

What general practitioners need to know about veterans' health

Richard L Reed

My first job was working in a clinical program developed to meet the needs of veterans. For more than two decades, in one form or other, I have been involved in research on how the primary healthcare system can better support and improve the health of veterans. One thing that I have learned is that veterans and their families are extraordinary people. They are highly altruistic and willing to put themselves in harm's way on behalf of their country.

I believe there are a number of practical things that general practitioners (GPs) can do to provide high-level care for veterans. While in the military, veterans' healthcare needs are met by the military or its contractors. But after they are discharged from service, the identification and management of new health problems is the responsibility of the GP. Perhaps the single most important thing a GP can do is encourage their veteran patients to fully re-engage with the civilian primary healthcare system.

GPs also need to be attuned to the early identification of problems in veteran patients. This can be assisted by performing a Medicare-funded Australian Defence Force (ADF) Post-discharge Health Assessment. The health assessment may identify healthcare problems that can sometimes be related to exposure to occupational hazards during service. When military service-related health problems are encountered, GPs should encourage the veteran to avail themselves of services and benefits provided through the Department of Veterans' Affairs (DVA), and support them through the DVA application process. Finally, GPs should better inform themselves about the range of specialist services that are available to veterans.

In this veterans-themed issue of *Australian Family Physician (AFP)*, the health needs of veterans are explored with a particular focus on the important role of GPs. According to the Bettering the Evaluation and Care of Health (BEACH) data, currently, around 2% of all GP encounters are with veterans who have a DVA card (gold, white or orange).¹ As Harrison and colleagues note in this issue, this underestimates the total proportion of GP encounters with patients who have served in the defence forces, because not all ex-service personnel have a DVA card.¹

Gill, Bain and Seidel provide an outline of the services available to veterans, with a focus on younger veterans who may be experiencing mental ill health.² They emphasise the importance of asking if a person has had military service and recording this in their medical record. Gill and colleagues provide a wealth of information, internet links and references to resources that GPs will find useful, particularly for making referrals. The authors also provide a very readable account of the legislative framework for veterans' health and the process through which compensation claims are processed.

Hodson and McFarlane have many combined years of experience in researching and developing treatment programs for veterans with mental health problems, particularly post-traumatic stress disorder (PTSD). In their article,³ the authors highlight the major veteran cohorts (Vietnam War era, peacekeeping, and contemporary veterans), and examine how the experiences of military service in the three groups has had very different mental health consequences. This article will be helpful to many GPs who report that they find veteran mental health issues to be difficult to manage. As Hodson and McFarlane note, there are several resources available to assist GPs to provide effective and culturally appropriate evidenced-

based care for veterans with mental health problems.

Finally, my colleagues in the Discipline of General Practice at Flinders University and I describe the ADF Post-discharge GP Health Assessment.⁴ This assessment is funded under the Medicare Benefits Schedule (MBS) time-based health assessment items. We also introduce a tool that we developed in partnership with DVA to assist GPs to perform the assessment. We encourage GPs and practice nurses to make use of the tool, which is available in hard copy on the DVA website and is included in several medical software packages.

I share the sentiments expressed by Gill, Bain and Seidel that dealing with veterans can be rewarding work,² and that early recognition of problems in veterans can be life changing. The articles in this issue of *AFP* form an ideal place to begin learning more about veterans and their health issues. From a wider health systems perspective, DVA has been responsible for the creation of several highly innovative and important general practice programs (eg Coordinated Veterans Care program). The development and evaluation of these programs can provide important lessons for improving the healthcare of all Australians.

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