

Appendix 3: Consultation Data

Introduction

The characteristics of survey respondents were presented in Appendix 1 but also repeated here to provide context for the data. In the following set of tables, distinction is made between the following categories: those who stated they were only a veteran, those who stated they were only a first responder, and those who stated they were both. Note that respondents could nominate more than one response in Tables 1-5 and 7. Unlike in the main report these tables separate out veterans who were also first responders. Note that all percentages are rounded.

Table 1: Characteristics of survey respondents

Characteristic	Statistic	Number
Veterans	42.6%	173
Current member ADF	1.5%	6
Member of the reserves	5.2%	21
First responder	68.0%	276
Service Providers	25.6%	104
Family member or partner of a veteran*	26.2%	106
Member of an ESO	17.5%	71
Male	68.2%	159
DVA card holders:		
White	24.4%	99
Gold	8.9%	36
Average Age (Range)	50 (23 - 82)	227
University degree	45.8%	104
Live with a partner	47.8%	194
Live with dependent children	21.4%	87
Live alone	5.4%	22
Working full time	67.5%	156

*Note first responders, family members and service providers can also be veterans. 79 (19.46%) of respondents identified as both veterans and first responders.

Veterans and First Responders findings

Table 2: Top five wellbeing services accessed by veterans and first responders in Tasmania.

Service	Total	Veteran	First Responder	Both
Mental health and support	170 (63%)	46 (63%)	77 (65%)	36 (58%)
Physical support services	123 (47%)	25 (35%)	67 (57%)	27 (44%)
Allied health Services	80 (30%)	36 (49%)	20 (18%)	19 (31%)

Community and peer advisors	78 (29%)	21 (29%)	37 (32%)	15 (25%)
Alternative therapies	69 (26%)	14 (19%)	38 (34%)	12 (20%)

Table 3: Top five desired wellbeing services not accessed, but wanted, by veterans and first responders in Tasmania.

Service	Total	Veteran/Family	First Responder	Both
Physical support services	83 (30%)	26 (34%)	33 (28%)	18 (28%)
Alternative therapies	56 (20%)	20 (26%)	23 (19%)	8 (13%)
Mental health and support	49 (18%)	15 (20%)	19 (16%)	13 (20%)
Social support programs	35 (13%)	14 (18%)	10 (8%)	7 (11%)
Allied health Services	33 (12%)	12 (16%)	10 (2%)	7 (11%)

The following table presents results for all services listed as potential wellbeing service elements.

Table 4: Full list of desired wellbeing services not accessed, but wanted, by Tasmanian veterans and first responders.

Desired Service	Number	% of 276
Physical support services	83	30%
Alternative therapies	56	20%
Mental health and support	49	18%
Social support programs	35	13%
Allied health Services	33	12%
Assistance with accessing DVA services and support (either virtual or physical)*	33	12%
Personal employment support (e.g. CV writing, skills training for local job opportunities).*	32	12%
Advocacy and/or social connectedness programs.	28	10%
Access to space for communal activities or commemorations.	25	9%
Partnering with community organisations to provide access to outreach programs in rural, regional or remote areas.	22	8%
Support to access local and state government services.*	19	7%
Support access to Primary Health Networks, or the National Centre for Veterans' Healthcare.*	19	7%
Housing support.*	14	5%
Community and peer advisors.*	14	5%
Support to access DVA outreach services.*	14	5%
Access to outreach services (such as tele-health services).	11	4%
Employment service providers.*	10	4%
Call centre support.	5	2%

*Many of these activities could form part of transition services.

Table 5: Barriers to service engagement reported by veterans and first responders in Tasmania.

Barrier	Total	Veteran	First Responder	Both
I think I can manage the problem on my own	61 (22%)	17 (22%)	23 (19%)	16 (25%)

I don't know where to go to get an appointment	61 (22%)	26 (34%)	17 (14%)	13 (20%)
I don't think my problem is important or serious enough	57 (20%)	22 (29%)	15 (13%)	17 (27%)
I don't think I can afford it	48 (17%)	13 (17%)	20 (17%)	11 (17%)
I don't want anyone to know about my problem	35 (13%)	10 (13%)	17 (14%)	8 (13%)
I don't think they will take my problem seriously	35 (13%)	13 (17%)	10 (8%)	9 (14%)
It is too far to travel	34 (12%)	14 (18%)	12 (10%)	5 (8%)
I don't think they will be able to help me	34 (12%)	11 (14%)	14 (12%)	4 (6%)

Table 6: Respondents' selection of most important elements of a Tasmanian wellbeing service (could pick three from list).

	Total	Veteran	First Responder	Both
Face to face services	113 (41%)	28 (37%)	48 (40%)	30 (47%)
Prompt assistance	104 (37%)	29 (38%)	49 (41%)	17 (27%)
Ease of access (drop-in, bookings, time available)	93 (33%)	18 (24%)	44 (37%)	26 (41%)
Flexible time options (e.g outside business hours)	86 (31%)	15 (20%)	47 (39%)	20 (31%)
Understanding of defence service	63 (23%)	34 (45%)	6 (5%)	18 (28%)
Personal support to navigate offerings	61 (22%)	18 (24%)	23 (19%)	15 (23%)
Affordability	58 (21%)	8 (11%)	37 (44%)	10 (16%)
A key contact as an entry point	48 (17%)	18 (24%)	16 (13%)	11 (17%)
Limited travel requirement	44 (16%)	15 (20%)	17 (14%)	8 (13%)
A balance of service delivery with face to face and online/phone	43 (15%)	13 (17%)	16 (13%)	8 (13%)
Friendly and social atmosphere/activities	39 (14%)	10 (13%)	18 (15%)	9 (14%)
Provide information	14 (5%)	3 (4%)	5 (4%)	5 (8%)
Child friendly environment (e.g play area, access in school hours)	9 (3%)	1 (1%)	4 (3%)	3 (5%)

Table 7: Top three most important areas of wellbeing support services for respondents.

	Total	Veteran	First Responder	Both
Health	242 (31%)	63 (30%)	106 (30%)	57 (32%)
Recognition and Respect	140 (18%)	32 (15%)	69 (20%)	30 (17%)
Social Support and Connection	122 (16%)	40 (19%)	41 (12%)	31 (18%)
Income and Finance	111 (14%)	37 (18%)	52 (15%)	18 (10%)
Education and Skills	87 (11%)	18 (9%)	45 (13%)	20 (11%)
Employment	58 (7%)	14 (7%)	27 (8%)	15 (8%)
Housing	25 (3%)	6 (3%)	9 (3%)	6 (3%)

Table 8: Acceptable distance to travel to wellbeing services reported by respondents.

	Number		Std. Error of			Percentiles		
	Respondents	Mean	Mean	Median	Mode	25	50	75
How far would you travel to these services in time? (minutes)	161	27	1	30	30	20	30	30

Table 9: Preferences for service delivery methods (other than face-to-face appointments).

(N=280)	Total	Veterans	First Responders	Both
Prefer to access by telephone	34%	41%	16%	17%
Prefer to access online	54%	53%	52%	22%

Service provider findings

There was a separate service provider section within the survey with 117 service respondents. Service providers gave similar answers to veterans and first responders. Service provider answers did highlight that providing navigation and access to other services was one of their key activities for veterans, their families and first responders.

Table 10: Service providers' reported client profile

	117(100%) Responses*
Are you a member of an ex-service organisation and do you provide services	31 (26%)
Do you provide services for veterans	27 (23%)
Do you provide services for veterans' families	29 (25%)
Do you provide services for first responders	33 (28%)
We don't collect information on veteran status	10 (8%)

*Could tick more than one group.

Table 11: Responses to ‘Do you/your organisation currently provide any of the following services that are useful for veterans or their families?’

	Responses*	
	Number	(Percentages#)
Mental Health services and support.	29	25%
Advocacy and/or social connectedness programs.	25	21%
Social support programs to facilitate social connections.	23	20%
Community and peer advisors.	21	18%
Support to access community organisations – e.g. welfare services.	16	14%
Allied health services.	13	11%
Assistance with accessing DVA services and support (either virtual or physical).	13	11%
Access to space for communal activities or commemorations.	13	11%
Partnering with community organisations to provide access to outreach programs in rural, regional or remote areas.	13	11%
Housing support.	12	10%
Support to access DVA outreach services.	12	10%
Transition programs.	11	9%
Support to access local and state government services.	11	9%
Physical support services such as gymnasium, swimming pool.	10	8%
Service desk, including a digital kiosk and personal assistance.	8	7%
Access to outreach services (such as tele-health services).	8	7%
Personal employment support (e.g. CV writing, skills training for local job opportunities).	7	6%
Call centre support.	7	6%
Support access to Primary Health Networks, or the National Centre for Veterans’ Healthcare.	7	6%
Alternative therapies such as acupuncture, tai chi etc.	6	5%
Employment services.	5	4%
Total	270	

#Percentages based on 117 service provider respondents. Respondents could select more than one response, therefore percentages may not total 100%.

Service providers’ responses closely matched those of veterans and first responders. Thus there is much agreement with providers and their clients (veterans, first responders and their families) about service gaps in Tasmania.

Table 12: Services which providers believe veterans or their families would like to access but cannot.

	Responses*	
	Number	Percent#
Mental Health services and support.	21	18%
Advocacy and/or social connectedness programs.	16	14%
Transition programs.	16	14%
Physical support services such as gymnasium, swimming pool.	16	14%
Community and peer advisors.	15	13%
Housing support.	14	12%
Alternative therapies such as acupuncture, tai chi etc.	14	12%
Social support programs to facilitate social connections.	13	11%
Personal employment support (e.g. CV writing, skills training for local job opportunities).	13	11%
Assistance with accessing DVA services and support (either virtual or physical).	13	11%
Employment service providers.	10	8%
Partnering with community organisations to provide access to outreach programs in rural, regional or remote areas.	10	8%
Access to outreach services (such as tele-health services).	9	8%
Access to space for communal activities or commemorations.	9	8%
Support to access local and state government services.	9	8%
Support access to Primary Health Networks, or the National Centre for Veterans' Healthcare.	8	7%
Support to access DVA outreach services.	8	7%
Support to access community organisations – e.g. welfare services.	7	7%
Service desk, including a digital kiosk and personal assistance.	6	5%
Allied health services.	6	5%
Call centre support.	6	5%

#Percentages based on 117 service provider respondents. Respondents could select more than one response, therefore percentages may not total 100%.

Service providers perceived barriers to accessing services (Table 11) differently from veterans and first responders' own responses (Table 4 main report) with less emphasis on factors that link to stigma.

Table 13: Service providers’ response to ‘describe people’s biggest barriers to accessing these services.

	Responses	
	Number	Percent#
They don’t know where to go or how to get an appointment	34	29%
They don’t want anyone to know about the problem	34	29%
They don’t know the service is free/can’t afford it	32	27%
They think we wouldn't be able to help them	28	24%
They think their problem is not important/serious enough	26	22%
They feel they could manage the problem on their own	24	20%

#Percentages based on 117 service provider respondents. Respondents could select more than one response, therefore percentages may not total 100%.

Table 14: Service provider respondents’ selection of most important elements of a Tasmanian wellbeing service (could pick three from list).

	Responses	
	Number	Percent#
Face to face services	28	24%
Prompt assistance	25	21%
Limited travel requirement	19	16%
Ease of access (drop-in, bookings, time available)	19	16%
Personal support to navigate offerings	18	15%
Flexible time options (e.g outside business hours)	17	14%
Affordability	14	12%
A key contact as an entry point	8	7%
Friendly and social atmosphere/activities	7	6%
Provide information	6	5%
A balance of service delivery with face to face and online/phone	3	3%

#Percentages based on 117 service provider respondents. Respondents could select between one to three items, therefore percentages may not total 100%.

Note that there is near complete agreement with veterans and first responders over the important design elements of a wellbeing service hub/centre.

Table 15: Service provider respondents’ ratings of the three most important areas of wellbeing support.

	Responses	
	Number	Percent#
Health	58	50%
Recognition and Respect	40	34%
Social Support and Connection	28	24%
Income and Finance	23	20%
Education and Skills	18	15%
Employment	16	14%
Housing	5	4%

#Percentages based on 117 service provider respondents. Respondents could select between one to three responses, therefore percentages may not total 100%.

Survey Additional Comments Themes

At the end of the survey respondents were asked ‘Are there any further comments/views you would like to provide?’

A total of 80 participants responded, many at length. These comments reflected the mix of views, experiences and opinions of those who participated in interviews and workshops and added depth and context to the qualitative survey responses. The comments were synthesised into 4 themes and these are presented here along with supporting quotes. Any information that may have identified participants has not been reported. Nineteen comments did not fit the themes, 8 respondents said ‘no comment’, and 11 others commented on matters outside the scope of this project.

1. PTSD, and/or mental illness, and/or Suicide (the focus of 20 comments).

This topic was mentioned by veterans, service providers, family members and first responders. The context of the topic was mostly the belief there was a need for more services, and/or and the experiences of a lack of support particularly from DVA. A few first responders suggested that services needed to be more proactive in recognising and responding to trauma.

‘My husband has spent years in and out of hospital, has made [number removed] attempts on his life and is currently battling DVA and MSBS for settlement of his claims. If there was somewhere where his issues, his service and his life outside the military, not to mention the affect all of that has on his family were understood and treated, I don't believe there would have been so many attempts on his life and he'd certainly be in a much better position than he is.’ (anonymous survey respondent).

‘Do not feel I can currently get support from open arms or others without it negatively effecting work. Do not feel there are adequate qualified specialists due to the low fee

government pay. Most GPs don't seem to understand enough about veterans and their needs to actually help. Often I have left feeling worse.' (anonymous survey respondent).

'Trauma processing focussed services for first responders need to be accessible, not stigmatised, and part of regular work training activities, not just when first responders are in crisis.' (anonymous survey respondent).

'The issue I have is that when I phone for assistance I usually have to leave a voice mail and then wait for a call back. This is most difficult because I phone when I am at the end of my tether (usually after business hours) and need immediate help. When the call back comes I then have to brief the person who will say that they will have a person call me back within 48 hours which is grossly inadequate. We have ... facilities that provide volunteer face to face assistance but only during business hours and then primarily by appointment when what we need is a 24/7 location where I as a veteran / first responder can physically access at any time and be immediately admitted. To travel to Heidelberg is a real issue, even though DVA reimburses the travel costs the drive to the airport, waiting to board, sitting next to civilians who ceaselessly chatter, then transport to the Ward all on my own PLUS I am away from any family support and comfort. PTSD and it's issues can leap on me at any time and therefore current 'business hours assistance' is grossly inadequate and I find them mostly unassistive.' (anonymous survey respondent).

2. The need for a support person, navigator, or advocate (the focus of 17 comments)

This topic was mentioned by veterans, service providers, and family members and was related to the difficulty the respondents had experienced in finding, accessing, or using wellbeing services or DVA systems. These comments were also reflected in the views expressed interviews and workshops.

'As a younger member of reserve services I received a DVA white card. Trying to navigate the DVA website for me was not easy let alone an older veteran that is not as tech savvy.'

'As a service provider, across a range of programs, and a varied mix of people requiring assistance, I see that the disconnection of services, and the need to access multiple services to address one persons problems, creates a disconnect, and a lack of a sense of personalised support. This often results in people giving up trying to get help.'

'Tasmania does not have enough mental health services outside of Launceston or Hobart. I am unable to get a local psychiatrist. ... Many veterans miss out because we don't know what services are available'

'There is no regular networking occurring between ESO and other related services... I found myself, even though I have 20 years experience in people services, that it was labour intensive and difficult to find the services available to veterans and their families in Tasmania. This is different interstate where things like interagency meetings monthly are the norm with providers understanding the benefits of sharing information and making services more accessible.'

3. **Communicating with DVA and/or making claims is difficult and/or adversarial** (the focus of 13 comments).

This topic was mentioned by veterans, service providers, and family members and was related to their thoughts on communication avenues, adversarial claim processes, and the difficulties service providers experience with DVA processes. This topic was also reflected in the views expressed at interviews and workshops.

'Living with an ex-army partner with PTSD is extremely hard. I do all his paperwork as it becomes too immense for him. It is stressful and we get knocked back often and have to start again with his symptoms/recognised conditions.'

'Might be a really good idea if DVA gave a bit more support to those who are either on their books or who have tried to have claims accepted but rejected by DVA. ... If you can't get a doctor who is familiar with the way DVA operates or has an ADF background, you are basically working blind with both hands tied behind your back. Then you have doctors who throw their hands up in horror if asked to complete any documentation for DVA...'

'I got a knock back from DVA early on in relation to back pain and did not understand the process or system so it was hard to go back and ask for help. Also have personal value of not being a wimp so it made it hard to ask.'

'I have medical issues directly related to my service. These are covered by my white card. These are now leading to further medical conditions. I have been paying for medical treatment services for well over a year. I have had a claim for services submitted for nearly a year and still have not heard anything.'

4. **More services** (the focus of 16 comments).

This topic was mentioned by veterans, service providers, family members and first responders. They related to the belief there was a need for more rural service access, more mental health service access, or more Tasmanian services for veterans generally. Several respondents suggested that they felt Tasmanian veterans had less access to services than veterans living in other Australian states and territories.

'I believe there is a need for improved access to well being support services for Veterans in Tasmania. Consideration should be given to the location of those services and the delivery model. Consideration should be given to how best to service those veterans who live remotely in regional/country areas - majority of veterans in Tasmania do not necessarily live close to available services.'

'I think that counselling and support services for members suffering PTSD should be available 24hrs a day here in Tasmania, like on the mainland.'

‘Veterans need better support from the Australian government than we are currently getting. The rules for any benefits should be NATIONAL, not state by state.’