Public Communique – Third Meeting Defence and DVA Brain Injury Expert Advisory Panel

On 21 May 2026, the third meeting of the Defence and DVA Brain Injury Expert Advisory Panel (EAP) convened.

A number of EAP subgroups met, together with Department of Defence (Defence) and Department of Veterans' Affairs (DVA), prior to the EAP meeting to provide advice on best-practice approaches for the development of a brain health program. The subgroups covered the topics of surveillance, prevention, brain health research, rehabilitation, moderate to severe traumatic brain injury, blast overpressure and mTBI were established.

During the meeting of the EAP, DVA presented updates on:

- the University of New South Wales (UNSW) literature review of neurocognitive effects of low-level blasts
- principles for a brain health program
- the results of a gap analysis of the existing DVA services and supports for veterans affected by a brain injury.

The Repatriation Commissioner presented observations to the EAP of veteran brain health supports and services in the United States.

Defence updated the EAP on the progress of initiatives to prevent, monitor and research the effects of blast overpressure on brain health.

Defence presented feedback from the EAP subgroup meetings for Panel discussion and validation, on the topics of:

- Baseline cognitive/brain health assessment
- Active recovery following brain injury or exposure
- Possible system-level gaps and capability implications

The EAP provided DVA with advice to shape Principles for a brain health and brain injury program that is robust, evidence aligned and responsive to the range of presentations across veteran populations. The focus on the principles include:

1. **System integration** – veteran support is connected between Defence service, into transition and after service.
2. **Education** – provide clear, evidence-based information that builds understanding of brain health, including the causes and effects of symptoms.
3. **Prevention** – support veterans to undertake protective behaviours to safeguard their brain health
4. **Healthcare** – support clear coordinated pathways to best-practice approaches to screening, assessment, diagnosis, and multidisciplinary healthcare that focuses on recovery and improvements to daily functioning.
5. **Research** – using targeted to guide practical decisions and to enable long term data collections.

The EAP confirmed the subgroups' recommendations to explore:

- The practicalities of a ‘warm handover’ model across Defence-DVA aimed at improving continuity of brain health monitoring during transition from Defence to DVA
- Ensuring veterans have access to multidisciplinary rehabilitation services

Next Steps

The EAP will meet again in late 2026. Ahead of this meeting, DVA will continue to work with UNSW to publish updates from the UNSW literature reviews and refine educational resources for veterans and healthcare providers.

DVA will investigate opportunities within the existing veteran health system and continue to work with the EAP to develop the brain health and brain injury program principles.