PHOENIX AUSTRALIA | Centre for Posttraumatic Mental Health

Mental health impacts of compensation claim assessment processes on claimants and their families

Final report

September 2018

THE UNIVERSITY OF MELBOURNE

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This report was prepared at the request of DVA outside of the core funding agreement. It was developed solely for the purposes of presenting the findings of a review of the mental health impact of compensation processes on claimants and their families.

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Recommended citation:

Varker, T., Creamer, M., Khatri, J., Fredrickson, J., & O'Donnell, M.L. (2018). Mental health impacts of compensation claims assessment processes on claimants and their families: Final report. Phoenix Australia – Centre for Posttraumatic Mental Health.

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Glossary of Terms

Term	Definition
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
ANAO	Australian National Audit Office
CSC	Commonwealth Superannuation Corporation
DoD	Department of Defence
DVA	The Australian Government Department of Veterans' Affairs
EBM	Evidence Based Medicine
ESO	Ex-Service Organisation
ICT	Information Communication Technology
IME	Independent medical examination
IT	Information technology
MRCA	*Military Rehabilitation and Compensation Act 2004*
NMHC	National Mental Health Commission Review into Suicide and Self-harm prevention services available to current and former serving ADF members and their families
PTSD	Posttraumatic stress disorder
RSL	Returned and Services League of Australia
SIS	Senate Inquiry into Suicide by Veterans and Ex-service Personnel 2017
SIMH	Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans, 2016
SRCA	*Safety, Rehabilitation, and Compensation Act 1988*
SoP	Statements of Principle

TAC	Transport Accident Commission
US	United States
VA	The United States Department of Veterans' Affairs
VEA	*Veteran's Entitlement Act 1986*
VRB	Veterans' Review Board
VVCS	The Veterans and Veterans Family Counselling Service

Introduction

Millions of people around the world seek compensation for accidents, violent crime, the impact of disaster, and workplace injuries each year. Military service is a high-risk occupational setting that carries with it a substantial chance of exposure to potential sources of injury in both physical and psychological domains. Most Western countries have systems in place to provide compensation for veterans in the form of treatment entitlements and/or income support.

The processes through which individuals claim, are assessed for, and are provided with compensation have been the subject of much scrutiny internationally. Indeed, there is increasing concern that some claimants may have worse long-term health outcomes than injury survivors who do not become involved in compensation schemes. This topic, as it applies to veterans, has been the focus of considerable attention in Australia over recent years, with several high-level inquiries proposing a link between the experience of submitting a compensation claim and adverse psychological and physical health outcomes.[1-3]

The purpose of this report is to collate evidence gleaned from the international research literature, as well as the personal experiences of claimants, family members, and the Department of Veterans' Affairs (DVA) personnel, in order to inform our understanding of the relationship between applying for compensation and adverse mental health outcomes. The report aims to shed light on the mental health impacts of the compensation claims process on claimants and their partners and families. This brief introduction outlines some of the contextual issues, controversies, and methodological limitations that are important to understand in interpreting the data reviewed in the next two sections of the report.

Scope of the current review

Phoenix Australia has been commissioned by DVA to examine the mental health effects of compensation claim processes on claimants and their families in order to guide potential improvements designed to minimise those negative impacts. This report will examine the mental health impacts of government and organisational compensation processes in Australia and internationally by reviewing the relevant published literature and key policy documents.

Contextual Issues

Both the Literature Review and the Desktop Study explore a range of challenges that exist within the compensation claims processes. To understand how these challenges may impact

on claimants, it is important to consider the broader context of healthcare and compensation systems, with particular reference to veterans. A range of stakeholders are involved in the compensation system, including workers, insurers, employers, healthcare providers, lawyers, and advocacy groups. These stakeholders serve different roles in the experience of the claimant and the relationships between them are complex.[4] Different stakeholders may have different "agendas", with the claimant sometimes caught in the middle. Where information was available, this interactions between a claimant and the various stakeholders in the compensation claims process are examined in this report.

There are several differences between the various compensation systems in Australia, as well as between schemes in Australia and those overseas. For example, with regard to treatment, regulatory bodies such as the State transport accident agencies, third party workers compensation insurers, and DVA will often fund claims for healthcare as needed, but (with the exception of the Veterans and Veterans Family Counselling Service; VVCS) they do not directly provide healthcare services. Rather, healthcare providers are chosen (usually by claimants themselves) and reimbursement is provided by the relevant body.[5] In terms of veteran healthcare, this differs from some other overseas compensation schemes such as the United States (US) in which treatment is provided directly by Veterans' Affairs clinics and the claimant has no choice of provider. Although most Australian veterans would access DVA-funded care through the private sector, the mix of public and private healthcare in this country adds an additional dimension of complexity. Some veterans, for example, may simply choose to access their care through the public sector rather than submitting a claim and, in some cases (e.g., acute psychiatric admissions), a public sector facility may be all that is available.

Another difference across schemes concerns requirements to justify the claim. Some schemes such as the Transport Accident Commission (TAC) in Victoria are "no fault" schemes in which compensation is automatic (up to a point, and assuming they are injured in a road accident) and claimants are not required to justify their case for compensation. This has the potential to minimise the adversarial nature of the process, which is often a feature of other schemes and may be associated with worse outcomes. In many veteran compensation systems, including DVA and the US Department of Veterans' Affairs (VA), access to healthcare (at least in terms of mental health and many defined physical conditions) is automatic – "non-liability" healthcare – and does not require proof that the condition is service related. Compensation for income support, however, does require justification and, therefore, can become adversarial in nature. These, and several other differences across various jurisdictions, create challenges for interpretation of the research findings. Where evidence is available, these issues are explored in both the Literature Review and the Desktop Study.

Controversies and Complexities

The area of injury compensation has always been controversial, with criticism often targeted at the motivations and personal characteristics of claimants, or at fundamental disagreements with the whole concept of compensation. These include suggestions that claimants were "sick" prior to the event (and, therefore, that the compensable injury is irrelevant), that they are malingering or exaggerating symptoms for financial or other secondary gain, that the system encourages people to "stay sick", and that the process itself is iatrogenic (which is, of course, the subject of this report and will be addressed in detail in the following sections). Unfortunately, definitive answers to these criticisms are hard to come by, although there are probably elements of truth in some cases to some of these criticisms. Although most of these controversies are beyond the scope of this report, this section will briefly outline some of the key concerns.

The idea that these injuries – particularly mental health injuries – reflect a pre-existing condition or underlying vulnerability and, therefore, do not warrant compensation has been around for a long time. Pejorative terms such as "inadequate personality" or "lacking in moral fibre" were often used to describe those who developed combat related injuries. While a review of the area is beyond the scope of this document, the research evidence is clear that development of mental health problems following exposure to a serious stressor is dependent on three broad domains: pre-exposure (e.g., genetic or early childhood vulnerability, prior trauma exposure); peri-exposure (notably the severity of the experience); and post-exposure (e.g., social support, validation, and other life stress).[6,7] Of these, the pre-exposure factors tend to be the poorest predictors. Thus, pre-existing vulnerability is certainly not a necessary factor in the development of occupational psychological injuries and, where it is a factor, it is likely to explain only a small part of the clinical picture.

The potential for malingering, which refers to the intentional fabrication of symptoms for financial or other secondary gain, is often discussed in the context of compensation.[8] This concept is particularly relevant for claims regarding posttraumatic stress disorder (PTSD) and other mental health conditions, largely due to the lack of objective markers that can be identified by mandated assessments.[9] Thus, examiners need to rely mostly on the claimant's self-report of symptoms (albeit ideally supplemented by reports from partners and/or colleagues). While many physical health issues also suffer the same difficulty with objective markers (e.g., soft tissue injuries), it does provide increased potential for symptom exaggeration or malingering. Evidence for the existence of malingering among compensation claimants, however, relies on inferences about both the veracity of the claimants' symptoms

and their intentions. It is generally impossible to find objective quantifiable evidence and, as such, it is difficult to draw firm conclusions and it becomes a matter of clinical judgement.[9]

In a similar vein to malingering, some claimants are accused of symptom exaggeration. Unlike true malingering, the symptoms in this case are genuinely present, but the person may – consciously or unconsciously – embellish their severity or functional impact. Although this might be interpreted as an attempt to achieve greater secondary gain (e.g., financial rewards), it is often seen more as a "cry for help" driven by the person's desire to be taken seriously and to have their pain acknowledged.

As noted above, the question of whether the compensation process actually contributes to poor health outcomes is the subject of this report. At this point, however, it is worth noting briefly that potential for the process to increase actual or reported symptoms has existed in similar forms since the 19th century, when it was often termed "compensation neurosis". The term was applied to injuries that developed following what appeared to be relatively minor accidents but that led to chronic symptoms amongst individuals who were involved in compensation claims processes.[10] The term implied an association between being involved in compensation schemes and poor health outcomes.[11] While similar to the concept of malingering, compensation neurosis has been differentiated as being motivated primarily by internal factors such as stress-induced somatisation of symptoms and a need for justice, while malingering is thought to be motivated by external factors such as financial gain.[12] The term is rarely, if ever, used today.[12]

A final concept worthy of note in this section is that of stigma – the potential for people to believe they will be perceived negatively (or thought badly of) by other people if they apply for compensation. Although stigma as a barrier to care in mental health, including military and veteran mental health, is relatively well established,[13] there is little in the literature about the stigma associated with applying for compensation. It is reasonable to assume that this may be a disincentive for some potential claimants, although the extent to which it actually deters people is not known. This issue is alluded to briefly in the Desktop Study.

Methodological Considerations

As a caveat in interpreting the information in the following sections, it is important to recognise the difficulty of conducting rigorous research designed to explore the impact of the compensation process on mental health while controlling for other variables. It is clearly not possible to conduct randomised controlled trials in which half the injured population are allocated to apply for compensation while the other half are prohibited from doing so. While there are one or two longitudinal studies in the literature (which make it slightly easier to speculate about directionality), these are rare and most of the published research relies on

"samples of convenience". That is, a population of claimants who have been through, or who are going through, the compensation process are asked about their experiences using interviews or questionnaires. This need to rely primarily on self-report data, while important in understanding claimants' experiences of the process, further complicates the issue of directionality. For example, a finding that claimants who described the process as complex and frustrating are also those who reported the highest levels of anxiety and depression informs us about an association but does not necessarily indicate causality. It is entirely plausible that people with anxiety and depression will find the process complex and difficult, rather than a complex and difficult process causing the mental health problems. As noted elsewhere in this report, in reality there is probably a bi-directional interaction between these two elements. While every effort is made to address those methodological limitations, the research findings regarding causation must be interpreted cautiously.

A further methodological concern in the available data is the relative absence of long term follow up studies. Thus, it is difficult to comment on whether any adverse mental health effects of going through a compensation claims process are a temporary and transient reaction to the stressful experience or are a permanent "secondary" injury that lasts long after the claim is settled. Similarly, there is very little data to inform our understanding of the long-term outcomes of providing compensation and/or pensions. We do not know whether those people who receive a pension have better quality of life and psychological wellbeing than those who do not receive financial benefits.

Report Structure

The following report comprises two main sections - a Literature Review and a Desktop Study. The aim of the narrative Literature Review was to examine the international research evidence on the mental health impacts of compensation claim assessment processes on claimants, as well as on their partners and families. Research on factors that could potentially reduce the negative impact of the claims process on mental health were also reviewed. A broad range of literature was evaluated, including studies pertaining to workers compensation, traffic accident compensation, and veteran compensation schemes both within Australia and internationally. The key findings of this research were then synthesised into five prominent themes. Improvements to compensation schemes that have been implemented or suggested within the literature are also summarised within the review.

The aim of the Desktop Study was to provide further information about the mental health impacts of the compensation process on claimants and their families using a range of inquiry reports, workshop outcomes, and policy documents provided by DVA. These documents provide insight into the personal experiences of those involved in the DVA compensation

system and include self-report data from veterans themselves, their partners, lawyers, health practitioners, and DVA staff. Seven key themes emerged from the Desktop Study relating to current gaps in, or problems with, DVA compensation processes, as well as possible areas for improvement. The narrower focus of the Desktop Study on veteran compensation in Australia, combined with information gleaned from the lived experience of those involved, serves to complement the broader scope of the Literature Review to provide a well-rounded overview of the mental health effects of compensation for Australian veterans.

Summary

This is a very complicated area in which it is hard to find definitive answers. The compensation process takes place in complex contexts that are different for each applicant, a variety of motivations and influences impact in different ways on each person, and the difficulty of using rigorous research methodologies limit the extent to which firm conclusions can be drawn.

Nevertheless, an increasing body of literature in the area, combined with the personal experiences of those involved in the compensation process, sheds important light on our understanding and points the way for potential system improvements.

Literature Review

A variety of compensation schemes exist in Australia, including workers' compensation, transport accident compensation, criminal inflicted injury compensation, and veteran compensation. While the processes for seeking compensation and the types of compensation provided differ across these various schemes,[10] they are all intended to support claimants' recovery and return to work through provision of financial benefits and treatments.[4,14]

Emerging evidence has compared the recovery of individuals involved in compensation schemes to those not involved in order to explore suggestions that engaging with a compensation scheme may have negative health outcomes.[15-20] There are limitations to many of these studies, particularly regarding methodology, with many studies utilising observational designs and inconsistent measures of health outcomes associated with compensation seeking.[10] For example, individuals seeking compensation often exhibit higher mental health complaints at baseline compared to those who refrain from seeking compensation, and later demonstrate less improvement through the claims process, making it difficult to isolate the specific impact of the compensation process.[15] Regardless, compensation schemes are generally interested in maximising the health of their claimants and so research has attempted to explore this area further. While it is difficult to establish directionality with regard to the effects of compensation seeking on mental health, the research has attempted to identify aspects of the claims process that may be associated with negative mental health outcomes. A number of studies have identified that initiating a claims process can be stressful, and this is particularly the case for claimants with existing depression and posttraumatic stress symptoms. Importantly, one study found that the interaction between the claims stress and depression/posttraumatic stress can result in significantly higher levels of disability even after the claims process has been completed.[20]

The aim of this narrative Literature Review was to identify factors that could possibly reduce the negative impact of the claims process on mental health, thus improving the health outcomes. Due to the limited literature examining veteran compensation schemes, a broader search was conducted and included compensation schemes within workers' compensation and traffic accident compensation, as well as veteran compensation, in Australia and internationally. An important caveat to the following Literature Review is that some of the difficulties identified – notably delays in approving treatment – do not apply to DVA (at least for mental health conditions and physical conditions approved for "non-liability" health care). The relevant findings are included in this review, however, for the sake of completion.

Methodology

A literature search was conducted using the parameters of the topic, which focussed on the mental health impacts of compensation claims assessment processes on claimants and their families. The databases utilised in the literature search included PsycINFO and Embase. The search terms entered into these databases included: “compensation”, “compensation assessment”, “veteran or military”, “mental health”, and “workers’ compensation”. Relevant articles or documents were screened by the research team, and 73 articles were retrieved for more in-depth review. The papers were assessed for quality of evidence, including methodology, study design, and relevant findings. Of the retrieved studies, 34 were included in this narrative review. Additional documents provided by DVA were also included.

Results

Five major themes emerged from the literature reviewed for this report, many of which were also identified in the Desktop Study. These themes have been classified as: a) complexity of the compensation claims process (including difficulty accessing information and long delays); b) insurers questioning the legitimacy of claims; c) repeated medical assessments; d) the importance of social support; and e) addressing PTSD in a nontherapeutic context. The final section of this report reviews literature that explores ways in which negative mental health outcomes associated with the compensation claims process might be minimised for the claimant, their partner, and family.

Complexity of the process

The most common finding amongst individuals involved in compensation schemes was dissatisfaction with the complexity of the process, including difficulty accessing accurate information and long delays in claims processing. This was consistent with the findings of the Desktop Study, which also found complexity and inefficiency in the claims process to be the dominant theme. There is evidence to suggest that the complexities of the claims process may take a functional, financial, and emotional toll on individuals, which are linked to adverse mental health outcomes in a proportion of claimants. This is illustrated through a study of 1,010 Australians seeking compensation for transport and workplace injuries.[21] A lack of clarity resulting from ambiguous information provision around the claims process was associated with heightened anxiety. Of the participants, 34% reported the most stressful element of the compensation process was understanding what needed to be done. Claimants endorsing this lack of understanding as the most significant stressor reported that, six-years after their injury, they had significantly higher levels of disability, lower quality of life, and higher levels of anxiety and depression compared to those who did not consider this

to be the greatest stressor.[21] This effect remained (albeit attenuated) when pre-compensation vulnerabilities such as length of hospital recovery time, severity of injury, and depression, anxiety, or PTSD resulting from the injury were controlled. The longitudinal design of this study enabled associations to be made with long-term recovery, particularly with regard to mental health impacts, which typically manifest over a longer time frame.[21]

The mental health symptoms associated with a prolonged and complex compensation process are potentially severe and may include depression, anxiety, anger, and general distress.[16,17,22,23] A qualitative study of 15 individuals engaged with the Australian workers' compensation scheme or motor vehicle compensation scheme revealed several key themes regarding mental health and wellbeing. While depression was not assessed using clinical measures, more than half the participants reported depressed mood and a perceived loss of control associated with being reliant on others. In particular, poor communication with insurers and delayed applications for health services were associated with mental health decline.[22] Individuals going through a motor vehicle accident compensation scheme also experienced significantly higher levels of anxiety than those who were injured but did not engage in compensation processes. Although that could be a manifestation of pre-existing vulnerability, in this paper the heightened anxiety was attributed to stress caused by being required to undergo numerous medical assessments and delays in processing benefits.[23] Psychological distress and poor mental health have been identified as being more prevalent amongst injured individuals who seek compensation than in injured individuals who refrain from engaging with the compensation scheme.[16,17] Regrettably, it is not possible to determine the extent to which this worsening mental health pre-dated the claim, rather than being a function of the claims process, although it seems likely that both are interacting factors. In another study of Australians seeking compensation due to musculoskeletal injuries caused by motor vehicle crashes, psychological distress was found to be associated with prolonged claim settlement time frames and increased alongside claim costs.[16] Again, the fact that this was not a randomised trial makes it unclear if the time delays and increased costs cause, or are caused by, the psychological distress. It is reasonable to speculate that both impact on the other in a vicious downward spiral, although such a speculation goes beyond the empirical data. Regardless, the association is an important one.

Implications of the ambiguity surrounding the compensation process were also evident in the various misconceptions held by claimants. In a study of US veterans, it was identified that many believed stable employment would render them ineligible for receiving benefits, and thus a majority reported that they would turn down job offers if they arose.[24] This highlights the need for increased clarity in the information provided to veterans upon exiting military service (a theme reiterated in the Desktop Study) in order to facilitate a smooth and well-informed transition. Loss of benefits is, in reality, subject to many complex factors and

employment alone (especially part time or voluntary work) may not adversely affect payments to any significant degree. Veterans have been found to place high value on employment[24] and thus misconceptions that perpetuate unemployment may have potentially damaging effects. With regard to healthcare, a 2018 report commissioned by the Australian Departments of Veterans' Affairs and Defence also found that claimants experience difficulties in accessing accurate information, noting that veterans consistently reported affordability as a barrier to seeking treatment for mental health concerns and were unaware of their eligibility to receive free, "non-liability" treatment for these conditions.[25]

The length of time involved in the compensation claims and assessment processes was another aspect of the complexity of these schemes.[21,26] In the previously mentioned study of Australians seeking compensation for transport and workplace injuries, 30% of individuals reported that the time taken to manage the claim was the most stressful aspect of the process.[21] This was associated with significantly higher levels of anxiety, depression, disability, and lower quality of life,[21] as well as poorer general health outcomes.[27] In a separate study, poor functional capacity and mental health were also associated with delayed time to finalise claims.[26] While the direction of this relationship is somewhat unclear, the authors suggested that poor mental health at baseline is associated with a longer duration of claim processing due to increased vulnerability to stressors within the compensation process – that is, an increased vulnerability to stress interferes with the claimant's capacity to negotiate the process which, in turn, results in delays.[26] Amongst individuals filing for compensation following motor vehicle crash-related whiplash injuries, 15% remained within the compensation scheme for over three years, which the authors proposed was due to the negative health implications of continuing the lengthy process.[26] Prior compensation claims were associated with prolonged current compensation time frames.[16,26] While the relationship between claim processing duration and mental health symptoms is complex, this literature indicates that there is an association that may be important in addressing the mental health needs of this population.

Some claimants involve lawyers or advocates in their claims processes due to a need for assistance with the complex compensation process or due to a negative claim outcome.[28] However, a consistent finding in the literature is increased psychological distress and anxiety for those individuals with lawyers representing them in the claims process.[11,16] A retrospective study of claimants who settled claims following motor vehicle crashes in New South Wales found that legal representation was significantly more common amongst those with musculoskeletal injuries and psychological distress, compared to those with only musculoskeletal injuries.[16] While it is difficult to determine the directionality of this finding— whether lawyers are consulted due to psychological impairment or whether they are the cause of the distress— it provides an indication of an association between legal

representation and psychological distress. Use of a lawyer was also found to be associated with a 10- to 20-fold increase in duration of claim settlement (longer than 12-24 months),[29] and was associated with worse physical and mental health outcomes.[17] It has been suggested that the reason for this substantial increase in poor outcomes is attributable to the fact that lawyers are likely be retained in cases that are more severe and complex.[14] While this may be the case, the presence of a lawyer has also been found to create greater ambiguity and complexity for the claimant. A longitudinal study of Australians involved in seeking compensation for motor vehicle accidents found that claims procedures are likely to become increasingly adversarial and complex with the involvement of lawyers. This, in turn, perpetuates heightened anxiety for the claimant.[11] Within the context of veteran compensation, the Desktop Study has reported accounts of claimants' frustrations at being required to depend on advocates, many of whom are reportedly as uninformed of the complexities of the claims process as the veterans themselves. Some studies have suggested the potential for lawyers to coach claimants to exaggerate symptoms in order to gain larger settlements.[14] However, this phenomenon has not been properly investigated and is difficult to support with evidence. It is, therefore, not discussed at great length within this report.

The extent to which claimants experience long-term consequences as a result of stressors associated with claims procedures has been explored in the literature examining long-term disability.[20,21] A longitudinal study of 332 Australian claimants engaged in injury compensation schemes found that greater levels of stress at the time of the claims procedure was associated with the levels of functional disability six years after the initial claim.[20] Even when considering pre-existing mental health symptoms, this association was significant and suggests some people may experience long term impacts from the claims process. Another study examining compensation-related stress and predisposition to stressful experiences amongst Australian compensation claimants found that those who reported the most stressful experiences had poorer long-term recovery. The experiences contributing to this level of stress included delays in processing time, medical assessments, and negative reactions from others.[21] These findings should be considered in light of the limitations of many studies examining the effects of compensation schemes, in particular the difficulty in separating out the impact of the claims process from pre-existing individual vulnerabilities such as poor coping skills or limited social support, which may impact on the level of stress experienced and long term recovery. However, they demonstrate the potential for long-term negative health outcomes amongst claimants enduring significant stressors.

Legitimacy of claims

In addition to complexity and ambiguity, an aspect of the compensation process that is particularly burdensome for claimants is proving the legitimacy of their claims. Although it is reasonable for insurers to assess the veracity of claims, the responsibility of establishing their claims as legitimate may have far-reaching implications for the wellbeing of claimants, particularly with respect to their perceptions of fairness of, and trust in, the compensation scheme.[5,30,31] Studies examining the prevalence of malingering and symptom exaggeration amongst those seeking compensation have produced mixed results,[8,32] but it may be that some compensation organisations and staff members have concerns that claimants might be motivated by secondary financial gain.[9] This adds pressure on claimants to conclusively prove the extent of their injuries.

A pervasive feeling amongst individuals undergoing claims procedures, as identified by the literature, is that of being treated as a criminal.[5,33] A systematic review synthesising findings of qualitative studies examining interactions between injured workers and insurers from workers' compensation schemes included 13 qualitative studies of workers' experiences and found that claimants' perceptions that they were treated like criminals was a widespread finding across several countries, including Australia, Canada, Sweden, and the US.[5] Concerns regarding legitimacy of claims was identified as a factor in 10 of the 13 studies. Participants reported a lack of understanding from insurers related to their physical and psychological concerns, as well as questioning the credibility of their injuries. These workers felt their injuries were often underestimated and, in some cases, attributed purely to psychological factors, even if they were of a physical nature. Numerous medical examinations and assessments were frequently utilised to establish legitimacy of their claims, which were of little use to claimants and often resulted in contradictory diagnoses and greater ambiguity for all parties involved. Claimants described increasing feelings of injustice and distress associated with these attempts to prove their injuries. Some studies in this review also reported that insurers monitored claimants by surveilling routines and approaching relatives and neighbours in attempts to record activities that claimants reported being unable to perform due to injuries. Participants reported feeling threatened by such extreme measures and felt they were being treated like criminals.

These findings were supported by an additional qualitative study focussing on workers' experiences within the workers' compensation scheme in Canada, which also reported that participants felt as though they were treated as criminals.[33] This was particularly prevalent where injuries were not physically visible or measurable through medical assessments, as those injuries more likely to be considered fraudulent by insurers. The study also reported

the use of video surveillance of claimants, which perpetuated the perceived feeling of criminality.

Claimants' perceptions of being treated like criminals may contribute to negative mental health impacts, with some workers reporting that their mental health and self-esteem had suffered as a result of such treatment.[5,33] These ill effects were linked to claimants withdrawing from physical and social interactions due to fear of being monitored. The authors suggested that the fear of being monitored is particularly detrimental as it may discourage claimants from engaging in activities that could prevent long-term disability, promote rehabilitation, and facilitate recovery.[33]

The lack of trust from insurers has been found to perpetuate a sense of unfairness, which may contribute to claimants' perception of the justice of compensation schemes.[5] The concept of justice has been explored in the compensation literature, with a differentiation proposed between procedural justice and distributive justice.[34] Procedural justice has been defined as the perceived fairness of the procedures within compensation schemes,[34] while distributive justice refers to fairness of the final outcome and decision.[31] Procedural justice is affected by several factors that are under the control of staff working within the compensation scheme, such as interactions between claimants and staff, clear instructions, and transparency in dealings.[34] A study of 160 compensable patients with injuries resulting from motor vehicle crashes found negative procedural experiences, as rated by claimants, 12 months after their injuries that included ambiguous rules, excessive paperwork, and approvals feeling like a test. In contrast, positive procedural experiences included efficient approval of services and caring claims staff.[34] As demonstrated by this study, aspects of procedural justice can be influenced by staff employed within the compensation scheme and can help to minimise negative mental health outcomes resulting from a need for claimants to legitimise their injuries.

It has been suggested that the degree of credibility needed to substantiate injuries differs according to the nature of the injury. A study involving interviews with workers involved in workers' compensation in Canada, New Zealand, and the Netherlands found that claims for less visible conditions, such as mental illnesses, neurological damage, or soft tissue injury were more likely to lead to contentious interactions with compensation staff regarding validity of the claim, compared to highly visible, physical injuries resulting from acute trauma.[30] This suggests that claimants suffering from mental illness or other, less visible conditions are often subject to having their difficulties compounded by the claims process and the need to legitimise their illness.

Medical assessments

As noted in the previous section, medical assessments have been found to contribute to a sense of injustice and distrust within the compensation process. Medical assessments, while considered necessary in order to provide evidence of injury, are known to increase the burden of claims procedures for individuals.[11,29] This was also an issue raised by veterans, and was a key finding in the Victorian Ombudsman's inquiry into workers compensation, as reported in the Desktop Study. The problem is of particular concern when repeated assessments are required by the insurer and, indeed, numerous medical assessments were identified as one of the major stressors generated by the compensation scheme in a study of compensation schemes for motor vehicle crashes in New South Wales.[29] Another study found that 25% of claimants reported high levels of stress associated with the number of medical assessments required to process a claim.[21] A report by the Royal Australasian College of Physicians highlighted that poor health outcomes are associated with the number and type of medical assessments required.[27]

Medical assessments by healthcare practitioners are a standard part of compensation claims.[5,35] Interestingly, many of the concerns raised by claimants regarding contact with insurers were also mentioned in the context of healthcare. A systematic review of 13 qualitative studies found that, in eight of the studies, injured workers reported that their healthcare practitioners did not believe their degree of pain or inability to return to work.[5] Beyond the distressing experience of being subjected to this reportedly demoralising experience, the implications of adverse medical opinions are significant, as approval of a claim or continuing eligibility for compensation is often dependent on reports from healthcare practitioners.[5] These experiences are compounded by other stressors from the compensation process to create an increasing lack of certainty and the perception that there is no support. Another systematic review focussing specifically on the interactions between injured workers, healthcare providers, and insurers found that healthcare providers were often unwilling to engage with patients who were involved in a compensation scheme due to beliefs that their expertise would be ignored by claims managers.[35] Furthermore, many healthcare providers were not aware of the requirements regarding their interactions with compensation claims officers. Failure to provide timely or complete reports may have serious implications in approvals for treatment and potentially could cost the claimant his or her compensation benefits. As such, the frustration and anxiety of claimants were often exacerbated by the lack of urgency and understanding from healthcare providers.[35]

A specific type of medical assessment that has been identified as particularly stressful for claimants is independent medical examinations (IMEs). In Australia, IMEs can be requested by insurers or lawyers representing either party. These IMEs not only affect financial

compensation, but may also be required before the insurer will agree to fund treatment or at intervals during treatment to monitor progress.[36,37]

IMEs are intended to be conducted by a neutral party providing an independent report to insurers as well as claimants and are often requested during particularly adversarial claims proceedings.[38] A qualitative study of 19 psychologists with clients undergoing compensation claims found that IMEs can exacerbate mental health conditions of patients and are discouraging for both the claimant and the psychologist providing treatment.[31] Psychologists revealed that IMEs can significantly disrupt psychological treatment of clients due to the need to focus on the increased anxiety and negative emotional reactions that occur before and after the assessments. Interactions between the IME assessor and an injured client are of particular importance, as psychologists reported that their clients often experience rude and disrespectful behaviour from assessors. They also noted frequent inaccuracies in IMEs that prevented future entitlements for their clients. The fact that an IME report could invalidate the treatment plan of a treating psychologist was a source of uncertainty and distress for both the claimant and the psychologist and may have negative mental health outcomes if treatment is terminated pre-emptively. A systematic review reported injured workers describing the process of an IME as hostile and often not impartial as intended.[35] Claimants were often not given the IME report, which was given directly to the insurer and had little therapeutic benefit. Eight of the studies in the review included injured workers who reported having to attend multiple IMEs and largely held negative views about the impartiality and therapeutic benefits of the process.[35]

Considering how important medical assessments are in terms of approval or denial of compensation benefits and treatment, they constitute a major part of the compensation claims process. As such, the potentially negative consequences of numerous medical assessments and IMEs should be recognised and addressed where possible. In particular, interactions between health practitioners and claims managers or assessors have been identified as a potential barrier for claimants receiving needed treatment and efforts to improve this relationship may prove beneficial to improve claimants' and healthcare professionals' perceptions of the effectiveness of medical assessments.

Social support

Social support has been identified as an influential factor in the mental health of individuals within the compensation scheme[22,33,39] and was raised repeatedly in the context of both veterans and partners in the Desktop Study. A study of 85 compensable individuals in the Canadian workers' compensation scheme reported that a determinant of health outcomes was the presence or absence of a strong, supportive relationships.[33] Those who felt

supported by their employers, colleagues, spouse, caseworkers, or doctors experienced less negative health impacts as a result of the stress of the compensation process. The study also specified an additional benefit of claimants having trusting relationships with individuals knowledgeable about the compensation process, highlighting the importance of well-trained advocates (an issue also raised by veterans in the Desktop Study). Participants reported a potential therapeutic effect of being supported by someone in a position of power, such as a manager or co-worker, as this provided reassurance along with support.[33]

Family support is considered a key aspect of maintaining wellbeing throughout the compensation claims process, with claims processes often operating under the assumption that claimants have the support of their family members.[39] A qualitative study of injured compensation claimants and their family members provided an in-depth understanding of how families are affected by the stressors of the claims experience.[39] Participants noted the inherent assumption made by claims officers that every claimant is supported by a family member who can assist with daily activities and provide emotional and financial support. This assumption was based largely on the lack of information provided on how the claims process would affect the life of the claimant. The study noted that family circumstances of a claimant were also likely to change throughout the claims process, suggesting the need for regular assessments ensuring that appropriate support was available.[39] Clear information regarding the functional, financial, and emotional toll of the compensation process on the individual is thus a key concern, as was ensuring engagement with appropriate support networks, particularly for those claimants who lack the family support that is often assumed by compensation schemes.

For claimants with access to family support, their role is further complicated by the high demands of the compensation process. The qualitative study outlined above also elucidated the impacts of the process on family members of claimants, which ranged from financial to emotional.[39] One of the most significant challenges cited in the study was the change in family roles that occur as a result not only of the claimant's injury or condition, but also the circumstances propagated by lengthy, complex compensation claims and assessment processes. Participants noted the increased workload placed on supporting partners and family members of injured claimants, often because compensation schemes fail to provide timely access to services and benefits. For example, two of the compensation schemes referenced in the study required workers to pay the first $500 of medical expenses out-of-pocket. In addition to other unexpected costs such as transport to medical appointments, these expenses can pose a significant financial burden on family members of claimants, particularly if the claimants themselves are unable to work.[39] Family members also reported shouldering a significant amount of the emotional burden placed on the claimant, particularly if he or she experienced a high degree of frustration with the compensation scheme. A

particularly important finding was that these concerns were amplified in families with pre-existing financial or medical struggles, for whom the burden of managing the compensation process was an additional stressor.[39] In order to adequately support individuals who are involved in a compensation scheme, it would be beneficial to consider the role of family and social support so as to include them as part the process and provide sufficient resources. Again, this was a common theme in the Desktop Study.

PTSD claims in a nontherapeutic context

One area that has gained the attention of researchers is the unique position of claimants seeking compensation for PTSD.[32,40] A study involving claims officers working within the US Department of Veterans Affairs disability scheme gathered beneficial insights on the impact that the process has on claimants.[32] In particular, the assessment process mandated to gain access to treatment or compensation requires the claims examiner to gather sensitive information about the mental health and trauma history of the claimant. It should be noted that these findings are not directly applicable to all Australian veterans seeking treatment for PTSD, as they are not required to undergo assessments in order to access treatment. They can, however, be applied in cases where veterans submit claims for other types of compensation regarding PTSD that was caused by military service. In these cases, eligibility for compensation requires appropriate assessments. The comments of veterans reviewed in the Desktop Study highlighted this issue, particularly when the information regarding traumatic experiences has to be repeated multiple times with different assessors.

The psychological impact of discussing military-related trauma within a non-therapeutic context has been found to be particularly stressful for claimants.[32] The researchers suggest that describing potentially triggering information regarding trauma history to claims evaluators, who are essentially strangers, requires a significant amount of motivation from veterans involved in the process.[41]

Rather than offering the psychological support required by these claimants, examiners must perform the role of data collectors, with limited opportunity or time to offer support.[40] In this context, researchers have proposed that the evaluation process for claimants seeking compensation for PTSD is, in fact, an opportunity for treatment referrals.[40] According to them, a treatment referral should be offered immediately after the assessment is completed, utilising the information gathered during the session.[40] While it is possible that claimants seeking compensation for PTSD-related claims may be undergoing treatment concurrently, such assessments present an opportunity to ensure that all claimants, including those whose claims for compensation are rejected, are aware of their eligibility for benefits and treatment.

Improvements to compensation processes

Given the potential physical and mental health impacts of compensation claims and assessment processes, a section of the literature has focussed on improvements that can be made to compensation schemes to improve claimants' experiences.

A potential improvement suggested by several studies examining compensation schemes across workers' and transport accident compensation schemes involves conducting screening claimants to identify those who are developing mental health symptoms when they begin the claims process[21,42] This would allow for the possibility of early intervention for those claimants who might later experience particularly severe mental health impacts as a result of compensation stressors.[21] As duration of time spent within the compensation process is associated with negative mental health impacts, it is suggested that those with poorer mental health at baseline be provided with extra support in managing the claims and minimising their exposure to more stressful aspects of the scheme such as the numerous medical examinations and adversarial interactions with claims managers.[42] While the literature does not provide a clear indication of how these screening procedures should be conducted without subjecting vulnerable claimants to further assessments, it is worth considering the importance of gaining an understanding of baseline mental health. It is emphasised in the literature that the aim of compensation schemes should be to refrain from overwhelming the inherent resilience skills a claimant possesses. If a claims procedure is likely to become a stressor for claimants with existing vulnerabilities, a failure of the claimant's individual resilience can be predicted, along with a lengthy claims process that will incur increased costs for insurers.[43]

Another aspect of screening and assessment that has been reviewed in the literature, with the aim of improving health outcomes for claimants, is a multidisciplinary approach to assessment and treatment.[18] A Literature Review outlining the current best practice in psychosocial rehabilitation provided potential improvements to the treatment of chronic physical conditions such as musculoskeletal pain amongst veteran populations. The review emphasised the importance of acknowledging the prevalent comorbidities between physical and mental health conditions, with particular reference to comorbid disorders such as PTSD, anxiety, and pain.[18] Evidence suggests that treatment of the mental health components of these comorbidities is a cost-effective approach that has been demonstrated to result in greater functional abilities, return to work, and fewer negative outcomes following disability claims.[18] In order to provide such treatment options, however, the review emphasises the need for assessments for musculoskeletal rehabilitation and treatment to identify co-morbid mental health conditions that also require treatment. It is suggested that such efforts can

enable a more cost-effective and straightforward treatment plan to be offered to claimants suffering from such co-morbidities.[18]

The role of claims managers has been identified as particularly influential in the experience of claimants within the compensation process. As such, researchers who evaluated Victoria's TAC claims management scheme have suggested various improvements to address poor mental health outcomes amongst claimants.[44] The majority of the suggested interventions involve claims managers, including more effective allocation of case load. For example, the study suggests matching case complexity with previous experience of the claims manager in order to ensure that complex cases are handled by claims managers who are equipped to provide appropriate support. Other proposed improvements include transitioning to a person-centred approach, particularly when addressing claims for long-term, chronic concerns. Training and education of staff was also emphasised as a priority, with a view to providing claimants with positive and supportive staff interactions.[44] While information concerning the implementation and outcomes of these proposed changes have not yet been released, they provide a guide as to potential mechanisms for improving compensation schemes.

Another study examined the outcomes of a novel approach to road traffic accident claim management in New South Wales.[45] In contrast to the standard claims management process, the new approach focussed on early intervention, risk assessment, early psychological screening, clear communication with the claimant, and facilitating early return to work. Claims consultants were trained according to these principles and were encouraged to spend 50% more time on each claim compared to consultants in the control group, which consisted of the existing claims management process. Participants were followed-up seven months after their injury and results indicated lower rates of depression and perceived health limitations in the intervention group compared to the control group. The intervention group also scored higher on a measure assessing return to usual activities. It is suggested that these positive results for the intervention group were a result of the implemented changes, such as greater time allocated to claimants by claim consultants, clear communication, and efficient services.[45] While it was difficult to track the implementation of the intervention due to a lack of monitoring of its compliance, the study provides encouraging findings regarding the potential mental health and wellbeing improvements that can result from relatively minor changes to the compensation process.

In order to address the substantial challenges posed to claimants by frequent and arduous medical examinations, an Evidence Based Medicine (EBM) tool has been developed within the workers' compensation scheme.[46] The tool was developed in North America and provides a thorough review of various evidence based treatments and guidelines for conditions commonly observed in compensation processes, as well as suggested

timeframes for returning to work. It is intended for use by claims managers and healthcare professionals, in order to assist them in making decisions about treatment approvals using highly substantiated data and preventing uncertainty due to multiple differing diagnoses and prognoses. A study aimed at examining the potential use of this tool within the New South Wales workers' compensation scheme utilised a mixed methods design to investigate the attitudes of health care professionals towards utilising the EBM tool. Quantitative surveys, as well as qualitative interviews, were conducted to gain an in-depth overview of the perceived benefits of EBM generally, as well as its use within compensation schemes. Results of the study indicated mixed opinions, with general practitioners anticipating more barriers with the use of the EBM tool than clinical psychologists. These barriers include concerns regarding the lack of consideration for individual patient factors and psychosocial differences not accounted for by the EBM tool. This result was mirrored in the qualitative portion of the study, with the majority of healthcare professionals concerned that the tool would limit the role of clinical judgment in medical decision-making. They noted the crucial role of psychosocial factors, particularly within the compensation setting, where recovery is influenced by a variety of factors not limited simply to medical treatment. In general, the opinions of healthcare professionals projected a common theme of mistrust in the workers' compensation scheme, with which many reported having previous negative experiences. As such, it is proposed that, before implementing such a tool for use in healthcare settings, it would beneficial to improve interactions between healthcare professionals and compensation claims managers.[46]

As identified in previous sections, another significant source of stress for claimants within compensation schemes is the complexity of the process. In efforts to address the resultant health impacts of this complexity, a randomised controlled trial was conducted to examine the use of an intervention website as a part of the Dutch traffic accident compensation processes.[47] The intervention website comprised modules detailing information about the compensation process, online therapy-based lessons, and frequently asked questions addressing queries such as expected time frames, important steps, and lawyer involvement. The control website contained information already available to claimants, as well as generic support websites. The primary finding was that claimants using the intervention website considered their compensation to be fairer than the control group, despite no significant difference in the compensation amount.[47] Other measures, including empowerment and communication, did not significantly differ between the groups. This could potentially be attributed to low usage of the website, as 35% of the intervention group did not log onto the website and most others logged on only once or twice. Despite the limited findings of this study, the novel approach to addressing compensation stressors using an online platform may have potential benefits with regard to accessibility.

Use of an online platform to alleviate the complexities of compensation schemes has also been trialled within military populations, as demonstrated in a study of US veterans with a pending compensation claim for psychiatric conditions.[48] The website consisted of a web-based version of a motivational interviewing counselling intervention, which focusses on changing behaviour and beliefs using an empathetic, non-judgmental approach to help clients create an individualised plan to achieve goals.[48] It was specifically modified in order to address the needs of veterans in the compensation scheme, with information and a forum for discussing emerging issues provided for participants. This aspect of the platform was rated positively, with participants reporting that they found the discussions engaging. The individual features and navigability were rated highly as well. Participants did, however, express the need for more information to be available regarding the compensation process. While web-based counselling services cannot replace regular, face-to-face treatment, they can provide claimants with a platform to gain information and support during the potentially distressing process of seeking compensation.

Summary

The themes explored in this review of the research literature have outlined the major ways in which the compensation claim and assessment process impacts on claimants' mental health. It is clear from the literature that no single cause will adequately explain the detrimental effects of the compensation process. Rather, an interaction of multiple factors is likely to contribute to adverse outcomes. This is consistent with a recent report from the Royal Australasian College of Physicians which identified psychosocial environment of the claimant, psychological vulnerability, response to claimants by insurers, provision of information by insurers, number and type of medical examinations, and length of time away from work as factors that have been found to contribute to poor health outcomes in compensation cases. The report emphasised that addressing only one of these issues, while helpful, may not result in substantial improvements in claimants' wellbeing and called for a more holistic approach to system reform.

The current review identified similar themes. Complexity of the compensation process, questioning the legitimacy of claims, the burden of medical assessments, the role of social support, and PTSD claims in a nontherapeutic context have all been identified in the literature as factors which can affect the mental health and wellbeing of individuals and families involved in compensation processes. The stressors associated with these five aspects of compensation schemes undoubtedly affect individuals differently, but common trends evident in the mental health outcomes of claimants have emerged from the qualitative studies which provided in-depth data from those directly involved in the process. The research literature suggests that the vulnerabilities of certain claimants should be

acknowledged, particularly those who are affected by mental health concerns at the outset of the claims process and are thus more susceptible to negative impacts from the compensation process.[26] In addition, the impact of the compensation scheme on partners and family members is recognised, particularly with regard to the financial and emotional burdens associated with supporting claimants. Taking into consideration the methodological limitations of the majority of these studies, which prevent conclusive statements regarding directionality of effects, it is beneficial to consider the various factors impacting the mental health of claimants.

Based upon the findings reported within these five themes, potential improvements to the compensation process were also outlined, with reference to several studies that have explored the implementation of specific changes to the process. These improvements were applied in a variety of settings, including workers' compensation, traffic accident compensation, and veteran compensation. The changes included screening of claimants to identify mental health vulnerabilities at the outset, streamlining the responsibilities of claims managers and improving training, implementation of an early intervention program, use of an Evidence Based Medicine tool, and online resources for individuals involved in the compensation process. These suggested improvements (several of which have already been adopted or are in progress within DVA) aim to address the concerns raised by claimants regarding their experience of the compensation process. They have the potential to ameliorate some of the adverse mental health impacts through small yet targeted changes, with the aim of providing claimants with a more positive and supportive journey of recovery.

Desktop Study

The purpose of the Desktop Study was to explore the impact of compensation processes on the mental health of claimants and their partners and families. Many documents provided for the Desktop Study focussed on criticisms of the claims process, as well as suggestions regarding how the system might be improved. Relatively few documents, however, made any direct links between those perceived inadequacies in the system and mental health outcomes. The exceptions to that were the Senate suicide and mental health inquiries, the Bird review, and quotes from veterans and partners, although even those implied an association rather than a causal direction. A few others referred to the stress experienced by veterans going through the process which, of course, may be assumed to adversely impact on mental health.

Questions regarding the relationship between the claims process and mental health are bidirectional:

a) Does the claims process have an adverse impact on mental health?
b) Does the presence of a mental health problem make the claims process more difficult to negotiate?

There is an assumption in the documents that both are true, although there is greater implied emphasis on the former. Although direct evidence for either is not strong, there is tangential evidence in the documentation (albeit exclusively self-report) supporting both and it is reasonable to assume that, for some claimants, the two interact to generate a mutually reinforcing downward spiral.

Underpinning the criticisms was the suggestion that this group of claimants is particularly vulnerable from a psychological health perspective and that they find it very hard to deal with complexities, frustrations, delays, and bureaucracies in general. They are especially susceptible to anger, frustration, anxiety, and distress and, as a result, may have a tendency to avoid any contact with DVA (in person, by phone, or by letter) that they fear might precipitate that kind of unpleasant psychological reaction. This avoidance, of course, can further disrupt the claims process making it even more stressful.

As noted above, virtually all the information reviewed for the Desktop Study came (directly, or indirectly through various inquiries) from a particular section of DVA population – those who were sufficiently motivated to send in submissions or attend workshops. It is reasonable to assume that these comments do not necessarily reflect the experience of all. Indeed, despite multiple criticisms of the claims process, several of the reports reviewed for the Desktop Study note the relatively high level of satisfaction with DVA services. The Senate

Inquiry into Mental Health of Australian Defence Force (ADF) Serving Personnel and Veterans, for example, notes that "*89 per cent of clients were satisfied with DVA's client service and 90 per cent of clients 'believed that the Department is honest and ethical in its dealings and is committed to providing high quality client service'* " (pt.5.34). We note that these satisfaction figures have dropped slightly since then, although they remain impressively high. Of concern, however, is that satisfaction with DVA is lowest among younger claimants; this issue is noted further below.

As a final introductory comment, we were struck during our review of the documentation by the genuine and repeated attempts to engage both the veteran community and the DVA delegates in dialogue to better understand and respond to concerns about the claims process. We also recognise that DVA has made many changes in recent years (many of which post-date documents reviewed in the Desktop Study) in an attempt to improve the experience for veterans and their families.

This report contains three sections:

- Section 1 provides an overview of the documents that were reviewed for the Desktop Study.
- Section 2 identifies seven themes that emerged from our review of the documentation.
- Section 3 provides a summary and conclusions.

Section One: Summary of Documents Reviewed for the Desktop Study

Note: The numbers in each heading refer to the document list in Appendix B

This Desktop Study reviewed a body of documents, most of which were recommended and provided by DVA, relating to the claims process and/or claimants' mental health. The documentation included several reports from formal inquiries, as well as outcomes from various workshops held with veterans, family members, and DVA delegates.

1-4: Senate Inquiry into Suicide by Veterans and Ex-service Personnel 2017 (SIS)

While focussed primarily on suicide, the SIS report explored factors contributing to suicidal behaviour and mental health more broadly. It included attention to the role played by the claims application process, suggesting that the compensation claims process is one of two key factors contributing to veteran suicide (the other being PTSD). Submissions identified *"…delays, negative determinations or perceived maladministration in DVA the compensation claim processes as creating critical stress for veterans and as a contributing factor to suicide"* (pt.3.43). Indeed, this report is relevant for all the themes identified in the Desktop Study. The SIS report acknowledges the need to balance multiple principles in reviewing and determining claims (pt.4.17), as well as the legislative complexity across the three separate Acts (VEA, SRCA, MRCA; pt.4.18ff). The report, however, details comments from many submissions implying that problems in the claims process create substantial stress for veterans, contributing to poor mental health. Related documents, comprising the Government response, a media release, and the Minister's statement to parliament, were also reviewed.

5-7: National Mental Health Commission Review into Suicide and Self-harm prevention services available to current and former serving ADF members and their families 2017 (NMHC)

This review focussed primarily on available services in the area of prevention and management of suicidal behaviour, with less focus on contributing factors, and was specifically oriented to suicide rather than mental health more broadly. The report makes 23 recommendations, most of which are focussed directly on suicide and are of only tangential relevance to the claims process. Documents associated with the NMHC Review, comprising the government response and a media release, were also reviewed.

8: Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans (2016)

This inquiry investigated the extent of mental health problems in ADF members, veterans, and their families. It looked at mental policy, diagnosis and treatment services, barriers to care and compensation, training and education, and transition support services. Although much of this report is only tangentially relevant to the current review, Chapter FIve specifically looks at the claims process (pts. 5.21ff). The report describes the *Veteran's Entitlement Act 1986* (VEA), the *Military Rehabilitation and Compensation Act 2004* (MRCA) and the *Safety, Rehabilitation, and Compensation Act* 1988 (SRCA), and discusses non-liability mental health care, a model which was enthusiastically praised. (Note that this report pre-dated the recent expansion of non-liability mental health care; the report recommends such an expansion). The government response to this report was reviewed also.

9: Joint Defence/ DVA Inquiry into the facts surrounding the management of Jesse Bird's case — Review Recommendations

Mr Bird was a 32-year old Afghan war veteran who died by suicide shortly after the determination of a permanent impairment claim that he had been pursuing for almost two years. DVA had already accepted liability for several psychiatric diagnoses, including PTSD, major depression, and substance use disorder. Following his death, the Minister for Veterans' Affairs asked DVA, the Department of Defence (DoD), and the Veterans and Veterans Families Counselling Service (VVCS) to examine his case.

The actual review was not available so it is not possible to determine whether a direct link was drawn between the claims process and Mr Bird's suicide. Several recommendations from this review, however, are relevant to DVA's management of claims.

10: Transition Taskforce Report

This report was released after completion of the Desktop Review.

11: Quotes and notes from reports from client engagement activities under Veteran Centric Reform ("Impact of Claims on Mental Health")

This document, also titled "Impact of Claims on Mental Health", contains a selection of quotes from several client engagement activities including workshops, forums, and working groups, as well as individual and group interviews with veterans and family members. The overall theme, repeated in multiple forums, was that dealing with DVA in the claims process was difficult and highly stressful, especially for those already struggling with their

psychological wellbeing. Several quotes note that many veterans are going through this process during, or shortly after, transition from the ADF, at a time when they are vulnerable and struggling to come to terms with their new life circumstances.

12: Reports from Female Veterans and Families Forum

Three forums for female veterans and veterans' families were held (5/6.12.16; 10.10.17 & 11.10.17) to provide an opportunity for female veterans and veterans' families to engage with DVA about their needs and experiences. Some of the themes included more respect and better services for female veterans, increased attention to families especially around domestic violence, reducing the risk of intergenerational mental health issues, and improving ageing support and services. Although some dissatisfaction with the claims process was expressed, there were few suggestions or recommendations. Links between the claims process and mental health were sometimes implied but rarely explicitly mentioned.

13: Enzyme reports

This series of workshops held towards the end of 2016, each comprising 8 - 15 DVA personnel with two facilitators, was designed to explore opportunities for improvements in the claims processes. The recommendations that emerged have the potential to improve the claims process from both the veteran and DVA perspectives. Although not specifically targeted at the relationship between the claims process and veteran mental health, it is reasonable to assume that any such improvements will go some way to reducing the stress associated with claims applications.

14: Forums

Documents 14c, 14d, and 14e report on the female veterans and veterans' families forums reported in (12) above. The remaining three documents covered outcomes from two delegates forums (May 2017 and March 2018: 14a and 14b)), as well as a claims workshop with Ex-Service Organisations (ESOs) (June 2017: 14f).

The delegates forums brought DVA delegates together to explore the current culture of decision making and to generate opportunities that support a client centric culture. The delegates were acutely aware of deficits in the current system and several key themes were identified in an attempt to address the issues. The Claims Management workshop comprised 23 participants representing 12 ex-service organisations, as well as representatives of DVA, ADF, DoD, and Commonwealth Superannuation Corporation (CSC). Several key themes emerged regarding the complexity of the process, as well as the need to improve communication, empower veterans, adopt a holistic approach, and to work closely with the

ESOs. Transition was identified as a critical period in the claims process. A direct link was postulated between inadequacies in the claims process and mental health: *"Family breakdown, homelessness and the worst one is suicide – they all come out of the frustration with the current process"* (p.8).

15: Chronology of other reports since 2009 related to transition of ADF personnel

Details of other reports reviewed for the Desktop Review are provided in Appendix 2. Three of these reports were considered particularly relevant to the Desktop Review and key points are included in the relevant sections below.

Australian Institute of Health and Welfare (AIHW) study into suicide of serving and ex-serving ADF personnel, 2018

This study looked not only at prevalence, but also at variables associated with suicide. The report focussed primarily on suicide amongst men, due to limited data available on women. The authors note that the suicide rate for those involuntarily discharged for medical reasons was 3.6 times as high as the rate for men who discharged voluntarily. The report also notes that the highest incidence of suicide is in ex-serving 18-29 year olds. Obviously, any link between these suicides and the claims process is entirely speculative, but it is reasonable to assume that these men would have (or should have) been lodging claims and highlights the importance of creating specialist pathways for these high-risk groups.

Australian National Audit Office (ANAO) report on administration of rehabilitation services under MRCA, 2016

This report comments on DVA's proposed Early Engagement Model which aims to identify, engage and support members from the point of joining the ADF onwards. The model aims to reduce the time taken to process claims through early engagement and by having information on hand prior to a claim. The report notes that the processing of claims involves extensive manual calculations across multiple systems, with electronic systems not adequate to meet the requirements of processing these claims.

Inquiry of the Joint Standing Committee on Foreign Affairs, Defence and Trade into the Care of ADF Personnel Wounded and Injured on Operations, 2016

This report devotes a chapter to the role of DVA and comments specifically on the claims process (pt.8.13ff). It includes substantial information provided by DVA about the claims process and recent developments. It notes that veterans vary in their assessment of DVA services, with some submitting that the support and interactions with DVA can be very positive and that *"if your problem is accepted the care is excellent"*. On the other hand, the

report notes that *"the image of DVA with some veterans…was far from positive"* (pt.8.25). The Committee commended DVA on the changes it is making to the claims process, but noted that, despite these efforts, dissatisfaction with DVA's services remains among sections of the veteran community.

16: Selection of media articles relating to Jesse Bird case

The media coverage was highly critical of DVA's handling of Mr Bird's case, with the strong implication that the stress caused by the claims process was a primary factor in his decision to take his own life.

17: Investigation into the management of complex workers compensation claims and WorkSafe oversight. Victorian Ombudsman, 2016

Although only tangentially relevant to DVA, this inquiry addresses many similar issues. It was initiated following more than 500 complaints in the previous year from both injured workers and healthcare professionals. The report notes that most workers compensation claims in Victoria are neither complex nor contentious: 80% of claims are finalised within 13 weeks of injury. Like DVA, the system has a high level of satisfaction: Worksafe's most recent (at the time) annual survey of injured workers recorded satisfaction at over 85%. The report, however, provides a damning assessment of the management of complex claims, identifying serious problems with the system and emphasising the substantial adverse impact on the mental health of claimants. They note particular problems in claims management (driven largely by incentives provided for "terminating" cases), with agents *"working the system to delay and deny seriously injured workers the financial compensation to which they were entitled – and which they eventually received if they had the support, stamina and means to pursue their cases through the dispute process"* (p.5). Significant problems were identified also with the independent medical examinations (IME). The report made 17 recommendations, concluding that the *"system needs a better safety net for the vulnerable… it is in the interests of workers, employers and the public at large that the resolution of claims should be both timely and fair"* (p.13).

18: Independent Study Into Suicide In The Ex-Service Community (The Dunt Report): Department of Veterans' Affairs, 2009

Although this report is now nearly ten years old, several aspects are still relevant. The study includes sections on "Veteran Compensation Schemes and Mental Health", "PTSD and

Compensation", and "Mental Health, Compensation, and the Ex-Service Organisations". Each of these sections are associated with several recommendations.

Section Two: Key Themes Identified in the Desktop Study

Documentation reviewed for the Desktop Study revealed seven common themes, each of which is discussed in detail below:

1. Complexity and inefficiency in the DVA claims assessment process

This area was the dominant theme in the documentation. It is reasonable to assume that administrative challenges and lack of clarity while negotiating the claims process may serve to increase the veteran's stress levels, contributing to the development and/or exacerbation of mental health issues.

2. Interactions with DVA staff

There was concern that some DVA staff may be ill-equipped to manage interactions with veterans, particularly those with mental health issues, either through inadequate training or through the perceived adoption of an adversarial approach. Interpersonal interactions characterised by conflict are likely to increase the stress associated with the claims process.

3. Support and advocacy for veterans going through the claims process

Many claimants reported feeling unsupported while navigating the complexities of submitting a claim. Social support is a well-established factor in good mental health and it is reasonable to assume that the provision of better support during the claims process might assist in reducing adverse mental health consequences.

4. Support for partners

Although not directly related to the claimants' mental health, it is reasonable to assume that better support for partners will have an indirect, but important, impact on the mental health of veterans going through the claims process.

5. Better mental health care for veterans

The assumption here is that, if high quality mental health care was more easily accessible, it would help to reduce some of the vulnerability for those going through the claims process.

6. Improved transition processes

While not necessarily directly linked to the claims process, problems in transition were a common theme in much of the documentation as potential contributors to adverse mental health outcomes.

7. Need for more research around the impact of the claims process on mental health

There was a perception that more research evidence is required to better understand the impact of the process on mental health, to justify changes, and to drive more “veteran friendly” approaches to claims management.

Evidence from the documentation will be presented briefly in the context of each of the above themes. As well as a brief introduction and summary, each theme is structured according to the key documents provided for review. (Although consideration was given to structuring each according to sub-themes, this made the information more difficult to present and less accessible to the reader).

Theme one: Complexity and inefficiency in the DVA claims assessment process

Much of the documentation either explicitly stated or strongly implied that complexity and lack of clarity surrounding the claims process, combined with lengthy delays and other frustrations, serves to increase the stress of the experience for veterans and contributes to the development and/or exacerbation of mental health issues. This general theme was far and away the most common of those raised in documents reviewed for the Desktop Study and, as such, a substantial part of the current report is devoted to this area. The relationship between the claims process and mental health is also noted in much of the published literature (see the Literature Review section). Many of the inquiries, workshops, and forums generated suggestions for improvement; these are summarised briefly at the end of this theme.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)
The SIS devoted considerable attention to the claims process. Submissions to the SIS identified *“…delays, negative determinations or perceived maladministration in DVA the compensation claim processes as creating critical stress for veterans and as a contributing factor to suicide”* (pt.3.43). Concern was expressed about the spread of DVA functions across different areas, poor communication between areas, and inefficient administrative practices. Submissions suggested that the medico-legal assessments by medico-legal firms are a key source of stress for claimants. There was disagreement about the Statements of Principle (SoP), with some submissions complaining they were out of date, inflexible, too complex, and designed to hinder rather than help (pt.4.63), while others praised the SoP’s as being transparent, consistent, based on sound medical evidence, and a *“generous interpretation of the evidence”* (pt.4.64).

Lengthy delays in the processing and determination of claims were a common theme. It is notable that frustration with this may be especially felt by younger veterans. While 65% of

veterans 65 years and over were satisfied with the time taken to process a claim, only 56% of those aged 45-65 years and 39% of those aged under 45 years were satisfied (pt.5.47).

National Mental Health Commission Review of Suicide Prevention Services, 2017 (NMHC)

The NMHC received several submissions about difficulties in dealing with DVA on administrative matters, the length of time to process applications, the complexity of the processes, the frustration of lost paperwork, and the need to constantly prove claims. They note: *"The Commission heard that the experience of seeking compensation and of other administrative claims processes can be complicated and prolonged. We heard instances of increased distress and suicidal behaviour amongst those having difficulties with the claims systems, particularly amongst ADF members who are discharged against their wishes"* (p.6). Later in the report, the NMHC notes "*The Review repeatedly heard feedback around difficulties in dealing with DVA on administrative matters. The issues raised include individuals' lack of understanding of the processes and procedures (how to submit claims, what documentation is required, etc.), the length of time to process applications, the complexity of the processes, the frustration of lost paperwork and the need to constantly prove claims* (p.35).

Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans, 2016 (SIMH)

The SIMH received considerable evidence regarding the difficulties many veterans have when seeking assistance from DVA and the detrimental impact that the claims process can have on their mental health. The Returned and Services League of Australia (RSL), for example, told the committee that the process *"complicates, aggravates and perpetuates the pre-existing psychological distress suffered by veterans and their families'* (pt.5.28), a view reiterated by others. A submission to the SIMH from legal group Slater and Gordon criticised the extent to which aspects of the claim are handled by different sections and the impact of that on mental health, suggesting that *"… working in isolation and not considering the whole picture has failed ... one section may deal with liability before another considers incapacity and then another rehabilitation or treatment … causes significant delays … The frustration of my clients at this inefficiency and ineptitude often overwhelms"* (pt.5.33).

Several submissions highlighted the complex and confusing application processes required to lodge a claim. An ESO noted that even many volunteer advocates do not understand the complex legalities of the claims process, highlighting the detrimental consequences if they and/or the veteran are unable to correctly navigate the system. The committee received evidence regarding lost documents, long delays whilst waiting for documents to be physically transferred between offices, and procedural errors (pt.5.40), and DVA's information

communication technology (ICT) systems were criticised as being “antiquated” (pt.5.42). Several submissions highlighted the lack of continuity when dealing with DVA, suggesting that claimants be assigned a case officer to act as a single point of contact as a way of reducing the stress of the process (pt. 5.44).

Bird Review Recommendations

The actual review was not available, but there is no doubt that Mr Bird’s death by suicide was attributed by many people to his experience with the DVA claims process. The review makes multiple recommendations relevant to that area, which are included in the summary below.

Female Veterans and Veterans’ Families Forums

These forums did not make a direct link between the claims process and mental health, although the stress associated with the process for both the claimant and his/her partner was certainly implied.

The difficulty of navigating complex systems and support services was a frequent theme. Female veterans, for example, commented extensively on the difficulty of the process (e.g., *“What we need is an easier claims process and easier to understand legislation”* and *“We need to understand the legislation”*). The stress of the claims process was implied in several quotes from partners, such as *“In many cases, accessing veteran entitlements becomes too hard - what is required is too much on top of all of the other stuff they have to deal with”.*

Also relevant to mental health were frequent perceptions of lack of control and the need to rely on advocates rather than manage the process themselves (e.g., *“I don’t have any control over my claim”* and *“As a veteran, I feel that I do not have any power in the claims process – I have to rely totally on an advocate. If I didn’t have to rely on the advocate I think I would feel better, but now I need them as I am not empowered*). The relationship between perceived lack of control and adverse mental health outcomes is noted also in the Literature Review.

A third common theme from these forums revolved around comments from female veterans and veterans’ partners regarding the rejection of claims and communication of that decision. For example: *“There is a real issue around claims being rejected and what happens after that. In many cases, claims are rejected on minor grounds that could be addressed. I want an undertaking by DVA to go back to the client where claims are rejected and work the claim through with them – after a claim is rejected, it shouldn’t just end there”* and, on a related theme, *“Repeating processes to prove you still qualify – burden of proof”.* This perception of not being believed is also highlighted in the Literature Review.

This group also highlighted both the difficulty in obtaining information and the absence of a single point of contact for the claimant throughout the claims process. One partner (a veteran herself), for example, commented *"My husband and I have multiple claims in and we can't get any information – they won't appoint a single point of contact and we can't get access to information because of different systems".*

Quotes and notes from client engagement activities under Veteran Centric Reform

With the subtitle "Impact of Claims on Mental Health", it is unsurprising that this collection of quotes from veterans and partners collated by DVA included many in which a direct link was made between the claims process and adverse mental health outcomes. Several quotes emphasise that this is a particularly vulnerable group who find it hard to deal with frustrations and complexities, who are especially susceptible to anger, anxiety, and distress, and who are likely to avoid activities that might precipitate that kind of unpleasant psychological reaction. (e.g., *"I can become angry, I get tearful. I can't deal with it. I will just give up"* and *"If you're not travelling well, everything is really hard… When you're not travelling well, even the simplest task feels like Mt Everest"* and *"I…decided it would upset me too much and wreck my week so I didn't do it".*). Other areas of concern included:

- The perceived complexity of the process and difficulties coping with the paperwork (e.g., *"…I haven't done any of my DVA paperwork… I just don't have the mental capacity to deal with all the forms"*).
- Difficulty finding accurate information (e.g., *"If DVA could help me understand my entitlements and I could find information easily online my life would be less stressful and chaotic"*)
- Time delays in claims processing (e.g., *"DVA hangs onto complex cases for two years, then they let you go", "…the time taken to process claims or follow up on issues is too lengthy"* and *"There's no light at the end of the tunnel. It's been over a year and I have no sense of when there will be light"*).
- Being passed from one person to another and having to deal with multiple departments and/or providers (e.g., *"I get really stressed if I have to tell my story again and again to different people", "I get multiple letters from different states and I have different numbers to call"*, and *"requirement to attend repeated medical appointments for the same injury and/or obtain repetitive medical provider reports"*). The need for multiple medical assessments is also noted as an issue in the Literature Review.

Enzyme reports

These workshops for DVA personnel held in late 2016, and designed to identify opportunities for improvement in the claims process, did not make specific reference to mental health. It was clearly implied, however, that the experience for veterans and their families was often highly stressful.

Delegates Workshops (May 2017 and March 2018)

These workshops were similar to those covered by the Enzyme reports and reached many of the same conclusions, noting that transforming the claims culture in DVA is fundamental to a collaborative decision making approach and to creating a client focus.

Claims Management workshop (28 June 2017)

As with the previous two, this workshop of ESO's, as well as DVA, Department of Defence (DoD), ADF, and Commonwealth Superannuation Corporation (CSC), did not make a specific link between the claims process and mental health, although the stressful nature of the process for claimants and their families was strongly implied. The improvements suggested by this series of workshops are included in the summary below.

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

This report discusses several concerns expressed by claimants regarding the difficulties in the claims process. The inquiry received submissions stating that the claims process had an adverse effect on mental health, concluding that *"The process of recognition by the DVA of an individual's psychiatric diagnosis is for many ex-servicemen/women a gruelling, prolonged, invalidating and dehumanizing experience that complicates, aggravates and perpetuates the pre-existing psychological distress suffered by veterans and their families"* and *"There is pain, anguish and secondary trauma related to the difficulties and the frustrations in trying to navigate a complex, often bureaucratic, fragmented and entitlements-driven healthcare system"*. Specific concerns included the complexity of paperwork, delays in claims, DVA attitude/onus of proof, and concerns with DVA's case management.

Victorian Ombudsman investigation of complex workers compensation claims 2016

Although this report identified multiple problems in the way in which complex claims are handled, right through to and including the appeals process, it appeared that these were driven predominantly by the financial incentives provided to agents for early termination of cases. As such, it is not directly relevant for DVA. Nevertheless, a few recommendations are of interest, including that: a system to record complaints and feedback regarding the claims process be implemented in order to identify and remedy common themes (Rec 4); that all conciliation outcomes be reviewed in order to identify opportunities for improved practices

(Rec 6); and that the current dispute resolution model be reviewed to ensure it is fair and timely (Rec 1).

This report also identified many problems with independent medical examinations (IME), some (although not all) of which were consistent with those noted above in the DVA system. These included agents cherry-picking IME evidence to support a decision to reject or terminate a claim; medical examiners receiving selective, incomplete or inaccurate information; examiners selectively chosen to advantage the insurers; and 'doctor shopping' for an IME opinion that would support a rejection or termination of entitlements. The report made several recommendations in this area, including preventing agents from using "preferred IMEs"; providing claimants with a choice of examiners; improving the IME complaints procedure; and ensuring that examiners receiving high numbers of complaints are peer reviewed.

The Dunt Report: Veteran Suicide Study, 2009

This report notes that several improvements to the claims process have been made, but highlights the complexity of dealing with multiple legislative frameworks and notes the adverse impact that delays and setbacks may have on the veteran's mental health. The report recommends building on new (at that time) initiatives designed to ease the process for veterans, including increased emphasis on client-centred service and the allocation of experienced case managers to clients with complex needs (Rec 6). The report recommends adopting a separate process for claims involving chronic mental health conditions, with close involvement of mental health specialists.

Summary

A wide range of concerns were expressed across the documentation regarding the difficulties of negotiating the claims process with DVA. These concerns were not raised only by claimants, their partners, and advocates, but also by the delegates charged with processing those claims. In some documents, a direct link was made between the stress of the claims process and adverse mental health outcomes. In many others, the link was not made explicitly but was strongly implied.

Several suggestions were put forward by claimants, delegates, and independent reviews regarding ways in which the claims process could be improved. It was implied that such improvements would reduce the stress on claimants and their families, thereby minimising adverse mental health impacts. Recommendations included: adopting a stronger client (rather than process) focus; simplifying and streamlining the process, including simpler forms, better upfront needs assessment, simplified medical assessments, more flexible use of SOPs, better information technology (IT) systems, and reducing delays; improving communication (within DVA, with claimants, with providers, across agencies), including

around claim rejections; providing better support, including a single contact person for the claimant; making better use of interim payments; and improving access to relevant information. A separate claims process, with strong involvement of mental health specialists, was proposed for veterans with complex mental health needs. Recommendations from outside the DVA system (e.g., the Victorian review of workers compensation) included recording complaints about the claims process in a systematic way to facilitate identification of common themes, as well as reviewing conciliation and dispute resolution models (perhaps analogous to the Veteran's Review Board– see also Theme 3 below) to identify opportunities for improvement. That report also made several recommendations to address perceived flaws in the independent medical assessments.

Theme Two: Interactions with DVA staff and difficulty accessing information

Closely related to the concerns identified in Theme 1, there were many comments in the documentation regarding interactions with DVA claims staff. Some claimants felt that DVA staff are ill-equipped to manage interactions with veterans going through the process of lodging a claim. This was often attributed to inadequate training or to an "attitude problem" – delegates were perceived by some claimants as trying to minimise DVA payouts, assuming that the veteran is exaggerating or malingering. References to an "adversarial approach" by the DVA were relatively common. These difficulties interacting with DVA staff were explicitly or implicitly linked in claimants' minds with adverse mental health outcomes.

The Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)
This report included concerns expressed by claimants about DVA staffing levels, quality and training of staff (5.28), and suggestions of an adversarial approach to claims (5.86). The report acknowledges the difficulties of interacting with claimants who are frustrated and/or who have existing mental health issues, but noted that some claimants felt they had not been treated with respect by DVA officers. In an attempt to address this issue, the report recommends a review of training to ensure staff have an understanding of military service and veteran health issues, have appropriate communication skills to engage with clients with mental health conditions, and are able to interpret medical assessment reports (Rec 9).
Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans (2016)

While there was recognition of the need for strict processes to manage claims fairly and efficiently, there was a suggestion that it had become an adversarial system and that the need to constantly prove claims was leading to frustration and anger. The RSL submission, for example, suggested that *"DVA's focus appears to have shifted from supporting veterans to looking for reasons not to provide compensation"* and *"many veterans feel that they are*

viewed by DVA as trying to cheat the system until proven otherwise" (pt.5.36). Again, the impact of this approach on mental health is not explicitly stated but is implied.

Bird Review Recommendations

Although the actual Review was not available for consideration by this Desktop Study, the recommendations suggest that a link was made between Mr Bird's experience of the claims process and exacerbation of his existing mental health problems. The recommendations address several of the issues identified elsewhere in this document and suggest ensuring that delegates have clear instructions regarding policy and processes when considering an interim payment (Rec 2) and that staff be educated regarding the inquiry recommendations (Rec 8).

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations, 2016

This inquiry touched on the issue of DVA staff in Recommendation 24 where, among other things, it suggested greater standardisation of recruitment processes *"including the preferential recruitment of ex-service members as Case Managers"*. It also recommended improvements in the training and ongoing evaluation of case managers. Again, the potential implications of such changes on mental health outcomes was implied but not explicit. There were also references in the submissions from veterans to the adversarial nature of the process, such as *"DVA will use any excuse they can find to not pay a fair and correct compensation amount".*

Female Veterans and Veterans' Families Forums

The adversarial approach was also noted by some participants, with comments to the effect that DVA staff are *"too focussed on saying no".*

Quotes and notes from client engagement activities under Veteran Centric Reform

There were several quotes in this document expressing concern about interactions with DVA staff. Participants commented on a lack of compassion or empathy, as well as a poor understanding of mental health and military life. Many felt that their interactions with DVA were confrontational and adversarial, with veterans reporting a sense of being disbelieved and having to constantly prove (and re-prove) the veracity of their claims. One described the process as "dehumanising".

The potentially stressful nature of these interactions for claimants was a little more explicit in these quotes. Comments included *"The delegate I spoke to was inappropriate and unprofessional… I raised my voice slightly and then he started abusing me...the case coordinator recommended I write a letter about the way I was treated. I thought about it but then decided it would upset me too much and wreck my week so I didn't do it. This would*

cause me so much stress …I'd have to have a drink and settle down". Another said *"I don't have the energy to start the fight with DVA".*

Summary

While the previous theme focussed primarily on the impact of administrative and organisational issues on claimants' mental health, this theme addresses the training and attitudes of some DVA staff as reflected in their contact with claimants. As noted in Theme 1, some claimants commented on the difficulty of obtaining accurate information about the claims process; the extent to which this was a function of poor DVA staff training, deliberate withholding of information, or simply inadequate access arrangements (e.g., through websites, leaflets, etc.) was hard to tell. To a lesser extent, concerns were expressed that DVA staff are not sufficiently well trained in areas such as military service and veterans' mental health. The second main concern was a perception that DVA staff take an adversarial stance, seeking to minimise payouts, characterised by a lack of empathy or understanding. (As an aside, we note that evidence from the delegates' workshops does not seem consistent with this general theme – many of the delegates' comments demonstrated substantial compassion and understanding). With few exceptions, direct links were not made between these perceived deficits and mental health outcomes, although their impact on psychological health and wellbeing was implied. The relationship between perceptions of being disbelieved and adverse mental health outcomes is also an area that has been addressed by the published literature (see Literature Review).

Theme three: Support for veterans going through the claims process

A common theme in submissions to various inquiries, workshops, and other forums was that some veterans feel unsupported while navigating the complexities of submitting a claim. This applied both to the difficulties negotiating the system generally and, more specifically, to the question of whether adequate advocacy is available. Given the potentially stressful nature of applying for compensation, the implication is that provision of better support and advocacy during the process would assist in reducing adverse mental health consequences. It was often suggested that DVA provide a single point of contact for claimants throughout the process. It was also suggested that more needs to be done to ensure claimants are aware of the range of support services that are currently available to them.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)

The SIS report included some discussion regarding the level of support for claimants, with several recommendations addressing this issue. The report recommended continued support for the "Veteran Centric Reform" program on the grounds that it will help to ease the stress of the claims process. It suggested allocating funds to increase case coordination staff who are

able to assist clients with complex needs (Rec 7 & 8). With the aim of raising awareness of available support services, the SIS recommended expansion of social media engagement with younger veterans (Rec 11). The SIS report also raised the issue of advocacy, suggesting that decreasing numbers of advocates will put pressure on the current system. The report recommended an independent review of the representation of veterans appearing before the VRB (Rec 24), as well as the establishment of a Bureau of Veterans' Advocates to represent veterans, commission legal representation, train advocates, and be responsible for advocate insurance issues (Rec 23). The implication was that better advocacy would make the process less stressful for veterans, thereby mitigating adverse mental health outcomes.

National Mental Health Commission Review of Suicide Prevention Services (NMHC)

Although the NMHC review did not specifically address support for veterans during the claims process, the report notes that *"The Commission also heard that many former serving members feel disengaged from the ADF community following discharge, which can increase the risk of suicidal ideation and other mental health problems"* (p.6). This sense of isolation may be particularly difficult for veterans trying to negotiate the claims process.

Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans, 2016 (SIMH)

While not directly relevant to support for veterans during the claims application process, the SIMH does recommend developing a program to engage past and present ADF members who have successfully deployed after rehabilitation for mental ill-health to be "mental health champions" to assist in the de-stigmatisation of mental ill-health (Rec 12). Interestingly, there was surprisingly little other direct reference to stigma in the documentation reviewed for the Desktop Study. In a related theme, the SIMH also proposed that all ex-ADF personnel be assigned a liaison officer *"to provide a single point of contact to assist in identifying needs, and navigating the range of services available and associated processes"* (Minority Rec 5). This proposal is similar to that suggested elsewhere for a single DVA contact person to assist throughout the claims process. The Government response pointed out several options for veterans to access case management and related support while going through the rehabilitation and claims processes.

Bird Review Recommendations

This review made several recommendations directly or indirectly relevant to support for claimants, with the strong implication that such changes would assist in reducing adverse mental health outcomes. The recommendations included, for example, adopting an "opt-out" model of information sharing, so that all support services are integrated for clients with mental health issues (Rec 4), ensuring that complex case management is initiated for

complex or high risk clients (Rec 5), and identifying indicators for veterans at risk in order to develop best practice case management models (Recs 9 & 11). From a broader perspective, it recommended that DVA continue to develop a whole-of-person view, with a holistic care model for veterans and an increased focus on transition support and vocational assistance (Rec 10). The Review recommended taking a more assertive approach to supporting claimants who repeatedly submit incomplete documentation or exceed expected response timeframes – implying that this behaviour should be seen as a warning sign. They suggest additional support mechanisms for clients with mental health conditions and putting in place wellness checks for uncontactable clients (Rec 12). Taking this to the next level, the report recommends introducing a "case-response team", resourced from across the organisation, to facilitate an appropriate DVA response to emerging issues and to ensure that messaging is respectful and supportive in tone (Rec 16).

The Dunt Report: Veteran Suicide Study, 2009

This report notes the valuable support role played by ESOs while veterans are negotiating the claims process, but highlights the dwindling numbers of welfare and pension officers as the organisations struggle to attract younger veterans. In order to optimise support for veterans, the report recommends improved training and quality assurance, as well as increasing use of paid pension and welfare officers (while still retaining the volunteer roles; Rec 8). It also recommends greater involvement of mental health professionals at each stage of the claims process for veterans with complex needs, including at the Veteran's Review Board (VRB) (Rec 6).

Other documentation

While the remaining documentation (e.g., veteran and family forums) did not specifically raise the issue of support for veterans through the process, it was often tangentially implied.

Summary

It is clear from the documentation that not all veterans who found the claims process highly stressful were devoid of support: many had partners and often regular contact with ESOs. Nevertheless, it is reasonable to assume that the process would be substantially more difficult for those claimants who have, or perceive that they have, little or no support and no-one to advocate on their behalf. This assumption is supported by studies covered by the Literature Review. Much of the documentation puts the emphasis on DVA to provide that support through the claims process directly (e.g., by case managers, a consistent point of contact, and better representation at the VRB), as well as indirectly through other support services (e.g., provided by VVCS or ESOs). An emphasis was placed on ensuring that claimants are aware of the range of support services that currently exist to assist them.

Theme four: Support for partners

It is reasonable to assume that, if a veteran is finding the claims process stressful and it is having an adverse impact on his/her mental health, it will also affect the psychological health and wellbeing of the veteran's partner. Further, since social support has consistently been shown to provide some protection against the effects of stress, it is reasonable to assume that support for partners will have a beneficial effect for veterans negotiating the claims process. Several comments in the documentation referred to difficulties faced by partners when their loved one is negotiating a claim with DVA and suggest that support for partners should be improved.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)

The SIS report noted a perceived lack of support for partners of veterans who have mental health conditions or other disabilities. While this was not directly linked to the claims process, there are obvious implications. The report addresses this issue by recommending increased support for partners of veterans including information and advice, counselling, peer support, and respite care (Rec 19).

National Mental Health Commission Review of Suicide Prevention Services (NMHC)

Although the NMHC received several submissions about support for partners and families, these were specifically in the context of suicide and did not discuss this issue in the context of the claims process. Nevertheless, the report made two recommendations that are relevant to the current discussion. First, it recommended that a "Family Engagement and Support Strategy" should be co-designed with families with an emphasis on known stress points for families and a recognition of the diversity of family structures in the ADF and in ex-serving communities (Rec 5). Second, it recommended that the ADF review its current approach to family sensitive practices, particularly where there is evidence of self-harm or suicidal behaviour. They add that denying involvement of families on superficial privacy and/or security grounds should be vigorously challenged (Rec 6).

Bird Review Recommendations

Again, the focus here was on support for families in the context of suicidal behaviour rather than explicitly related to the claims process. Nevertheless, the review team recommended that service coordination processes should provide a coordinated, tailored and empathetic response to families.

Claims Management Workshop

This workshop made a general comment about greater family involvement in the context of a "whole of person" care approach.

Other documentation:

While the remaining documentation (e.g., consumer forums) did not specifically raise the issue of support for partners during the claims process, it was often tangentially implied.

Summary

Although only tangentially related to the impact of the claims process on mental health, the importance of providing support to partners and families was a common theme. Such support has the potential to improve the psychological health and wellbeing of family members. It also has the potential to improve mental health outcomes for the claimant by ensuring that loved ones feel strong enough, and sufficiently resilient, to provide vital support to the veteran through the process. As a general rule, the documentation implied that the more support (both professional and naturally occurring) that is available to claimants and their partners, the more likely it is that the process of working through a claim will be achieved with the least possible adverse impact on mental health.

Theme five: Better mental health care for veterans

The underlying assumption here is that if high quality mental health care was more easily accessible to veterans it would help to reduce some of the vulnerability for those going through the claims process. The problems primarily related to awareness of the available services (see also Theme 3), but also addressed issues of quality of care and integration of services. Although only tangentially related to the association between the claims process and mental health outcomes, the relevant documentation will be reviewed briefly.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)

Several submissions to the SIS raised concerns about awareness of mental health services for veterans and the difficulty of navigating the available support. The report noted the complex range of services available, as well as the need for a single point of information and assistance for veterans wishing to access those services. The SIS report made several recommendations in this area, including that ADF and DVA better align arrangements for the provision of mental health care (Rec 5) and that VVCS maintain a database of services available to veterans and provide an information service to assist veterans and families to connect with appropriate services (Rec 22). The report also makes recommendations to improve and expand the range of available treatment services including improved training around veterans' mental health for specialist providers (Rec 4), increasing access to alternative therapies for mental health conditions (Rec 20), and trialling the value of assistance animals for veterans with PTSD (Rec 22).

National Mental Health Commission Review of Suicide Prevention Services (NMHC)

The NMHC report identifies several problems in this area, including that of awareness, and notes that some veterans reported experiencing difficulty locating medical service providers who will accept the scheduled DVA fee, particularly where the veteran is seeking psychiatric care (p.45). They state that *"Another commonly cited barrier was a general lack of awareness of the services and supports that are available. Given the large range of services identified by the Commission in this Review, it appears that the ADF and DVA may be well served by better communication regarding the range of services available"* (p.6). Accordingly, they recommend better promotion of services available to current and former serving members and their families (Rec 9). In terms of service improvements, they note the importance of having multi-disciplinary, evidence based services that are matched to need and staffed by providers with a good understanding of the military experience. They recommend increased emphasis on early intervention options (Rec 10).

Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans, 2016 (SIMH)

Not surprisingly (since mental health was the primary focus of this inquiry), this report made several recommendations regarding mental health services, including broadening VVCS eligibility (e.g., Rec's 9 and 10). Although only tangentially related to mental health outcomes, the SIMH report also recommended that all veterans should be able to access rehabilitation, education, and re-skilling based on their individual needs and abilities and regardless of rank (Rec 15).

The Dunt Report: Veteran Suicide Study, 2009

This report notes the substantial mental health services available to veterans through VVCS, as well as through the public and private sector psychiatric services. Although the report makes some minor recommendations in this area, they are not of direct relevance in this context.

Other documentation

The remaining documentation did not specifically raise the issue of improvements in mental health services.

Summary

If we assume that the presence of an existing mental health condition makes negotiating the claims process more difficult, and that the process itself may aggravate existing or sub-clinical conditions, it is reasonable to ensure that mental health services for veterans lodging a compensation claim are easily accessible, acceptable to veterans and their families, and of the highest possible quality. Comments made by veterans and their partners to the various

inquiries and forums suggest there may be a need to improve awareness of available services, increase integration and coordination, and optimise quality.

Theme six: Improved transition processes

While not directly linked to the claims process, the difficulties encountered by veterans in their transition out of the ADF was a common theme in much of the documentation. This may operate in several ways relevant to the relationship between the claims process and mental health. First, the documentation suggested perceived difficulties accessing accurate information and assistance regarding DVA claims during the process of transition. Second, the difficulties negotiating transition from military life may contribute to and/or exacerbate mental health problems which then serve to increase vulnerability to stress during the claims process. Finally, a poor understanding and awareness of the support services available to transitioning personnel may result in an unnecessary increase in mental health problems which, again, makes the experience of applying for compensation more challenging. There is considerable reference to transition in the documentation but, since the comments on this issue from veterans and partners were not directly related to the claims process, only a brief summary will be reported here.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)

Transition was a significant focus for the SIS, with many submissions pointing to a lack of coordination and difficulty accessing information. In the context of mental health, the report recommended a two-track transition program to identify those “at risk” and to provide them with intensive transition services and extra support (Rec 15). Although not explicitly linked to compensation claims, it is clearly relevant – those identified as “at risk” are most likely to be (or eligible to be) submitting claims and most likely to find the process stressful.

National Mental Health Commission Review of Suicide Prevention Services (NMHC)

The NMHC also received several submissions regarding the process of transition and the potential impact on mental health. The report notes *“Perhaps the most striking finding from our Review was the need for ADF and DVA to work collaboratively and to ensure that their respective processes are continuous and seamless from the perspective of the current and former serving member”* (p.5) and *“A key area of feedback around effectiveness related to services and supports for people transitioning out of the ADF”* (p.6). Clearly, this is of relevance to the management of claims. The NMHC recommend several improvements to transition, with emphasis on a seamless and person-centred model that enhances continuity of care (Recs 1 & 8). They suggest this would include automatic notification to DVA when a

current ADF member suffers a work-related injury, providing greater opportunity for support with the claims application.

Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans, 2016 (SIMH)

With the aim of improving the experience of transition, this report recommended developing a transition mentoring program to connect veterans with a trained mentor from the ex-service community to assist and guide them through the transition process (Rec 14). Although not explicitly related to claims, such a model has the potential to include assistance and support in navigating the claims application process, with a view to ameliorating potential adverse mental health outcomes.

Female Veterans and Veterans' Family Forums

Difficulties during transition were raised several times in these forums and *"A seamless and integrated transition from the ADF is fundamental for a positive future"* was noted as a key theme in the December 2010 Forum.

Claims Management Workshop (June 2017)

Noting that transition is the stage when the member is highly likely to require DVA services and support, participants recommended adopting strategies to increase awareness of DVA and other services by educating transitioning members about what is available. Although the claims process was not specifically mentioned, it would presumably be an obvious component of any such initiative.

The Dunt Report: Veteran Suicide Study, 2009

This report notes the crucial role played by transition from military to civilian life in the development of suicidal ideation in some veterans. The report makes five specific recommendations to improve the transition process (Rec 5). Although none directly relate to compensation and mental health, all have tangential relevance.

Summary

The period of transition out of the ADF is clearly an ideal time for early intervention with injured members, with the aim of minimising the subsequent stress associated with the claims process. As identified above, this may include strategies such as early identification of "at risk" individuals, the assertive provision of information and support, targeted assistance with the claims process, and increasing awareness of available support services. The goal would be to minimise the subsequent impact of applying for compensation on the claimant's mental health.

Theme seven: Need for more research around the impact of the claims process on mental health

As noted previously, the documents reviewed for this Desktop Study did not contain any direct evidence regarding the impact of the claims process on mental health. (Some empirical evidence is, of course, contained in the Literature Review). The documentation, including the Senate inquiries and other formal reviews, was restricted to “self-report” data – comments from claimants, partners, ESOs, and DVA personnel – with even the formal inquiries paying little attention to any other sources of information. The bulk of comments related to perceived deficits in the system, without making a direct link with mental health. Those that did make a direct link were really only providing an association, not a causative effect.

None of this, of course, suggests that there is not a link in one or both directions – existing mental health conditions may make it more difficult to negotiate the system and problems with the system may exacerbate existing mental health vulnerabilities. The Literature Review explores the objective evidence with respect to this question. At this point, however, it is worth noting that a couple of the documents made reference to the need for more research to better understand the relationship and causative elements.

Senate Inquiry into Suicide by Veterans and Ex-service Personnel, 2017 (SIS)
In recognition of the potentially strong links, but also the relative dearth of objective data, the SIS recommended that the Government commission an independent study into the mental health impacts of DVA compensation claim processes, with the results used to improve the system in ways likely to reduce adverse mental health outcomes (Rec 2).

Bird Review Recommendations
The Bird Review recommended a trial of an independent legal advocacy service to assist veterans with claim preparation and lodgements, with a view to both improving the quality of the claims process and ensuring that veterans receive their entitlements with minimum administrative burden (Rec 19). As noted in Theme three, it is speculated that better advocacy would serve to reduce the stress on claimants, thereby improving mental health outcomes.

Summary
There was a recognition in some of the documentation that more research is required to better demonstrate and understand the relationship between the claims process and adverse mental health outcomes. The goal would be to use the results to inform changes to the system such that the potential for adverse mental health outcomes is minimised.

Section Three: Conclusions

The Desktop Study reviewed several documents including reports from formal inquiries, workshops, and other forums for veterans and DVA personnel. The “data” in this documentation was limited to self-report – to the personal experiences of those involved in various aspects of the claims process. Submissions to the various inquiries came from a broad range of sources including veterans, partners, ESOs, lawyers, health practitioners, and DVA staff, each providing their unique perspective on the process. Similarly, notes taken at the various workshops and forums reflected the individual experiences of those present (mostly veterans, partners, and DVA personnel). As such, the documents reviewed for the Desktop Study are important in helping to understand the claims experience from these different perspectives.

Equally, it must be recognised that (with the possible selection of DVA personnel) it was a “self-selected” sample. All those who made submissions to inquiries or attended workshops did so because of their own particular experiences and because they wanted to make sure their voices were heard. This in no way reduces the importance of those contributions, but it is reasonable to emphasise that they do not necessarily represent the views of all the many thousands of veterans who go through the DVA claims process every year. It is also important to clarify that rarely was a direct link explicitly made between perceived deficits in the system and adverse mental health outcomes. While some of the documentation made references to the stress caused by trying to negotiate the process, in most cases any purported link was implied rather than explicit. A final issue worth noting at this point is that much of the documentation is now several years old. We acknowledge that many changes have occurred over recent years and that some of the criticisms and concerns highlighted in this report have already been addressed, or are in the process of being addressed, by DVA.

Notwithstanding those caveats, some important themes emerged regarding the potential relationship between navigating the claims process and mental health. Seven key areas were identified.

Most comments related to administrative complexities and inefficiencies in the DVA claims process. Complaints included difficulty in accessing accurate information, lack of clarity about the process (presenting challenges for both claimants and advocates), lengthy delays, poor integration across DVA sections, absence of a single point of contact, stressful medical assessments, and a “process focussed” rather than a “client focussed” approach. It is not unreasonable to assume that these problems might lead to frustration, anger, distress and, in some cases, despair. Confronting these challenges in the claims process is inevitably more difficult for claimants with existing clinical or sub-clinical psychological problems and it is

reasonable to assume that the experience may exacerbate or precipitate mental health conditions. This relationship (i.e., between the complexity of claims processes and mental health) is also a key theme identified by the Literature Review. The remaining six themes might all be considered as sequelae of this broad area of concern.

The second theme related to interactions with DVA staff. There was a perception that delegates were not sufficiently well trained, particularly with regard to communicating with, and relating to, claimants with mental health issues. A more broadly held concern was that DVA takes an adversarial approach, with claimants feeling that they were disbelieved and needed to constantly prove their claims. The implication (supported by studies in the Literature Review) is that being perceived as a “malingerer” or as fabricating their story has a substantial adverse impact on mental health.

The third and fourth themes related to support and advocacy for claimants and their partners. A key element was an apparent lack of awareness of the many support services that are available, along with criticisms regarding the lack of coordination and integration across those services. Social support has consistently been found to act as a buffer against stress and it is, therefore, not unreasonable to assume that a perceived lack of support during the claims process will be associated with worse mental health outcomes.

The remaining three themes were only tangentially related to the claims process, but all have implications for psychological health and wellbeing. Much of the documentation referred to the need to improve accessibility, availability and quality of mental health services for claimants and their partners, along with strategies to improve awareness of what is available. The sixth theme related to the importance of transition as an opportunity for early intervention and targeted support, particularly for veterans with (or at risk of) mental health problems. The final theme highlighted the need for more research to better understand the link between the claims process and mental health outcomes.

In summary, the Desktop Study highlighted several themes that inform our understanding of which specific aspects of the DVA claims process might be particularly stressful and/or unhelpful in terms of mental health. The fact that they might not apply to many veterans going through the process is of limited relevance. The themes are clearly important for those who find the process stressful and whose mental health may suffer as a result. These veterans and their families are the target population for this initiative and, as such, the information gleaned from their experiences is a useful basis for systemic change.

Discussion

The relationship between applying for compensation and mental health outcomes is highly complex, characterised by many controversies and misunderstandings. Rigorously designed research is extremely difficult to do and the evidence base relies heavily on self-report or anecdotal data using “samples of convenience”. Although the few existing longitudinal studies shed some light, it is hard to be definitive about directionality – does the presence of a mental health condition make the compensation process more difficult or is the stress of the process damaging to mental health? This report suggests that both are true and that, at least for some claimants, the two interact to generate a mutually reinforcing downward spiral. Despite these caveats, however, the evidence reviewed in this report converges to produce a consistent picture of the experiences of claimants going through a compensation claims process.

Both the Desktop Study and Literature Review identified several key themes in terms of the mental health impacts of compensation claims and assessment processes on claimants and their families. It is worth nothing the high degree of concordance across the different data sources. This is particularly noteworthy considering that the majority of studies included in the Literature Review studied compensation schemes in different contexts, such as workers’ compensation, transport accident compensation, or international veteran compensation. In contrast, the Desktop Study focussed primarily on veteran compensation in Australia. The fact that similar issues were identified across both components of this review suggests that there exists a range of issues across claims procedures more broadly that contribute to negative mental health impacts on claimants and their families.

Before summarising those common themes, it is important to recognise that the research leaves several questions unanswered, particularly those that may be unique to the Australian system. For example, many Australian veterans seeking compensation through DVA will, at the same time, be engaging with superannuation assessment processes administered by the Commonwealth Superannuation Corporation (CSC). Although we do not have empirical evidence, it is reasonable to assume that trying to negotiate two systems simultaneously, each with their own specific requirements, will add substantially to the complexity of the process. As noted repeatedly in this report, the complexity of the process (including claim forms, medical assessments, and other requirements, as well as delays) appears to be a substantial contributor to adverse mental health outcomes. Another potential contributor to poor mental health amongst veteran claimants that was not explored in literature was medical discharge from the military, which may also be associated with exacerbation of negative outcomes. Overall, there was also a noted lack of evidence comparing active

serving military personnel to veterans in the context of claims procedures and their complexities.

Common themes

Complexity of the claims process was by far the most commonly reported factor contributing to negative experiences with compensation schemes. The Literature Review outlined several aspects of compensation schemes that have been identified as being associated with harmful outcomes for claimants. Lack of clarity on what needed to be done and lengthy delays in processing applications were associated with higher levels of depression and anxiety, as well as lower quality of life and poor general health.[21,23] The Desktop Study provided similar findings in the veteran compensation context, with veterans, partners, advocates, and DVA claims staff reporting links between stress associated with prolonged and complex claims processes and adverse mental health outcomes. Both documents also commented on the stress associated with medical assessments, particularly when numerous assessments were required.[11,29] In both the Desktop Study and Literature Review, this issue was highlighted with regard to PTSD claims, where claimants are often forced to repeatedly describe traumatic events. In short, the more complex and delayed the claims process, the more likely it was to be perceived as stressful and as impacting negatively on mental health. Anything that can be done to simplify the process and make it easier for claimants to negotiate would presumably help to minimise any adverse effects on mental health.

Access to accurate information was another related aspect of the claims process identified by both the Literature Review and the Desktop Study as potentially contributing to adverse outcomes. This is a particular problem for Australia because of the complex legislative framework and the reports that even those tasked with helping veterans with their claims (e.g., advocates, welfare officers, lawyers) often do not fully understand the various processes. This difficulty in accessing accurate information inevitably adds to the stress of the claims application process. On a related theme, the Literature Review cited US-based studies that have identified misconceptions held by claimants regarding access to benefits and eligibility for mental health care,[24] and anecdotal reports suggest that many Australian veterans may be unaware of their right to “non-liability” treatment. Similarly, misconceptions about the risk of losing benefits may prevent veterans from engaging in part-time or voluntary work, thereby impeding rehabilitation and adversely affecting their quality of life. Strategies to improve access to accurate information about entitlements to compensation and treatment, the claims process, and the implications of undertaking paid or voluntary work are likely to ease the mental health burden.

The Desktop Study highlighted concerns about adversarial interactions with claims staff, who were often perceived as lacking accurate information, lacking experience in dealing with claimants with mental health and military-related health issues or, in some cases, actively trying to avoid or minimise compensation payments. As a result, veterans reported feeling frustrated, misunderstood, and disbelieved. A related issue was the need to prove legitimacy of claims. The Desktop Study highlighted this as a cause for adversarial interactions with claims officers, whereas the Literature Review focussed on the psychological burden of needing to prove a disorder. Qualitative studies conducted worldwide have found similar results regarding the distress experienced by claimants who are pressured to prove their injuries, suggesting that this is a well-supported finding amongst various international compensation schemes.[5,33] It is reasonable to assume that strategies designed to improve interactions with claims staff and to minimise the adversarial nature of the process would impact positively on mental health.

Another common concern across both documents was the impact of existing mental health vulnerabilities amongst claimants on the perceived stress of the process. The Literature Review cited several studies indicating that poorer mental health at baseline is associated with longer duration of claim processing and increasing claims complexity. This is presumably explained by a decreased capacity to cope under stress, which makes it more difficult for the claimant to understand and undertake the various tasks required for the claim.[21,26] The Desktop Study also included first-hand reports from claimants who believe their pre-existing mental health conditions were exacerbated by the stress of the claims procedure. This finding is common amongst those with claims for both physical and mental health conditions and highlights the need to identify as early as possible those at risk and to consider the provision of a specialised claims pathway.

Claimants' need for support while undergoing a compensation claims process was reiterated throughout the Desktop Study and Literature Review. The Literature Review reported findings emphasising the potentially beneficial influence of social support from family members, as well as from those informed about the claims process such as advocates. This was an issue raised more directly in the Desktop Study, which suggested the need for greater support services, particularly in complex claims cases. A decreasing number of advocates in the veteran compensation scheme was also highlighted, with the suggestion that a more accessible advocate system could reduce stress experienced by claimants and thus reduce negative mental health outcomes.[33] Concerns about the adequacy and accessibility of mental health services for veterans, particularly while going through the claims process, were also raised in the Desktop Study. It is reasonable to assume that veterans with existing mental health problems, as well as those with particularly complex

claims (including those simultaneously dealing with superannuation claims), would benefit from being targeted for enhanced support from the outset of their claims application.

It was clear from both reports that the effects of a stressful claims experience were experienced not only by the claimant, but also by his or her family. The Literature Review provided qualitative data on the experiences of family members who reported increased pressure and workload resulting from supporting the claimant through a lengthy and complex compensation process. These pressures ranged from financial to emotional burdens, particularly amongst those families with pre-existing financial or medical struggles.[39] While the Desktop Study contained limited data on perceptions of partner support within compensation schemes specifically, a general perceived lack of support for partners of veterans was noted.

These themes describe the major components of compensation schemes that are linked to adverse mental health outcomes. While it is difficult to establish causality within these claims, the consistency in findings supports the need to examine such issues further and to consider appropriate improvements.

Potential Improvements

In addition to documenting the various aspects of compensation schemes that are related to negative mental health impacts on claimants, the Literature Review and Desktop Study also highlighted several potential areas for improvement. These improvements were aimed at mitigating the risk of negative mental health outcomes for claimants and addressing the common themes identified in the previous section. The improvements that were shared across both the Literature Review and Desktop Study are briefly summarised here.

A commonly suggested improvement was to introduce a screening procedure or some other means to identify claimants with pre-existing mental health conditions or other complexities so that extra support and better mental health services can be provided.[21,26,42] This has the potential not only to benefit the claimant's mental health directly, but also to reduce costs associated with a lengthy and complex claims procedure.[26] The additional expense of providing, for example, a specialised claims manager and/or support person would be justified by the potential savings in terms of both cost and human suffering.

On a related theme, complex case management is another issue that was raised by both the Literature Review and Desktop Study. Across a variety of compensation schemes, a complex case management system tailored to identify and assist high-risk claimants or complex claims has been suggested.[44] The Desktop Study highlights instances that can be viewed as "warning signs" for high-risk claimants who may require assistance, such as

repeated missed deadlines or incomplete paperwork. The literature complements this suggestion by proposing matching case complexity with case manager experience, in order to ensure that claims managers have the appropriate skills to assist the claimant. A broader recommendation is that of training and educating staff with the skills required for them not only to understand the complex issues faced by claimants, but also to provide the most straightforward and supportive care possible. Thorough training of staff within claims offices has the potential to improve interactions with claimants and thus reduce the excess stress perpetuated by adversarial interactions and uninformed staff.

A client-focussed approach was suggested in the literature, as well as in several parts of the Desktop Study. While the Desktop Study did not specify the ways in which this could be implemented, the Literature Review cited a study that compared standard claims management processes and a new approach focussing on early intervention, risk assessment and clear communication with claimants.[45] Results of this intervention indicated lower rates of depression and health limitations compared to those involved in the standard claims process. Although this was implemented within a traffic accident compensation scheme, given that many of the issues addressed are prevalent amongst veteran claimants (as demonstrated throughout the Desktop Study), it is likely that a more client-focussed approach to claim management would be beneficial to mental health across different types of compensation schemes.

Some of these improvements have been implemented in compensation schemes across the globe, some are already underway (to varying degrees) within DVA, while others have been suggested but not trialled. Due to the similarity in issues identified across different compensation schemes, it is reasonable to assume that these interventions can be applied across various contexts with the aim of minimising the stress associated with claims processes.

Future directions for research

Both the Desktop Study and Literature Review have contributed to a broader understanding of the aspects of compensation schemes that have the potential to negatively affect the mental health of claimants and their families. They have provided insights that may prove beneficial to DVA in their efforts to improve the processes involved in the various veteran compensation schemes. As noted repeatedly throughout this report, however, the methodological limitations of the available evidence are considerable, highlighting the need for caution in interpreting the findings. This raises the question of how future research may address some of these limitations in order to generate a stronger evidence base.

Retrospective cross-sectional studies (of the type that currently constitutes most of the research literature) have poor reliability and validity, and are limited in what they can confidently tell us about the impact of the compensation process. Rather, prospective longitudinal studies that chart the claimant's progress over time have much greater potential to provide valuable information. In order to avoid self-selected samples or samples of convenience, such studies should be cohort based and aim to include everyone applying for compensation during a specified period. The initial assessment should be conducted as early as possible in order to optimise the reliability of baseline data, with ongoing assessments at regular intervals through the claims process and at follow-up. Such a design has the capacity to illustrate different trajectories of recovery or deterioration over time, with the potential to temporally link any such changes to specific components of the claims process. In order to increase the chances of honest responding by claimants, such research needs to be demonstrably independent from DVA and its claims processes.

While randomised controlled trials comparing those who do, and do not, seek compensation may never be possible, it is important to capitalise upon opportunities to compare different processes. For example, whenever a significant change to the claims process is proposed, implementation should be accompanied by an evaluation comparing those going through the new process with those undergoing the original process. Ideally these would be concurrent applicants but, if that is deemed unacceptable, it may at least be possible to assess a cohort before the change and a cohort after. Indeed, it may be possible to replicate or build upon some of the studies included in the Literature Review that followed a more rigorous methodology. These included comparisons of novel approaches to claims handling with standard procedures,[45] mixed methods studies with qualitative data on perceptions of a new Evidence-Based Medicine tool,[46] as well as a randomised controlled trial using an intervention website for claimants.[47] Future controlled or comparison studies may be able to determine the effectiveness of various other improvements aimed at reducing negative mental health impacts of claims procedures.

Regardless of the design (e.g., controlled comparisons vs longitudinal cohort studies), it is essential that objective standardised measures be used as much as possible. These measures would not replace subjective qualitative data (i.e., the claimant's perspective on their experiences) but their addition to the research and evaluation methodology would assist in disentangling claimants' perceptions clouded by current life circumstances from more significant deleterious impacts. Also regardless of the design, if we wish to isolate the impact of the compensation process it will always be important to adequately control for potential confounding variables wherever possible. This would include not only baseline mental and physical health but also other factors that may influence outcome such as age, gender, employment/vocational factors, and duration of illness.

A detailed research strategy is beyond the scope of this report, but the common themes and potential improvements highlighted by the Literature Review and the Desktop Study provide a good basis for research and evaluation planning in the area of compensation processes and their impact on the mental health of claimants.

Conclusion

The mental health impacts of compensation claims processes on claimants and their families is a highly complex topic. Given the substantial room for improving the quality of data available on this topic, it is likely that future research will provide clearer answers on the directionality of negative mental health outcomes reported by claimants and others involved in the system. The current research does, however, provide sufficient evidence to draw attention to the concerns faced by claimants and their families. The evidence also suggests the potential for compensation schemes to continue to improve processes to mitigate the risk of negative mental health impacts and more effectively fulfil the needs of claimants.

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Appendix A – Articles retrieved from literature search

Article	Included in Literature Review
ACC. *Mental Injury Assessment for ACC.* ACC, New Zealand.	No
Allen AR, Newnam S, Petersen A, Vogel AP, Collie A. (2016). Exploring the influence of compensable injury on recovery. Journal of Vocational Rehabilitation.45(3):315-325.	Yes
Boland R, Guerrera KM, Rieksts BQ, Tate DM. (2006). the Department of Veterans Affairs.	No
Bryant RA. (2003). Assessing individuals for compensation. *Handbook of psychology in legal contexts.*89.	No
Busse JW, Bruun-Meyer SE, Ebrahim S, Kunz R. (2014). A 45-year-old woman referred for an independent medical evaluation by her insurer. *Canadian Medical Association Journal.*186(16):E627-E630.	Yes
Casey PP, Feyer AM, Cameron ID. (2015). Associations with duration of compensation following whiplash sustained in a motor vehicle crash. *Injury.*46(9):1848-1855.	Yes
Casey PP, Feyer AM, Cameron ID. (2015). Course of recovery for whiplash associated disorders in a compensation setting. *Injury.*46(11):2118-2129.	Yes
Coile C, Duggan M, Guo A. (2015). Veterans' Labor Force Participation: What Role Does the VA's Disability Compensation Program Play? *The American Economic Review.*105(5):131-136.	No
Collie A, Gabbe B, Fitzharris M. (2015). Evaluation of a complex, population-based injury claims management intervention for improving injury outcomes: study protocol. *BMJ Open.*5(5):e006900.	Yes
Collie A, Newnam S, Keleher H, Petersen A, Kosny A, Vogel AP, Thompson J. (2018). Recovery Within Injury Compensation Schemes: A System Mapping Study. *Journal of Occupational Rehabilitation.*	Yes
Elbers N, Akkermans A, Cuijpers P, Bruinvels D. (2012). What do we know about the well-being of claimants in compensation processes?	No

Elbers NA, Akkermans AJ, Cuijpers P, Bruinvels DJ. (2013). Procedural justice and quality of life in compensation processes. *Injury.*44(11):1431-1436.	No
Elbers NA, Akkermans AJ, Cuijpers P, Bruinvels DJ. (2013). Effectiveness of a web-based intervention for injured claimants: A randomized controlled trial.*Trials.*14 (227).	Yes
Elbers NA, Akkermans AJ, Lockwood K, Craig A, Cameron ID. (2015). Factors that challenge health for people involved in the compensation process following a motor vehicle crash: a longitudinal study. *BMC Public Health.*15(1):339-349.	Yes
Elbers NA, Chase R, Craig A, Guy L, Harris IA, Middleton JW, Nicholas MK, Rebbeck T, Walsh J, Willcock S, Lockwood K, Cameron ID. (2017). Health care professionals' attitudes towards evidence-based medicine in the workers' compensation setting: a cohort study. *BMC Medical Informatics and Decision Making.*17(1):64.	Yes
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Appendix B – Documents reviewed for the Desktop Study (provided by DVA)

1. Senate Inquiry into Suicide by Veterans and Ex-service Personnel (2017)
2. Government response to the Senate Inquiry into Suicide by Veterans and Ex-service Personnel (2017)
3. Minister's media statement regarding Government response to Senate Inquiry report 24 October 2017
4. Ministerial statement on veterans and their families 14 August 2017
5. National Mental Health Commission Review into Suicide and Self-harm prevention services available to current and former serving ADF members and their families (2017)
6. Government response to National Mental Health Commission Review (2017)
7. Minister's media statement regarding Government response to NMHC Review
8. Senate Inquiry into Mental Health of ADF Serving Personnel and Veterans (2016)
9. Joint Defence/ DVA Inquiry into the facts surrounding the management of Jesse Bird's case — Review Recommendations
10. Transition Taskforce report NB: NOT RECEIVED TO DATE
11. Quotes and notes from reports from client engagement activities under Veteran Centric Reform
12. Reports from Female Veterans and Families Forum (see 14.1 to 14.6 below)
13. Enzyme reports:
    - 13.1. DVA Claims Process – Consolidation & Next Steps December 2016
    - 13.2. Rehabilitation – Process Discovery and Improvement December 2016
    - 13.3. Initial Liability and Needs Assessment – Process Discovery November 2016
    - 13.4. Incapacity Payment – Process Discovery and Improvement November 2016
    - 13.5. DVA Claims – Issues and Opportunities – Update
    - 13.6. Process Improvement (PI) Claims Process Improvement Workshop September 2016
    - 13.7. DVA Quick Wins May 2017

14. Fora:

14.1. Delegates Forum – May 2017

14.2. Delegates Forum – March 2018

14.3. Veterans Families Policy Forum October 2017 (see 12 above)

14.4. Female Families Policy Forum October 2017 (see 12 above)

14.5. Female Veterans and Families forum 2016 (see 12 above)

14.6. Claims Workshop – 28 June 2017

15. Chronology of other reports since 2009 related to transition of ADF personnel

16. Selection of media articles relating to Jesse Bird case

17. Investigation into the management of complex workers compensation claims and WorkSafe oversight. Victorian Ombudsman, 2016

18. Independent Study Into Suicide In The Ex-Service Community (The Dunt Report): Department of Veterans' Affairs, 2009

Appendix C – Other potentially relevant reviews and studies

In addition to the primary set of documents provided by DVA for the Desktop Review (see Appendix A) several other reviews and studies were identified as being potentially relevant. The following documents were explored and relevant issues and recommendations (particularly more recent reports) have been incorporated in the Desktop Review. Brief comments below each item refer to its potential relevance.

2018 – Australian Institute of Health and Welfare *'Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001–2015'* (NB: preliminary reports were released in 2017 and 2016)

This report makes several references to issues associated (or potentially associated) with the claims process, including the increased risk of suicide in those involuntarily discharged from the ADF for medical reasons. Relevant sections are discussed in the Desktop Review.

2018 – Transition and Wellbeing Research Program

This program of research has released two reports to date: *"Mental Health Prevalence, Mental Health and Wellbeing Study"*, and *"Pathways to Care, Mental Health and Wellbeing Study"*. Although both were focussed on mental health issues, neither looked in detail at the role of the claims process as a contributor. Since these reports did not add anything of significance to information already obtained from other documents, they were not included in the Desktop Review.

2016 – Australian National Audit Office *'Administration of Rehabilitation Services under the Military Rehabilitation and Compensation Act 2004'*

This report makes tangential reference to problems with the claims process, including the manual processing of claims, and comments on the DVA early engagement model. Relevant sections are discussed in the Desktop Review.

2016 – Inquiry of the Joint Standing Committee on Foreign Affairs, Defence and Trade into the Care of ADF Personnel Wounded and Injured on Operations

This report devotes a chapter to the role of DVA and comments specifically on the claims process. Relevant sections are discussed in the Desktop Review.

2013 – Military Health Outcomes Program (MilHOP) Mortality Study:

"The Middle East Area of Operations (MEAO) Mortality and Cancer Incidence Study" (2013) focussed on mortality and was not relevant to the current review. It is not included in the Desktop Review.

2011-2012 – Military Health Outcomes Program (MilHOP):

This program of research comprised a number of studies including "*Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study" (2011)*, *"The Middle East Area of Operations (MEAO) Health Study: MEAO Census Health Study Report" (2012)*, and "*The Middle East Area of Operations (MEAO) Health Study: Prospective Study" (2012)*. These reports focussed primarily on prevalence of mental health conditions in past and present members of the ADF, with particular reference to the Middle East Area of Operations. They did not discuss the impact of the claims process on mental health and will not be discussed in the Desktop Review.

2011-12 - ANAO Audit Report No.32, 2011–12 *Administration of Mental Health Initiatives to Support Younger Veterans*

The focus of this report is on the provision of mental health programs rather than contributors to poor mental health. As such, it is not directly relevant and will not be mentioned in the Desktop Review.

2011 – Department of Veterans' Affairs, report of the *'Review of Military Compensation Arrangements'*

This report is not directly relevant in that it focusses on the types of compensation available rather than the process of application and its potential impact on veterans' psychological health and wellbeing. It does, however, make mention of several issues raised in more recent reports such as the time taken to process claims and the need for improved IT systems. It is now seven years old and many developments have occurred since the publication of this report so it will not be explicitly mentioned in the Desktop Review.

2010 - Department of Defence–Joint Health Command, *Support for Injured or Ill Project (SIIP) – Review of current practices*, Canberra.

This report is now eight years old. There are many references in the report to issues around the claims process, including various statistics. The report notes fears by serving members that submitting a claim will have career implications, as well as concerns such as the time taken to process claims and the complexity of the process. The report makes several recommendations for improvements. The issues and recommendations, however, have either been addressed over recent years or are well covered in the Desktop Review from other more recent documentation.

2009 – Professor David Dunt *'Review of Mental Health Care in the Australian Defence Force and Transition Through Discharge'*

This report is now nearly a decade old and much has changed in that time. The focus of this review was mental health care services rather than possible contributing factors so there is little mention of any relationship between mental health and the claims process. The report comments on the difficulties in transition, noting that it was particularly difficult for individuals with a mental illness to navigate the diversity of information coming from multiple sources. This review will not be explicitly mentioned in the Desktop Review.