one in Queensland, the study location(s) for the other three studies was not specified.

The seven studies which pertained to service provision were designed to improve the health of veterans, their partners, or widow(er)s and are summarized in Table 1 below by focus of service and chronological order. Two studies provided an evaluation of integrated health services involving a hospital-based study including partner support [12] and a community nursing program [13]. Five studies investigated stand-alone programs which comprised: an exercise program [14], peer outdoor support therapy (POST) [15], cognitive processing therapy (CPT) [16], equine-assisted therapy [17] and the use of service dogs [18]. Participants in two of the seven studies included Vietnam Veterans only, whilst the remaining five studies did not specify deployment. Three of the seven studies included partners or widow(er)s in addition to the identified veteran populations. Five studies specifically considered post-traumatic stress disorder, including two studies with partners. Across all studies the total number of participants was 682. Participants were predominantly male veterans and one ex-emergency services worker.

Table 1: Summary of results of service provision for veterans, widow(er)s and partners, by focus and chronological order

| Focus | Reference | Author, date | Service Description | Population | Study location | Main Result |
|---------------------|-----------|------------------------------|---|--|--|---|
| Integrated services | [12] | Creamer, Morris et al 1999 | 12-week hospital-based program | 419 Vietnam veterans with PTSD | - | Baseline and 9-month follow up improvement across a number of psychosocial domains |
| | [13] | Allen, Annells et al., 2011 | Community nursing | 97 veterans and widow(er)s | One urban and several rural or semi-rural sites in Australia | Improved social wellbeing |
| Standalone studies | [14] | Otter and Currie, 2004 | 40-week exercise program | 14 Vietnam veterans (5 with PTSD) | - | Distinct positive changes to lifestyle |
| | [15] | Bird, 2015 | Peer Outdoor Support Therapy (POST) | 19 veterans/ actively serving personnel and one ex-emergency services worker | South Australia | At six day and two-month follow-ups an increase in participants' self-reported wellbeing and mental health was found |
| | [16] | Lloyd, Couineau et al., 2015 | Cognitive Processing Therapy (CPT) for PTSD | 100 veterans | National | Large and significant treatment gains in self-reported PTSD |
| | [17] | Romaniuk, Evans et al., 2018 | Equine-assisted therapy | 47 veterans who identify as 'wounded, injured or ill' 25 without partners | - | Depression, anxiety, stress and PTSD significantly reduced and self-reported happiness and QoL increased. 3 months post – all scores returned to baseline (except anxiety). |

| Focus | Reference | Author, date | Service Description | Population | Study location | Main Result |
|-------|-----------|-------------------------------|---------------------|----------------------|----------------|---|
| | | | | and 22 with partners | | Couples program: depression, anxiety, stress and PTSD sig reduced by end of program and remained 3 months later. |
| | [18] | McLaughlin and Hamilton, 2019 | Service dogs | 7 veterans with PTSD | Queensland | Service dog helped: feel safe, manage symptoms and impact of PTSD, improve sleep, emotional regulation and anger management, decrease anxiety, reduce the misuse of alcohol and prescription medication and decrease suicidal ideation. |

Overview of Service-Related Studies

Integrated Services

Creamer, Morris et al. 1999 [12]

Creamer and colleagues studied a 12-week hospital-based multidisciplinary treatment program for Vietnam veterans with PTSD (N=419) and their partners with community and facility follow-up [12]. Groups of six to eight patients were admitted for a 4-week inpatient stay and an 8-week outpatient phase of 1 day per week and booster sessions at 3-months and 9-months. Assessments were made at baseline, 3- and 9-months post-treatment. PTSD was assessed using The Combat Exposure Scale, and the Posttraumatic Stress Disorder Checklist (PCL). To assess comorbidity the AUDIT, the General Health Questionnaire (GHQ-28), the Hospital Anxiety and Depression Scale (HADS) were used. Between admission and the 9-month follow-up the cohort showed improvements in core PTSD symptoms, anxiety, depression, alcohol abuse, social dysfunction and anger, most gains occurring in the first 3-months. It was suggested that the active involvement of partners may have had a beneficial effect and that alternate models were required for veterans for whom the approach was not useful (approximately 30%). Australian and US Vietnam veterans were differentiated, in part due to differences in the levels of childhood trauma and current homelessness.

Allen, Annells et al. 2011 [13]

Allen and colleagues undertook a mixed-method study to develop and implement a generalist mental health screening and referral clinical pathway for war veterans and war widow(er)s [13]. The aim was to improve wellbeing (self-reported mental health, quality of life and client and carer satisfaction). The study was undertaken in one urban and several rural or semi-rural locations where specialized psychiatric nurses were not common. The program involved a screening and assessment phase and a nurse intervention phase which was developed by the research team. The levels of depression and anxiety were measured in war veterans and war widow(er)s (N=97) using the 21-item Depression Anxiety Stress Scale (DASS21) and alcohol use was gauged using the Alcohol Use Disorders Identification Test (AUDIT). Pre-to-post scores on the DASS21 and the AUDIT indicated no significant change in scores, however a significant reduction in stress was found post-intervention. This study was limited by the lack of a representative sample of veterans. However, a resource based on the study is now available on the internet to guide community nursing care for war veterans and war widow(er)s funded by the Department of Veterans' Affairs.

Individual Services

Otter and Currie 2004 [14]

Otter and Currie examined the qualitative experiences of 14 Vietnam Veterans who participated in a 40-week community exercise rehabilitation program [14]. Five veterans had diagnosed PTSD, and all other veterans had at least one PTSD-related symptom. Focus groups were conducted at 10-weeks, 25-weeks and at the end of the program. The program was found to lead to lifestyle and psychological changes including increased daily activity, energy and psychological wellbeing (decreased anger levels and increased mental awareness). Other benefits included building self-confidence, friendships and enhanced personal wellbeing. Community based physical activity programs were concluded to have psychological as well as physical benefits.

Bird 2015 [15]

Bird (2015) conducted a mixed-methods study that examined the effect of the Trojan's Trek (TT) Peer Outdoor Support Program (POST) for 19 male predominantly contemporary returned post-deployed (CRPD) veterans. TT is a co-developed, peer-led 6-day program, that aims to encourage cognitive and behavioural change through peer social support and group-identity. The program comprises 14 structured cognitive behavioural therapy (CBT) group-based sessions, 16 skill building activities, informal gatherings and activities, and one-on-one debriefings. Peer leadership is employed to address concerns of reduced engagement and completion with generalist cognitive behavioural therapy (CBT) and prolonged-exposure (PE) approaches. Quantitative assessments covered depression and anxiety (DASS21), positive and negative interactions (PNI scale), general perceived self-efficacy (GSE) and life satisfaction (LSQ). Key themes identified in the qualitative analysis included: shared identity, involvement, and belonging, and increased self-determination and personal ability. At Day-6 and two-month follow-ups the program was found to be associated with a positive increase in mental health and wellbeing. More specifically, depression, anxiety and stress were reduced and self-efficacy, life-satisfaction, and satisfaction with mental health were increased two months after participation. Effects at 2-months were attenuated compared with Day-6. No change was observed for relationship interactions, the primary outcome and sleep effects were not maintained. POST was concluded to be an important adjunct or precursor to other forms of therapeutic support in CRPD veterans. An identified limitation of the study was the lack of a control group. This study was undertaken in South Australia.

Lloyd, Couineau et al. 2015 [16]

Lloyd and colleagues examined the efficacy of Cognitive Processing Therapy (CPT), an evidence-based treatment for trauma in 100 veterans with PTSD [16]. This was a national study with CPT delivered through the Veterans and Veterans Families Counselling Service, a nationwide community-based mental health services available to former serving members of the defence force and their families. A screening process for PTSD was also implemented into the Service through this study. The program gave rise to statistically significant large (effect size = 1.01) pre-post clinical improvements for self-reported PTSD, as measured with the PTSD Checklist; 63.4% of veterans experiencing a clinical improvement. The lack of a control group is one of several limitations identified. No jurisdictional level results were provided.

Romaniuk, Evans et al. 2018 [17]

Romaniuk and colleagues sought to determine the effect of an equine-assisted therapy program on the mental health and wellbeing of Defence Force veterans who identified as “wounded, injured or ill” and to compare Individual and Couples programs [17]. The study included 47 Veterans, 25 in the Individual program and 22 in the Couples program. Participants levels of depression, anxiety (DASS21), PTSD (PCL), happiness (Oxford Happiness Questionnaire) and quality of life (Quality-of-Life Enjoyment and Satisfaction Questionnaire-Short Form) were evaluated at baseline, immediately following involvement in the program and at 3-month follow-up. The results showed that following the program, there was significant reduction in symptoms of depression, stress and PTSD, while happiness and quality of life increased, however results were only maintained at 3-month follow-up for veterans in the Couples program. A reduction in anxiety was also observed at 3-months in the Couples program. Based on a between groups analysis it was postulated that the Couples program may be facilitating greater psychological improvements in the longer-term. This study was limited as there were no control groups.

McLaughlin and Hamilton 2019 [18]

McLaughlin and Hamilton investigated the use of service dogs on symptom management and participation in meaningful daily occupations in seven veterans with PTSD [18]. Through two semi-structured focus groups it was found that the dogs helped the veterans feel safe, manage symptoms of PTSD and improved sleep, emotion regulation, anger management, reduced anxiety and misuse of alcohol and prescription medications and reduced suicidal ideation. The noted changes resulted in improved relationships and increased

participation in meaningful daily occupations. The participants did however note the financial strain associated with a service dog. This study was undertaken in Queensland.

Summary of findings

The results of the seven included studies demonstrated improved wellbeing and mental health, decreased PTSD symptoms, positive changes to lifestyle, improved happiness and quality of life. These changes endured through the delivery of the service and follow-up periods ranging from 2- to 9-months post intervention in all but one study [17] in which there was enduring changes for couples but not individuals.

Conclusions

The research conducted for this review showed that the Tasmanian veteran community is under-represented in the academic literature thus not reflecting their health needs. Two studies provided an overview of integrated service provision. The remaining five studies addressed 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 specifically investigated in any of the analyses. As these areas are typically less well-resourced to manage/support complex health needs, the generalisability of findings to Tasmania is limited. 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. The literature also highlighted the importance of cultural and system considerations. This review demonstrated that there are significant gaps in the academic literature on wellbeing related service delivery for Australian veterans. Addressing the gaps may inform service provision to the veteran community in Tasmania who may present with unique health needs and circumstances.

Needs/gaps analysis of Tasmanian Services for DVA Clients

The initial needs/gap analysis was comprised of assessing the extent and distribution of:

- a. Tasmanian Department of Veterans' Affairs (DVA) Clients
- b. Veteran-related organisations in Tasmania
- c. Overview of mental health services in Tasmania

DVA client information was based on a range of Statistics about the veteran population published on the DVA's website [19] (March 2020 unless otherwise indicated) as listed below and information provided to the study team by the DVA (Data Request 2471, 5 November 2020) [20]. A minimum cell size of 15 has been employed for reporting purposes.

Statistics about the veteran population employed in the desktop review

- Pensioner summary statistics [21]
- Treatment population statistics [22]
- Local Government Area (LGA) profile [23]
- Veteran profile by federal electorate [24]
- Previous statistical publications: 2011, [25]; 2018: [26]

Information on Veteran-related organisations were obtained through online searches, including the DVA website for initial identification.

An overview of Tasmanian DVA Clients

Tasmania was home to 8,871 of 323,916 (2.7%) DVA Clients as of March 2020 (see Table 2). Of Tasmania's DVA clients 2,938 (33.1%) were service pensioners (including war widow(er)s), which was higher than the Australian average (27.8%) and second highest to South Australia (33.8%).

Tasmania had 1,514 of Australia's 46,829 Veteran Service Pensioners (3.2% of total) of which 173 of 3,870 (4.5% of total) were from the Second World War and 70 of 1,693 (4.1% of total) from post-1972 conflicts. Fifty-one Veteran Service Pensioners (3.9% of total) were permanently incapacitated and under pension age (mean age 50.7 years). Veteran Service Pensioners comprised 17.1% of Tasmania's DVA clients, the highest proportion across all Australian jurisdictions (Australian average, 14.5%).

Table 2: Characteristics of DVA Clients as at March 2020, by Jurisdiction

| | TAS | NSW | VIC | QLD | SA | WA | ACT | NT | OS | Australia |
|--|-------|---------|--------|--------|--------|--------|--------|--------------------|--------------------|--------------------------|
| Numbers | | | | | | | | | | |
| DVA Clients | 8,871 | 87,608 | 54,755 | 96,101 | 24,781 | 31,854 | 11,746 | 5,143 [#] | 2,958 [#] | 323,916 ^{&} |
| Service Pensioners (incl. war widow(er)s) | 2,938 | 24,883 | 16,987 | 24,361 | 8,382 | 10,258 | 1,167 | 322 | 578 | 89,876 |
| War Widow(er)s | 1,449 | 17,195 | 10,754 | 11,737 | 3,834 | 3,939 | 843 | 120 | 293 | 50,164 |
| Orphan Pensioners | ≤ 15 | 44 | ≤ 15 | 37 | ≤ 15 | ≤ 15 | ≤ 15 | ≤ 15 | ≤ 15 | 136 |
| Veteran Service Pensioners | 1,514 | 13,214 | 8,692 | 13,032 | 4,151 | 5,126 | 593 | 196 | 311 | 46,829 |
| • WWII | 173 | 1,215 | 928 | 787 | 367 | 354 | 32 | ≤ 15 | ≤ 15 | 3,870 |
| • Post-1972~ | 70 | 382 | 205 | 786 | 83 | 126 | ≤ 15 | ≤ 15 | ≤ 15 | 1,693 |
| • < 55 Years | 34 | 142 | 90 | 345 | 36 | 65 | ≤ 15 | ≤ 15 | ≤ 15 | 726 |
| Disability Pensioners* | 2,607 | 20,704 | 13,309 | 27,663 | 5,834 | 8,444 | 2,578 | 666 | 752 | 82,557 |
| - On Service Pension | 1,220 | 8,772 | 5,603 | 10,749 | 2,872 | 3,563 | 422 | 127 | 174 | 33,502 |
| Treatment Population | 6,530 | 65,998 | 40,320 | 74,882 | 18,072 | 22,889 | 10,121 | 4,403 | 1,510 | 244,725 [^] |
| • < 40 Years | 797 | 12,394 | 5,994 | 16,667 | 3,383 | 3,666 | 2,969 | 2,419 | 191 | 48,480 |
| • <50 Years | 1,399 | 18,117 | 9,226 | 24,907 | 4,857 | 5,927 | 4,515 | 3,076 | 412 | 72,436 |
| Gold Cards | 3,612 | 34,915* | 22,049 | 33,571 | 9,168 | 11,220 | 2,500 | 513 | 687 | 118,235 [^] |
| • < 40 Years | 50 | 557 | 271 | 968 | 126 | 194 | 56 | 23 | 29 | 2,274 |
| • < 50 Years | 134 | 1,154 | 628 | 2,181 | 270 | 423 | 117 | 50 | 76 | 5,033 |
| White Cards | 2,918 | 31,083 | 18,271 | 41,311 | 8,904 | 11,669 | 7,621 | 3,890 | 823 | 126,490 [^] |
| • < 40 Years | 747 | 11,837 | 5,723 | 15,669 | 3,257 | 3,472 | 2,913 | 2,396 | 162 | 46,206 |
| • < 50 Years | 1,265 | 16,963 | 8,598 | 22,726 | 4,587 | 5,504 | 4,398 | 3,026 | 336 | 67,403 |
| | | | | | | | | | | |

| | TAS | NSW | VIC | QLD | SA | WA | ACT | NT | OS | Australia |
|--|--------|-------|--------|-------|--------|--------|--------|--------|--------|-----------|
| % of Total | | | | | | | | | | |
| DVA Clients | 2.7 | 27.0 | 16.9 | 29.7 | 7.7 | 9.8 | 3.6 | 1.6 | 0.9 | |
| Service Pensioners (incl. war widow(er)s) | 3.3 | 27.7 | 18.9 | 27.1 | 9.3 | 11.4 | 1.3 | 0.4 | 0.6 | |
| War Widow(er)s | 2.9 | 34.3 | 21.4 | 23.4 | 7.6 | 7.9 | 1.7 | 0.2 | 0.6 | |
| Orphan Pensioners | ≤ 11.3 | 32.4 | ≤ 11.3 | 27.2 | ≤ 11.3 | ≤ 11.3 | ≤ 11.3 | ≤ 11.3 | ≤ 11.3 | |
| Veteran Service Pensioners | 3.2 | 28.2 | 18.6 | 27.8 | 8.9 | 10.9 | 1.3 | 0.4 | 0.7 | |
| • WWII | 4.5 | 31.4 | 24.0 | 20.3 | 9.5 | 9.1 | 0.8 | ≤ 0.4 | ≤ 0.4 | |
| • Post-1972~ | 4.1 | 22.6 | 12.1 | 46.4 | 4.9 | 7.4 | ≤ 0.9 | ≤ 0.9 | ≤ 0.9 | |
| • < 55 Years | 4.7 | 19.6 | 12.4 | 47.5 | 5.0 | 9.0 | ≤ 2.1 | ≤ 2.1 | ≤ 2.1 | |
| Disability Pensioners* | 3.2 | 25.1 | 16.1 | 33.5 | 7.1 | 10.2 | 3.1 | 0.8 | 0.9 | |
| - On Service Pension | 3.6 | 26.2 | 16.7 | 32.1 | 8.6 | 10.6 | 1.3 | 0.4 | 0.5 | |
| Treatment Population | 2.7 | 27.0 | 16.5 | 30.6 | 7.4 | 9.4 | 4.1 | 1.8 | 0.6 | |
| Gold Cards | 3.1 | 29.5 | 18.6 | 28.4 | 7.8 | 9.5 | 2.1 | 0.4 | 0.6 | |
| • < 40 Years | 2.2 | 24.5 | 11.9 | 42.6 | 5.5 | 8.5 | 2.5 | 1.0 | 1.3 | |
| • < 50 Years | 2.7 | 22.9 | 12.5 | 43.3 | 5.4 | 8.4 | 2.3 | 1.0 | 1.5 | |
| White Cards | 2.3 | 24.6 | 14.4 | 32.7 | 7.0 | 9.2 | 6.0 | 3.1 | 0.7 | |
| • < 40 Years | 1.6 | 25.6 | 12.4 | 34.0 | 7.0 | 7.5 | 6.3 | 5.2 | 0.4 | |
| • < 50 Years | 1.9 | 25.2 | 12.8 | 33.7 | 6.8 | 8.2 | 6.5 | 4.5 | 0.5 | |
| Average Age (Years) | | | | | | | | | | |
| Treatment Population | 65.76 | 65.05 | 67.11 | 59.72 | 63.80 | 63.57 | 53.33 | 41.72 | 61.38 | 62.62 |
| Gold Cards | 77.16 | 80.11 | 80.61 | 74.77 | 78.60 | 76.79 | 76.81 | 69.60 | 70.40 | 77.99 |
| White Cards | 51.63 | 48.14 | 50.83 | 47.48 | 48.56 | 50.85 | 45.63 | 38.05 | 53.83 | 48.25 |

Abbreviations: ACT: Australian Capital Territory; DVA: Department of Veterans Affairs; LGA: Local government Area; NSW: New South Wales; NT: Northern Territory; OS: Overseas; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia; WWII: World War 2
Notes:

~ Post-1972 Conflicts comprise the Gulf War, East Timor and Other Post 1972 Conflicts

*Disability pensioners may or may not be service pensioners

^ Comprised of 191,238 Veterans (67,393 Gold Card Holders, 123,845 White Card holders) and 50,842 Dependants (all Gold Card Holders)

#: As data could not be obtained from [23], we used data reported in [24]

&: The Australian total does not add to the jurisdictional aggregate.

Sources: DVA Client statistics: [23] for all jurisdictions except the Northern Territory and Overseas for which we used [24]. Pensioner statistics: [21]

(Service Pensioners: Trend 1; War Widowers: Table 13; Orphan Pensioners: Table 16; Veteran Service Pensioners: Table 5; Disability Pensioners: Table 09; Disability Pensioners on Service Pension: Table 18; Veteran Service Pensioners by Age: Table 07); [22] (Total: Table 4; Gold Card: Table 4 (G); White Card: Table 4 (W); Veterans & Dependants by Conflict: Table 6; Average Age: Table 3).

Differences in aggregate statistics were noted for DVA clients reported by LGA and Federal electorate profile, and for Service Pensioners between Pensioner summary statistics Trend 1 and Chart 4.

Tasmania had 2,607 of Australia's 82,557 disability pensioners (3.2% of total); with disability pensioners 29.4% of Tasmania's DVA clients, the highest proportion across all Australian jurisdictions (Australian average, 25.5%). Of Tasmania's disability pensioners 1,220 (46.8%) were on a service pension, higher than the Australian average (40.6%) and second highest to South Australia (49.2%).

Tasmania's DVA clientele comprises disproportionately higher numbers of older and younger veteran service pensioners than the national average, including pensioners that are permanently incapacitated. This likely increases the complexity and intensity of service needs for some veterans seeking support in Tasmania.

The treatment population in Tasmania comprised 6,530 persons, 2.7% of total, the second lowest proportion across the jurisdictions¹. The treatment population comprised 3,612 Gold Card holders (3.1% of total) and 2,918 White Card Holders (2.3% of total). Tasmania had the highest proportion of clients and treated clients that were Gold Card holders (40.7%; 55.3% respectively) and the lowest proportion of treated clients that were White Card Holders (44.7%). As with all jurisdictions, the Tasmanian treatment population declined between March 2011 [25] until March 2018 (5,768 persons) [26]. Demand for medical treatment from ex-defence force personnel and associated persons is expected to continue to increase in Tasmania and elsewhere, particularly given the introduction of Non-Liability Health Care.

The average age of the Tasmanian treatment population in March 2020 was 65.76 years, higher than the Australian average of 62.62 years, and second highest to Victoria at 67.11 years. This finding is driven by White Card Holders. The average age of White Card Holders in Tasmania was 51.63 years in March 2020, the highest of all jurisdictions and second highest overall (the average age of Overseas White Card Holders 53.83 years and the Australian average 48.25 years). On the other hand, the average age of Tasmanian Gold Card Holders is 77.16 years, which is lower than the Australian average of 77.99 years.

Tasmania has disproportionately fewer younger clients in its treated population, with 12.2% of its treatment population aged < 40 years, compared with the Australian average of 19.8%; and 21.4% aged < 50 years comprised compared with the Australian average of 29.6%. However, Tasmania has proportionately higher levels of Gold Card Holders in younger age groups (6.3% of treatment population < 40 years, Australian average 4.7%; 9.6% of treatment

¹ Comprised of 6,530 persons (2.7% of total, n=244,725), corresponding to 73.6% of Tasmanian DVA clients compared with 75.6% nationally

population < 50 years, Australian average 6.9%). Tasmania also has disproportionately higher levels of younger Veteran Service Pensioners (Veteran Service Pensioners <55 years, 2.2% of Tasmanian Veterans, Australian average 1.6%).

Younger Tasmanian Veterans may have more complex needs than on average.

Proximity of Clients to Hobart

Half of DVA's clients reside within 150 kilometres of Hobart, which is also the case for both male and female clients. Almost two-thirds of clients within and beyond 150 kilometres of Hobart are Veterans and are predominantly male (88% and 86% respectively). There is a differential distribution in proximity to Hobart by gender and age (see Figure 2).

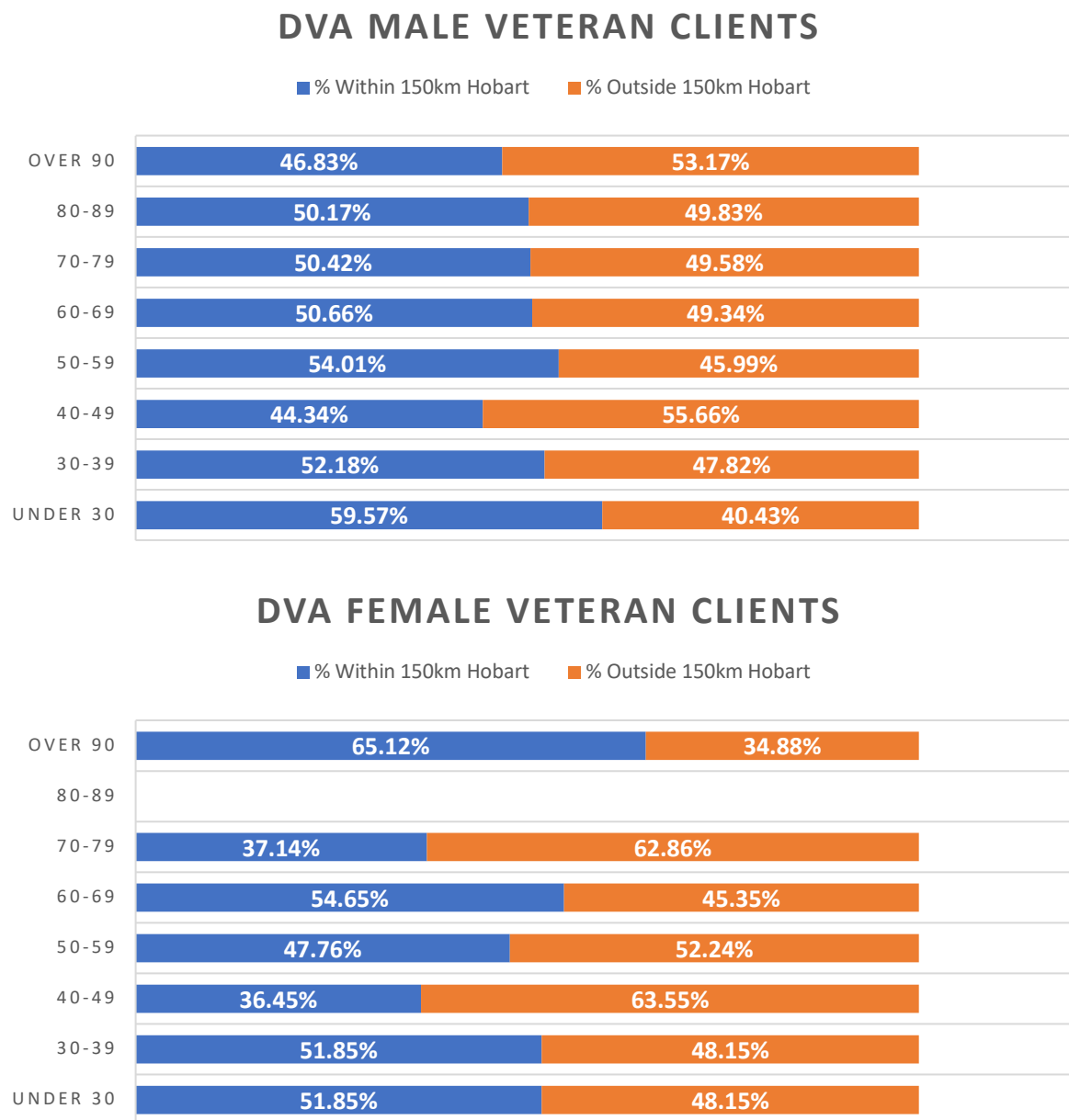
Distribution of Tasmanian clients by Local Government Area (LGA)

The distribution of Tasmanian DVA clients (net clients, white card holders, gold card holders, clients per 1000 population and newly discharged clients [since 27 July 2016]) by local government areas (LGA) is shown in Figure 3. Clients are distributed across every LGA in Tasmania, although the distribution is unequal as reflected in absolute versus population rates.

The greatest absolute numbers of clients are found in the south-east, which has four of the top five LGAs by client numbers: Clarence (1096), Glenorchy (736), Hobart (680) and Kingborough (668). The exception is Launceston, which is ranked second with 990 clients. A similar pattern is also observed for the treatment population (see also Figure 4).

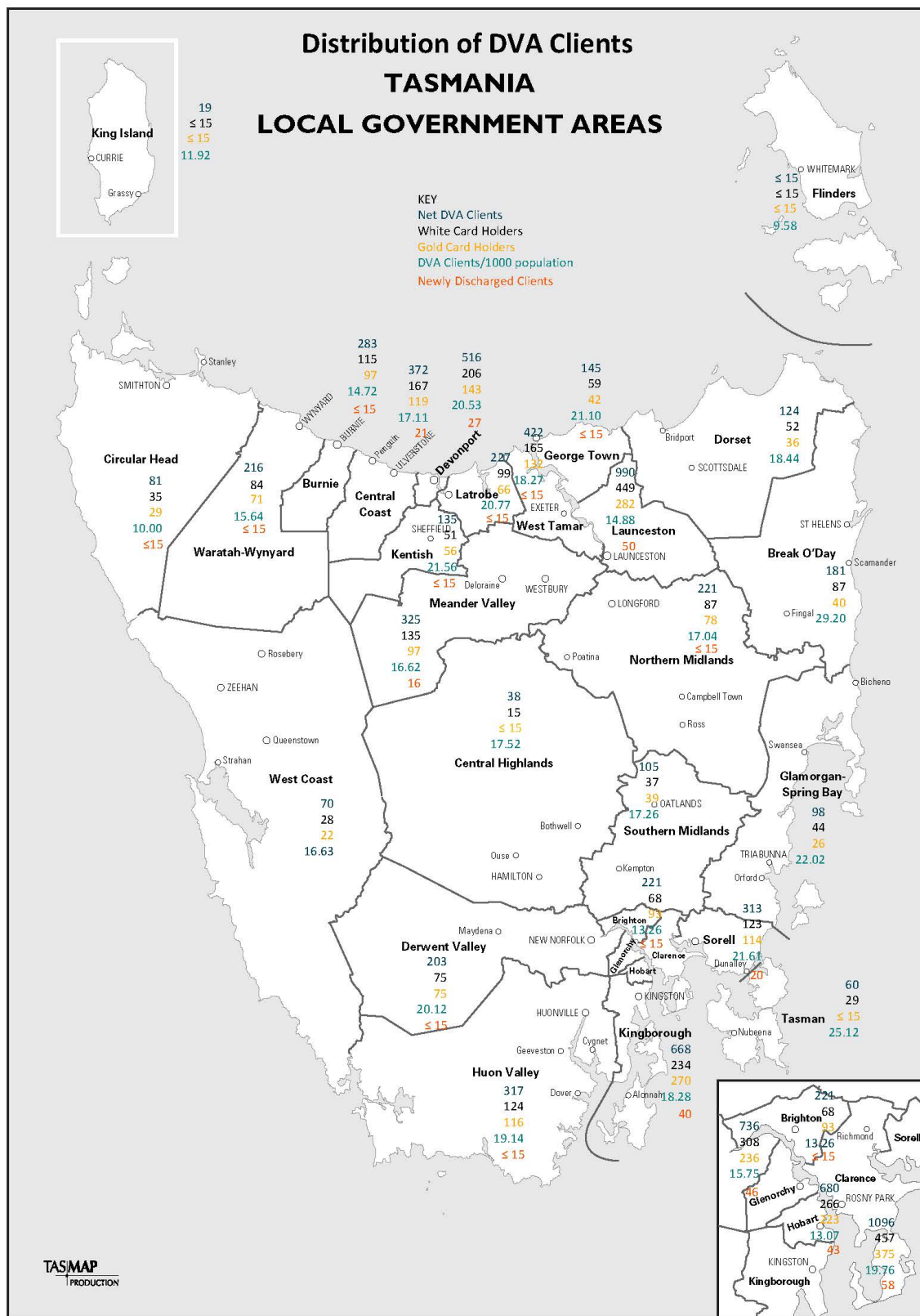
The highest concentration of clients per 1000 population, however, are in the east of the State comprising the Break O'Day (29.20 DVA clients per 1000 population), Tasman (25.12 clients/1000 population), Glamorgan-Spring Bay (22.02 clients/1000 population) and Sorell (21.61 clients/1000 population) regions. The lowest levels are found in the most isolated LGAs of Flinders Island (9.58 clients/1000 population), Circular Head (10.00 clients/1000 population) and King Island (11.92 clients/1000 population). The LGAs with the highest proportion of clients who were treated are the Central Highlands, Circular Head, Kentish and King Island (79%), while the lowest proportion is in Devonport (68%), followed by Georgetown and West Tamar (70%). Further, the highest proportionate levels of disability are found in Central Highlands, followed by West Coast, Kentish and Brighton (DVA, unpublished data). The three LGAs with the greatest number of clients with an accepted disability are Clarence, Launceston, and Glenorchy with Kingborough ranked fourth and Hobart fifth (DVA, unpublished data)

Figure 2: Distribution of DVA male and female clients across Tasmania, % within 150 kms of Hobart by age.

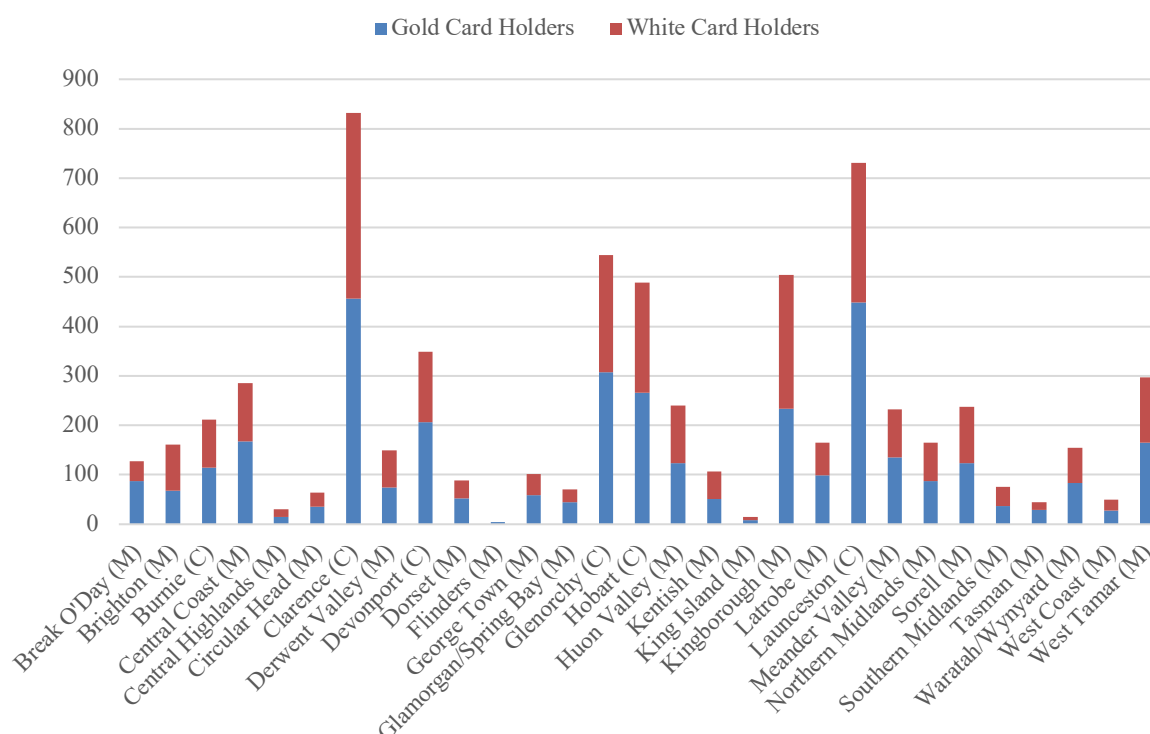


Source: [20]

Figure 3: Distribution of Tasmanian DVA Clients, Treatment Population, White & Gold Card Holders, DVA Clients/1,000 population and Newly Discharged Clients by LGA



Sources: [20, 23]

Figure 4: Tasmania Treatment Population. Gold and White Card Holders by LGA

Source: [23]

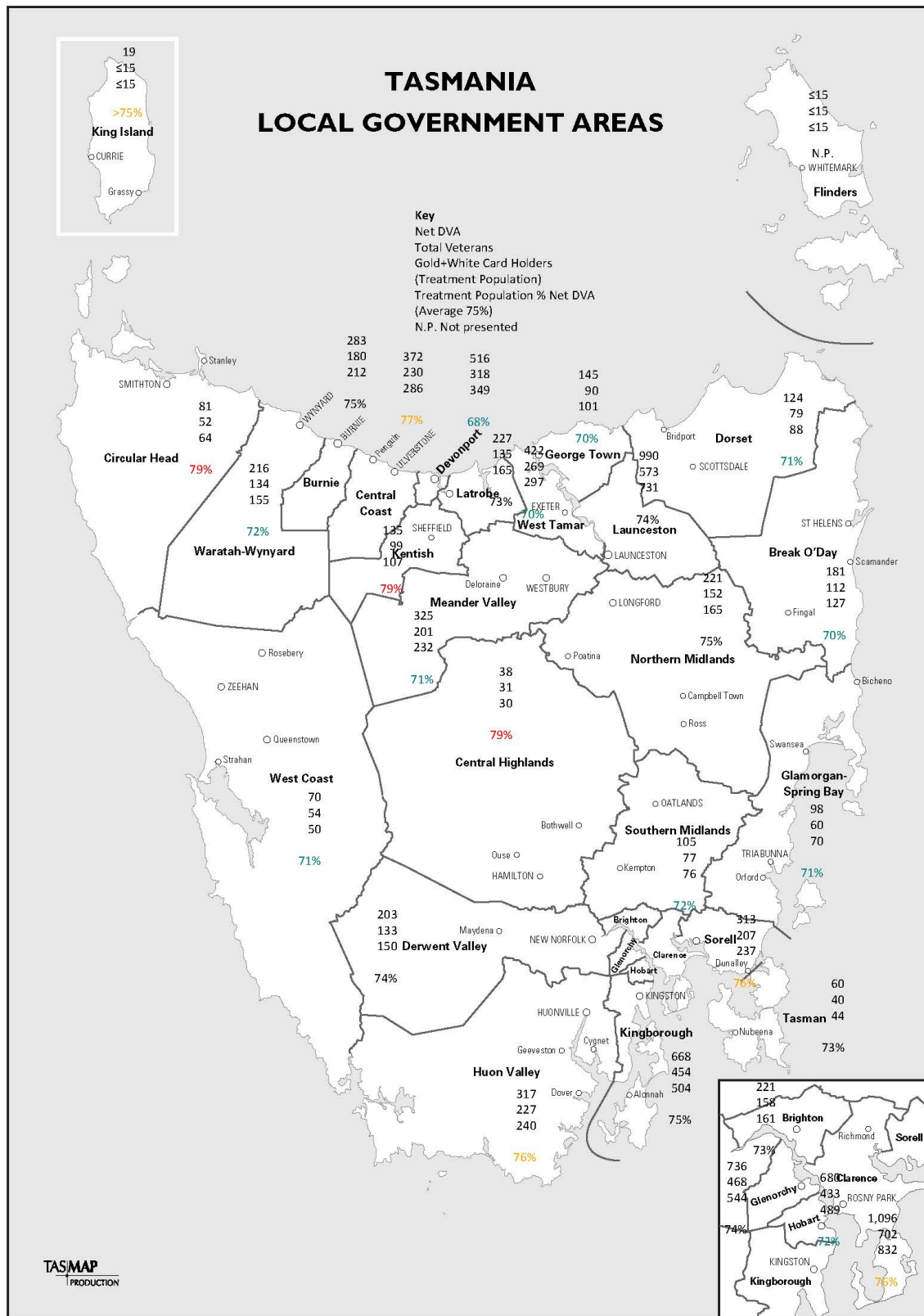
The distribution of clients with an accepted disability varies by compensation scheme. Clients with an accepted disability falling under the Veterans' Entitlements Act 1986 [27] scheme comprise 15%, 14% and 16% of clients with an accepted disability in the North-West, North and South respectively. Clients with an accepted disability under the Military Rehabilitation and Compensation (Defence-related Claims) Act 1988 [28] (MRC) comprise 33%, 31% and 36% of clients with an accepted disability in the North-West, North and South respectively. Clients with an accepted disability under the Military Rehabilitation and Compensation Act 2004 (MRA) comprise 53%, 54% and 48% of clients with an accepted disability in the North-West, North and South respectively.

Newly discharged Tasmanian clients are predominantly found in the south-east (242 of 420, 57.6%) and mid-north to north-west and of the state (178 of 420, 42.4%). Notably, there are no newly discharged clients in the LGAs with the highest concentration of clients on the east of the state (see Figure 5). In the south, newly discharged clients account for 5.7% of all clients, and 4.5% in those LGAs in the north and north-west with newly discharged clients. The LGAs with the highest proportion of newly discharged clients are Circular Head (not presented), Sorell (20 of 313, 6.4%) then Hobart (43 of 680, 6.3%). The LGAs with the highest concentration of newly discharged clients per 1,000 population are in Sorell (1.38/1000

population), followed by Kingborough and Derwent Valley (1.09/1,000 population) then Devonport (1.07/1,000 population). DVA client profiles and thus wellbeing related support needs and requirements vary across the state with higher absolute requirements anticipated in the South, and higher relative requirements in the North-West.

Newly discharged DVA clients seem to be locating more towards the urban fringe, a pattern also evidenced for those with an accepted disability, although located across the state. The type of clients and their needs are thus likely to differ across Tasmania's LGAs.

Figure 5: Distribution of Tasmanian DVA Clients, Total Veterans, Treatment Population and Treatment Population as % DVA Clients, by LGA



Sources: [20, 23]

As reflected in Table 3, 11 of the top 20 conditions are musculoskeletal, and four mental health, including two in the top 10 for Tasmanian DVA clients under the MRCA (associated with service since 1 July 2004). These data confirm that supporting both physical health and mental health is integral to the wellbeing of DVA clients. Mental health services available in Tasmania are overviewed below.

Table 3: Tasmanian Clients by Top 20 Conditions, MRCA, 5 November 2020

| | MRCA Conditions | Claimants |
|----|---|-----------|
| 1 | Sprain and strain | 356 |
| 2 | Tinnitus | 289 |
| 3 | Sensorineural hearing loss | 217 |
| 4 | Non-SOP | 216 |
| 5 | Osteoarthritis | 192 |
| 6 | Lumbar spondylosis | 154 |
| 7 | Depressive disorder | 149 |
| 8 | Fracture | 128 |
| 9 | Rotator cuff syndrome | 126 |
| 10 | Posttraumatic stress disorder | 111 |
| 11 | Intervertebral disc prolapse | 78 |
| 12 | Shin splints | 75 |
| 13 | Chondromalacia patella | 60 |
| 14 | Adjustment disorder | 49 |
| 15 | Alcohol use disorder | 47 |
| 16 | Internal derangement of the knee | 46 |
| 17 | Joint Instability | 37 |
| 18 | Solar keratosis | 34 |
| 19 | Plantar fasciitis | 31 |
| 20 | Physical injury due to munitions discharge or cut or stab or abrasion or laceration | 30 |

Source: [20]

Overview of Mental Health Services in Tasmania (based on internet search).

Access to Access to Public Services:

1. Adult Mental Health Services (THS) [30]
 - a. Hotline that does provide triage service (1800 332 388)
 - b. Acts as a first point of call for most public mental health services
 - c. Directs patients to services
 - d. Service locations in the south, north, and north west
2. Mental Health Hospital in the Home Unit[31]
 - a. Service only available in the south
 - b. Requires a referral
 - c. 14-day specialised service that replaces admission or extended stay in hospital
3. Primary Health Tasmania (Federally Funded) Mental Health Services
 - a. Child and Adults
 - b. Service locations in the south, north, north west and rural/remote areas
4. Child and Adolescent mental health services[32]
 - a. Service locations in each major region
 - b. Almost all services available across each region
5. Older Persons mental health services[33]
 - a. Community teams in each major region
 - b. Inpatient centre in Hobart
6. Forensic mental health services[34]
 - a. For individuals involved with the criminal justice system

Community Sector Services:

1. Residential Rehabilitation Services
 - a. Richmond Fellowship – Rokeby, Mowbray and Ulverstone [35]
 - b. Anglicare – Devonport and Rocherlea [36]
2. Recovery and Rehabilitation Programs
 - a. Richmond Fellowship – North-West [35]
 - b. Anglicare – South and North only [36]
 - c. Family Based Care – North-West [38]
 - d. Wellways – All regions
 - e. Baptcare - All regions
3. Recreation Programs
 - a. Richmond Fellowship - South
 - b. Langford – South [37]
4. Support Groups and Advocacy
 - a. Mental Health Families and Friends Tasmania – All regions (Online) [39]
 - b. Colony 47 – Southern Tasmania (Online) [40]
 - c. Australian Red Cross - State-wide [41]
 - d. Huntington's Disease Tasmania – North-West (Online/Phone) [42]
 - e. Anglicare - State-wide [36]
 - f. Advocacy Tasmania Inc. – State-wide [43]

Private Providers of Mental Health Services:

1. North West Private Hospital, Burnie
2. Calvary Clinic, St Luke's Hospital, Launceston

3. St Helen's Private Hospital, Hobart
4. The Hobart Clinic, Hobart

Mental Health Beds:

1. Public Beds (72 Total) [44]
 - a. 20 beds located at the Launceston General Hospital
 - b. 19 beds located at the North West Regional Hospital
 - c. 33 bed unit at the Royal Hobart Hospital
2. Private (119 Total)
 - a. 31 St Helen's Hampden Unit [45]
 - b. 27 The Hobart Clinic [46]
 - i. Plans to have 48 beds total over the coming years
 - c. 48 North West Private Hospital [47]
 - i. These beds are for other services as well, including medical, surgical, obstetric, and mental health
 - d. 13 Calvary St Luke's (Launceston) [48]

Alcohol and Drug Services:

Tasmanian Health Service:

1. Three service locations in the North, North West and South
2. Referrals required from GP/Other Allied Health Professional
3. Service Overview [49]
 - a. intake and assessment
 - b. case management and coordination of care
 - c. withdrawal management
 - d. relapse prevention
 - e. secondary consultation
 - f. brief intervention
 - g. counselling, group work and therapy
 - h. health promotion, information and community education
4. Services:
 - a. Community Team, counselling, and therapy as well as carers
 - b. Inpatient Withdrawal – St Johns Park, New Town 9 beds available [50]
 - c. Pharmacotherapy – Support across all three regions
 - d. Smoking Cessation Program – education and support provided to allied health professionals

Community Sector Organisations

1. Residential Rehabilitation
 - a. The Salvation Army – South and Northwest
 - b. Launceston City Mission – North and Northwest
 - c. Pathways – South
2. Places of Safety
 - a. Launceston City Mission – North and Northwest
 - b. The Salvation Army – South
3. Alcohol and Drug Treatment
 - a. Circular Head Aboriginal Corporation – North West
 - b. The Salvation Army – North
 - c. Anglicare – North West

- d. Holyoake – South
- e. The Link (Youth) – South
- f. Youth, Family and Community Connections – North West
- 4. Information and Clinical Telephone Service
 - a. Eastern Health – Statewide
- 5. Other Services
 - a. Family Support – Anglicare – North
 - b. Street Teams – The Salvation Army – Statewide
 - c. Care Co-ordination Services – Anglicare
 - d. Advocacy – Advocacy Tasmania – Statewide
 - e. Good Sport and Healthy Minds – Alcohol and Drug Foundation - Statewide

2018 Mental Health Workforce [51]:

- 1. Employed psychologists FTE per 100,000 population:
 - a. National: 92.3/100,000 FTE and 67.9/100,000 Clinical FTE
 - b. Tasmania 74.2/100,000 FTE and 59.3/100,000 Clinical FTE
- 2. Employed psychiatrists FTE per 100,000 population:
 - a. National: 13.3/100,000 and 11.2/100,000 Clinical FTE
 - b. Tasmania 14.2/100,000 FTE and 12.0/100,000 Clinical FTE
- 3. Employed mental health nurses FTE per 100,000 population:
 - a. National: 87.8/100,000 and 81.1/100,000 Clinical FTE
 - b. Tasmania 86.9/100,000 FTE and 80.3/100,000 Clinical FTE

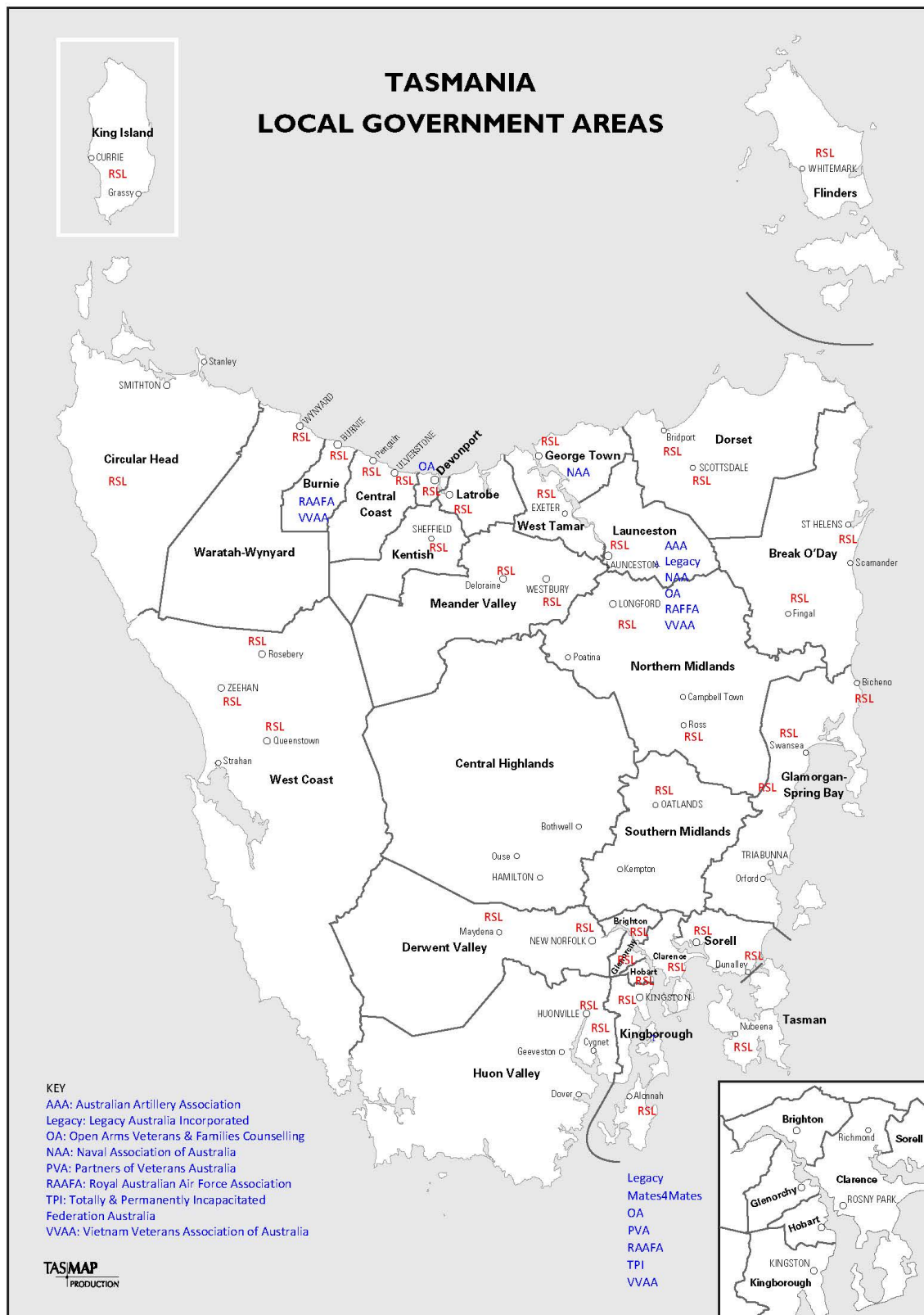
Distribution of Veteran-related organisations

Essential to Veterans wellbeing will be the support they receive through Veteran-related organisations. Organisations within Tasmania were identified through online review, with the locations for each organisation in Tasmania identified through individual searches (see Appendix 2.2). Identified organisations and their locations are listed in Table 4 and displayed in Figure 6. The organisation with the greatest distribution is the RSL, for which there are 50 local branches spanning all LGAs except the Central Highlands. The location with the greatest numbers of non-RSL Veteran-related organisations is Hobart (7), followed by Launceston (6), with another in the north in Georgetown. The north-west has three non-RSL Veteran-related organisations, two in Burnie and one in Devonport. Veterans and their families also have access to national mental health support services as listed in Table 5.

Table 4: Identified Veteran-related Organisations and Service Providers in Tasmania by Location

| Organisation: | Location(s): |
|---|--|
| Australian Artillery Association (AAA) | Launceston |
| Legacy Australia Incorporated (Legacy) | Hobart, Launceston |
| Mates4Mates | Hobart |
| Naval Association of Australia (NAA) | Devonport/Ulverstone, Launceston South, George Town |
| Open Arms Veterans & Families Counselling | Devonport, Hobart, Launceston. |
| Partners of Veterans Association of Australia (PVA) | Hobart |
| RAAF Association (RAFFA) | Hobart, Launceston, North West Region |
| Returned and Services League of Australia (RSL) | Beaconsfield, Bicheno, Bridport, Brighton/ Green Ponds, Bruny Island, Burnie, Circular Head, Claremont, Clarence, Cygnet, Deloraine, Devonport, Dunally, Esperance (Dover), Exeter, Fingal Mathinna, Flinders Island, George Town, Glenorchy, Hobart, Huon, King Island, Kingston Beach, Latrobe, Launceston, Lenah Valley, Lilydale, Lindisfarne, Maydena, New Norfolk, Northern Midlands, Oatlands, Penguin, Primrose Sands, Queenstown, Railton, Rosebery, Ross, Scottsdale, Sheffield, Sorell, South Arm, Spring Bay, St Helens- St Marys, Swansea, Tasman (Nubeena), Ulverstone, Westbury, Wynyard, Zeehan. |
| Totally and Permanently Incapacitated Federation Australia (TPI) | Hobart |
| Vietnam Veterans' Association of Australia (VVAA) | Burnie & districts, Launceston, East Coast*, Greater Hobart, Mersey-Leven* |
| War Widows' Guild of Australia | NSW representing Tas |
| Organisations with no Defined Address: | |
| Australian Army Apprentices Association Inc., Australian Defence Force Assistance Trust, Alliance of Defence Service Organisations (ADSO), Australian Peacekeeper & Peacemaker Veterans' Association (APPVA), Australian Special Air Service Association (ASASA), Australian Veterans' Children Assistance Trust (AVCAT), Australian Gulf War Veterans Association, Bravery Trust, Commando Association, Commando Welfare Trust, Defence Families Australia, Defence Force Welfare Association (DFWA), Defence Reserves Association, Fleet Air Arm Association of Australia, Korea veterans association Australia, Military Police Association of Australia, National Malaya and Borneo Veterans Association Australia Inc, Open Arms Outreach Program, Royal Australian Armoured Corps Association, Royal Australian Engineers Associations, Royal Australian Electrical and Mechanical Engineers Associations, Royal Australian Regiment Association, Royal Australian Signals Association, Soldier On, and Vietnam Veterans Federation of Australia (VVFA) | |

Figure 6: Distribution of Tasmanian Ex-Service and Veteran Support Organisations by LGA



Sources: Online Web Search (Appendix 2.2)

Table 5: National support services available to Veterans and their families

- ☐ Lifeline 13 11 14
- ☐ Mensline Australia 1300 789 978
- ☐ Beyond Blue info line 1300 224 636
- ☐ Suicide Call Back Service 1300 650 467
- ☐ Open Arms (Veterans and their families) 1800 011 046
- ☐ QLife 1800 184 527
- ☐ Headspace 1800 650 890
- ☐ Kids Help Line 1800 551 800

Websites

- ☐ [Black Dog Institute](#)
- ☐ [Reach Out \(for young people\)](#)
- ☐ [Head to Health](#)

If you are bereaved by suicide:

- ☐ Support after Suicide (03) 9421 7640
- ☐ Griefline 1300 845 745
- ☐ Lifeline 13 11 14
- ☐ Beyond Blue info line 1300 224 636

Websites

- ☐ [Support after Suicide](#)
- ☐ [Standby](#)

Appendix 2.1: Coding Sheet Adapted from Cochrane

Data extraction form: Tasmania Wellbeing Support Service Study (Modified from Cochrane)

Date of Data Extraction

Researcher Performing Data Extraction Initials

Reference

Study Characteristics:

- Study Aim/ Objectives
- Study Design
- Inclusion Criteria
- Exclusion Criteria
- Recruitment Procedure

Participant Characteristics

- Sample size
- Age
- Gender
- Study location

Intervention and Setting

- Intervention Type
- Details of Intervention
- Setting of Intervention
- Model of Service Provision
- Rural/Regional

Outcome Data/ Results

- Outcome Measure
- Outcome Measure Tool
- Statistical technique used
- Result

Other

- Specific Services Identified of Benefit
- Other Findings that may Benefit Tasmania
- Sponsorship/Conflicts
- Notes on Study

Appendix 2.2: Search Strategies for Identifying Ex-Service and Veteran Support Organisations in Tasmania

In instances where the first hit did not provide sufficient information, a further search was conducted, and the strategy is listed below.

SEARCHES CONDUCTED ON THE 6TH OCTOBER, 2020

(Open Arms) AND (Tasmania)

<https://www.openarms.gov.au/about/office-locations#tasmania>

(RSL) OR (Returned Services League) AND (Tasmania)

<https://www.rsltas.org.au/>

also

(RSL) OR (Returned Services League) AND (Tasmania) AND (addresses)

<https://www.rsltas.org.au/sub-branch-directory/>

(ex-service) AND (organisation) AND [52]

<https://www.dva.gov.au/civilian-life/find-ex-service-organisation>

(Australian Army Apprentices Association) AND (Tasmania)

<https://austarmyapprentice.org/>

(Australian Artillery Association) AND (Tasmania)

https://www.australianartilleryassociation.com/other_association/raa_association_tas.htm

(Australian Defence Force Assistance Trust) AND (Tasmania)

<https://www.acnc.gov.au/charity/c630473d48c183bef2439004108c4650>

(Air Force Association) AND (Tasmania)

<http://www.raafatas.com/>

(Alliance of Defence Service Organisations) AND (Tasmania)

<https://adso.org.au/>

(Australian Peacekeeper & Peacemaker Veterans' Association) AND (Tasmania)

<https://peacekeepers.asn.au/about-us/>

(Australian Special Air Service Association) AND (Tasmania)

<https://asasa.com.au/about/>

(Australian Veterans' Children Assistance Trust) AND (Tasmania)

<https://avcat.org.au/>

(Bravery Trust) AND (Tasmania)

<https://braverytrust.org.au/>

(Commando Association) AND (Tasmania)

<https://www.commando.org.au/State%20Associations/>

(Commando Welfare Trust) AND (Tasmania)

<https://www.commandotrust.com/>

(Defence Families Australia) AND (Tasmania)

<https://dfa.org.au/contact/victoria-and-tasmania/>

(Defence Force Welfare Association) AND (Tasmania)

<https://www.dfwa.org.au/branches/tas>

(Defence Reserves Association) AND (Tasmania)

https://dra.org.au/index.php?action=board&my_cid=377

(Fleet Air Arm Association of Australia) AND (Tasmania)

<https://www.faaaa.asn.au/>

(Korea Veterans Association Australia) AND (Tasmania)

<http://www.kvaa.org.au/aboutkvaa.php>

(Legacy Australia) AND (Tasmania)

<https://legacy.com.au/Tasmania>

(Mates4Mates) AND (Tasmania)

<https://mates4mates.org/whom-we-are/our-locations/tasmania>

(Military Police Association Australia) AND (Tasmania)

<https://www.mpaa.org.au/>

(Partners of Veterans Association of Australia) AND (Tasmania)

<https://www.pva.org.au/>

(Naval Association of Australia) AND (Tasmania)

<https://navalassoc.org.au/sections/tas-t00>

(National Malaya & Borneo Veterans Association Australia Inc.) AND (Tasmania)

<https://www.nmbvaa.org.au/>

(Royal Australian Armoured Corps Association) AND (Tasmania)

<http://www.raaccorpltd.org.au/>

(RAAF association) AND (Tasmania)

<http://www.raafatas.com/>

(Royal Australian Engineer association) AND (Tasmania)

<https://www.tassappers.com.au/>

(Royal Australian Regiment Association) AND (Tasmania)

<https://www.rarnational.org.au/>

(Royal Australian Signals Association) AND (Tasmania)

http://www.rasigs.com/htm_pages/wa/home_wa.htm

(Soldier On) AND (Tasmania)

<https://soldieron.org.au/>

(TPI Federation Australia) AND (Tasmania)

<https://engage.forcenet.gov.au/provider/the-australian-federation-of-totally-and-permanently-incapacitated-ex-servicemen-and-women-ltd/services/1485>

(Vietnam Veterans' Association of Australia) AND (Tasmania)

<http://www.vvaa.org.au/tas.htm>

(Vietnam Veterans Federation of Australia) AND (Tasmania)

<https://www.vvfa.org.au/>

(War Widows' Guild of Australia) AND (Tasmania)

<https://warwidows.org.au/>

SEARCHES CONDUCTED ON THE 8TH OCTOBER, 2020

(DVA administered) AND (Tasmania) AND

<https://www.dva.gov.au/health-and-treatment/care-home-or-aged-care/aged-care/services-help-you-home>

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