



# ADF Mental Health and Wellbeing Plan

2012-2015



VICE CHIEF OF THE DEFENCE FORCE



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## FOREWORD

This Mental Health and Wellbeing Plan has been developed by the Mental Health, Psychology and Rehabilitation (MHP&R) Branch of Joint Health Command, and is the product of an extensive program of review, evaluation, research, consultation and planning. The Plan articulates the key mental health goals and deliverables for 2012-2015, not just for MHP&R but for the ADF as a whole.

Understanding the key role that mental fitness has in the ADF's ability to meet current challenges, the MH&WB Plan aims to build and maintain the resilience and mental fitness of ADF members throughout their careers. The Plan also recognises that, due to the extraordinary demands of military service, the ADF must increasingly acknowledge the importance of families, and continue to support members and their families after the transition to civilian life.

The Plan builds on a solid foundation, built over many years, of ADF mental health services and programs. In 2010, a comprehensive Mental Health Reform Program commenced, based substantially on a review conducted by Professor David Dunt. The Dunt Review recommended the conduct of a Mental Health Prevalence and Wellbeing Study and the production of an ADF Mental Health Strategy, both of which were released in October 2010.

Significant progress has been made on all 52 of the Dunt recommendations, including easier access to best practice mental health services for ADF members, enhanced preventive activities, formation of multi-disciplinary teams to provide holistic care, increased engagement of family in the care of members, and improved systems for managing complex cases through treatment and recovery.

This Plan ensures the recommendations of the Dunt Review will continue to be progressed. The Plan responds to the findings of the Prevalence and Wellbeing Study, maintains the momentum of the Mental Health Reform Program, and encapsulates feedback from consultations with Army, Navy and Air Force. Programs and services are being further enhanced and consolidated, mental health is being better integrated into primary health care, and an even stronger emphasis is being placed on continuous improvement through monitoring, evaluation and governance. Opportunities for innovation are being explored, including the introduction of new programs using technologies such as e-health and downloadable applications.

JHC will now, through MHP&R and the Garrison Health Organisation as Lead Agencies on many components of the Plan, develop an Implementation Schedule. We will also work alongside and in support of Navy, Army and Air Force who have their own Lead Agency responsibilities to ensure complementary implementation.



**R. Walker**  
Rear Admiral  
Commander, Joint Health Command  
October 2012

## OUR COMMITMENT

The ADF is committed to achieving capability through mental fitness by:

- Promoting good mental health and wellbeing through leadership at all levels;
- Developing a culture that supports personnel to better recognise mental health issues and assist themselves and their colleagues;
- Preparing our personnel to meet the unique occupational risks of military service;
- Evidence-based treatment and recovery programs utilising a partnership between individuals, families, command and health providers;
- Innovation and research that improves our understanding of mental health and wellbeing in the ADF and delivery of mental health care; and
- Supporting effective transition and continuity of mental health and wellbeing for those personnel leaving the ADF.

Significant investments have been made over many years by the ADF in the delivery of mental health programs and services to our personnel. Key programs and services currently being delivered are detailed in Appendix A.

## OCCUPATIONAL MILITARY MENTAL HEALTH AND WELLBEING MODEL

This Mental Health & Wellbeing Plan (MH&WB Plan) is underpinned by the ADF Occupational Military Mental Health and Wellbeing Model (Fig 1). The model provides a framework for the development of interventions to enhance the mental health and wellbeing of ADF personnel. This framework recognises that fundamental to strengthening resilience and enabling recovery in a military environment is a shared responsibility for mental health and wellbeing between command, individual ADF personnel and the health care system.

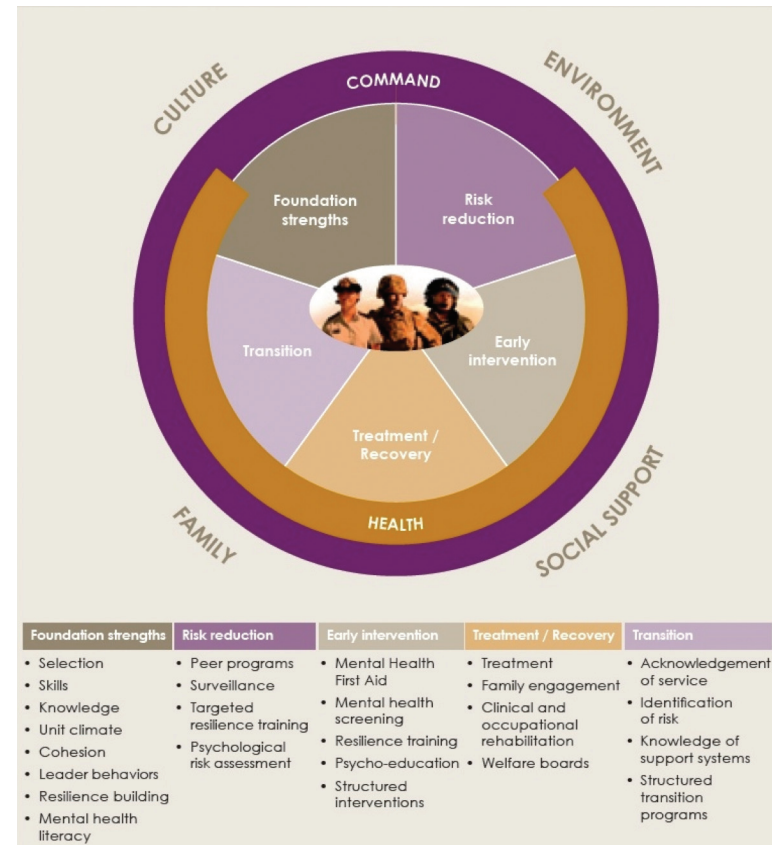
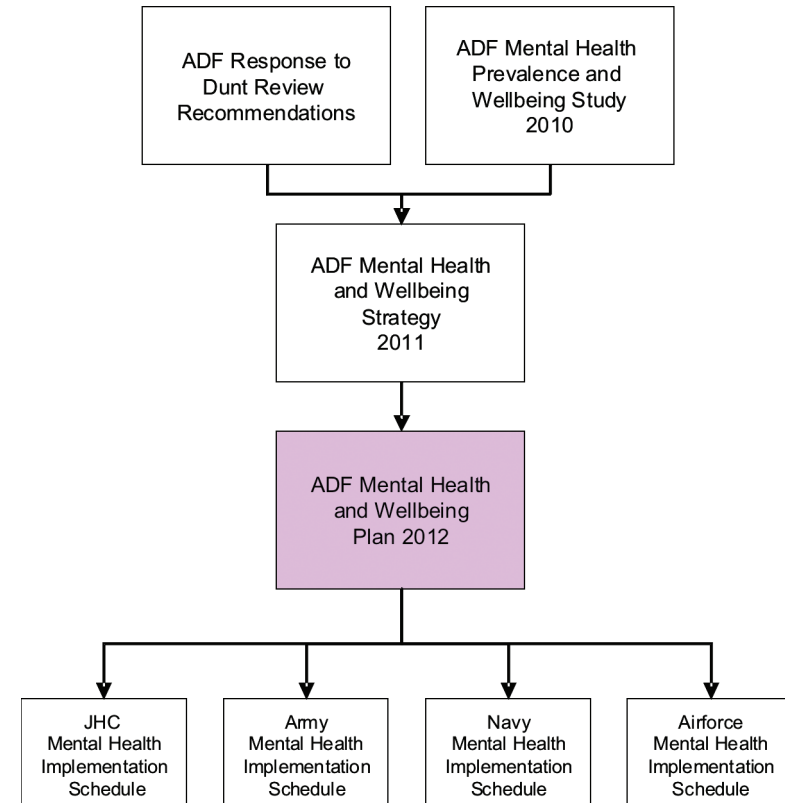


Figure 1: ADF Occupational Military Mental Health and Wellbeing Model

## FRAMEWORK FOR DEVELOPMENT

In 2009, a review was conducted (the Dunt Review) of mental health services in the ADF. The review recommended the conduct of a prevalence study to (i) establish the prevalence of mental health disorders in the ADF, (ii) refine current mental health detection methods, and (iii) investigate the specific occupational stresses that influence mental health disorders. The results of the ADF prevalence study were released in 2011.

These two documents provided key resources for the release of the ADF Mental Health and Wellbeing Strategy (MH&WB Strategy) in 2011. This MH&WB Plan has been developed to operationalise the Strategic Objectives and Priority Actions defined by the MH&WB Strategy. The MH&WB Plan details key deliverables and assigns responsibilities to lead agencies. Although Joint Health Command has responsibility for development of the MH&WB Plan, it does not own many of the elements or assets which are vital to the success of the plan. Implementation of the MH&WB Plan will require coordination and collaboration across different ADF Groups and the development of detailed Joint Health Command and Single Service Implementation Schedules.





## GOVERNANCE

### MHAG

Implementation of the MH&WB Plan will be overseen by the Mental Health Advisory Group (MHAG). MHAG meets three times a year, and members include:

- Commander Joint Health Command
- Director General Mental Health Psychology and Rehabilitation
- an SES or equivalent public servant from a State, Territory or Commonwealth Health Department
- a senior academic with interest in mental health program evaluation and health services research
- a member of the ADF Families Association

### JHC

Joint Health Command has responsibility for:

- development of a JHC Implementation Schedule for components of the MH&WB Plan for which MHP&R and GHO are the Lead Agencies
- monitoring achievement of all key goals and deliverables
- submission of a Progress Report to all MHAG meetings for the life of the MH&WB Plan
- initiating actions in response to MHAG feedback to the Progress Reports

### MHP&R

Mental Health, Psychology & Rehabilitation Branch has responsibility for:

- supporting JHC with development of a JHC Implementation Schedule
- achievement of components of the Plan for which MHP&R is the Lead Agency

- responding to MHAG actions as directed by JHC
- advice and support to JHC and single Services on policies, procedures and programs of care related to mental health, psychology and rehabilitation

### GHO

Garrison Health Organisation has responsibility for:

- supporting JHC with development of an Implementation Schedule
- achievement of components of the Plan for which GHO is the Lead Agency
- responding to MHAG actions as directed by JHC

### Services

The individual Services have responsibility for:

- development, in consultation with JHC, of individual Implementation Schedules for components of the MH&WB Plan for which they are the Lead Agency
- achievement of components of the Plan for which they are the Lead Agency
- responding to MHAG actions as requested by JHC

### Funding

Joint Health Command has received funding to support the Lead Agencies in the initial implementation of the activities in the MH&WB Plan. However, the ADF is mindful of the limited funding and resources available to support the ongoing maintenance and delivery of services by Garrison Health Command and the single Services. Innovative approaches will be required to ensure the best value for money is achieved.



## PRIORITY ACTIONS

There are seven Priority Actions listed in the MH&WB Strategy. These Priority Actions were informed by the findings of the 2011 Mental Health Prevalence and Wellbeing Study and by the Dunt Review. Table 1 below shows how the Priority Actions are supported by the six Strategic Objectives of the MH&WB Strategy .

Strategic Objectives	Priority Actions
1. Promote and support mental fitness within the ADF	Addressing stigma and barriers to care Strengthening the mental health screening continuum
2. Identification and response to mental health risks of military service	Improving pathways to care Developing e-mental health approaches Developing a comprehensive peer support network
3. Delivery of comprehensive, coordinated, customised mental health care	Improving pathways to care Enhancing service delivery Upskilling service providers
4. Continuously improve the quality of mental health care	
5. Building an evidence base about military mental and well being	
6. Strengthening strategic partnerships and strategic development	Strengthening the mental health screening continuum Enhancing service delivery

Table 1: Strategic Objectives and Priority Actions

## STRATEGIC OBJECTIVE 1: Promote and support mental health fitness in the ADF

### What Success Will Look Like

- A culture that promotes wellbeing and reduces the stigma and barriers to mental health care;
- ADF personnel are mental health literate and know when, how and where to seek care for themselves and their peers; and
- Selection, training and command systems that promote good mental health and well being.

The first three goals of Objective 1 seek to enhance mental health literacy and health promotion programs. Knowledge of the signs of mental health challenges equips members to self-monitor their mental fitness and seek help earlier, and assists supervisors and leaders to respond appropriately, thereby reducing stigma and barriers to care.

The fourth goal addresses the spiritual component of mental fitness. The Plan recognises that spirituality is about meaning and connections with loved ones, and may also involve a relationship with a deity or divine presence. Spirituality is important for many individuals, and can enhance resilience and coping skills, promote self-esteem, and strengthen social relationships.

The fifth goal is continual evaluation and adjustment of personnel selection procedures, standards and outcomes. New entrants into the ADF must continue to possess the aptitude, intelligence and personal qualities (including psychological robustness) that meet the technical and psychological demands of a challenging military environment.

Members & Families	Command	ADF Health Providers	Organisation
Better informed about the early signs of mental health problems and disorders, and increased knowledge of support services.	Better informed to develop command-driven initiatives that promote mental health and well being in members and their families.	Improved confidence in the quality of and access to mental health promotion resources.	Organisationally improved selection. Reduced barriers to care.

## 1.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions (MH&WB Strategy)
		MHPR	GHO	Services	
1.2.1 Delivery of Mental Health literacy training to members, peers and commanders ① ②	• Refresh existing mental health literacy materials such as ATOD and SPP packages (on-line and face to face) by 2013	Refresh	Deliver	Deliver	① Addressing stigma and barriers to care ② Developing e-mental health approaches ③ Strengthening the mental health screening continuum
	• Increase on-line access to literacy materials via E-Mental Health website by 2013	Develop	Approve	Approve	
	• Fully recruit Regional Mental Health Promotion positions by 2013		Recruit		
1.2.2 Continuous improvement of literacy training materials and delivery ① ②	• Develop literacy training evaluation methodology by 2013	Develop		Approve	
	• Literacy training materials (ATOD and SPP) evaluated by 2014	Evaluate & Report	Collect data Improve	Collect data Improve	
1.2.3 Enhanced mental health promotion programs ① ②	• Develop ADF Mental Health Communications Plan by 2013	Develop		Approve	
	• Mental Health Day held annually in every Regional Health Service from 2012	Support	Deliver	Deliver	
1.2.4 Strengthen the spiritual health and wellbeing component of mental fitness ① ② ③	• Advise Command Chaplain Joint Health Command (CCJHC) on development and implementation of 'Spiritual Health and Wellbeing' Strategy for the ADF, due for completion by 2013	Advise		Approve	
1.2.5 Enhanced recruitment and in-service selection procedures ③	• Evaluate and adjust personnel selection procedures and standards by 2015, including evaluation of reliability and validity of selection tests	Evaluate & Report to DFR		Collect data	
	• Continued application of quality standards to outsourced psychology services	Evaluate & Report to DFR			
	• Screening continuum re-evaluated in 2015	Evaluate & Report		Improve	

## STRATEGIC OBJECTIVE 2: Identification and response to mental health risks of military service

### 2.1 What Success Will Look Like

- A mental health and psychological support continuum that maximises the resilience of ADF personnel so they can adapt to all aspects of military service; and
- Mitigation of deployment risks and effective transition back to work and family life.

The first two goals of Objective 2 seek full implementation of the Self Management And Resilience Training (SMART) in the ADF, comprised of BATTLESMAST (pre-deployment preparation), LIFESMAST (for members leaving the ADF), and FAMILYSMART (for ADF families). The SMART programs aim to maximise mental and physical performance when confronted with challenges.

Goals three and four seek to develop a comprehensive peer support network, based on the Keep Your Mate Safe (KYMS) training courses. Members will be trained to recognise signs of psychological distress in their colleagues, apply psychological first aid, and offer referrals to support services. Specific KYMS modules will be developed for Leaders and Mentors.

Goal five will improve access to mental fitness resources, including SMART and KYMS. An E-Mental Health website will employ a range of tools including graphical user interfaces similar to i-Phone, downloadable applications, reputable and mediated peer-support tools, and links to selected external resources.

Goal six will enhance the ADF's mental health screening and support continuums. Elements already in place include recruitment screening, mental health screening, pre-deployment psychological preparation, embedded psychological support, decompression and re-adjustment programs. Enhancements will include consistency across the three Services, and tailoring of programs to particular units and operations, and to reservists.

Goal seven focuses on mental health elements of the ADF recovery and transition programs, including development of the 'Mate to Mate Visitation' and 'Families Stronger Together' components of the Simpson Assist Program (SAP), and training of staff in Army's Soldier Recovery Centres and Navy's Personnel Support Units.

Members & Families	Command	ADF Health Providers	Organisation
Better equipped to self monitor mental health and well-being and to engage in early help seeking behaviours.	Better resourced to support personnel and their families when challenged by the demands of military service.	Improved confidence in the efficacy of mental health surveillance and prevention strategies.	Organisationally relevant training delivered throughout the care continuum and operational deployment phases.

## 2.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions (MH&WB Strategy)
		MHPR	GHO	Services	
<b>2.2.1</b> Enhanced resilience building programs for members and families <b>2 3</b>	• Full suite of SMART programs available for delivery (face to face and online) by 2015	Develop		Deliver	<b>2</b> Developing e-mental health approaches <b>3</b> Strengthening the mental health screening continuum <b>4</b> Developing a comprehensive peer support network <b>5</b> Improving pathways to care
	• SMART providers fully trained by 2015, including specialist educators and trainers in the single Services	Conduct training	Attend training	Attend training	
<b>2.2.2</b> Continuous improvement of resilience programs <b>3</b>	• Develop resilience evaluation methodology by 2013	Develop		Approve	
	• Resilience programs evaluated by 2015	Evaluate & Report	Improve	Improve	
<b>2.2.3</b> Build peer support network <b>2 4</b>	• KYMS program fully delivered (face to face and on-line) by 2014 including KYMS (Leaders) and KYMS (Mentors)	Develop	Deliver	Deliver	
<b>2.2.4</b> Continuous improvement of peer support network <b>4</b>	• Develop peer support evaluation methodology by 2013	Develop		Approve	
	• Peer support networks evaluated by 2014	Evaluate & Report		Improve	
<b>2.2.5</b> Improved access to mental health resources <b>2 5</b>	• Implement ADF e-Mental Health website by 2013	Develop		Approve	

<b>2.2.6</b> Continuous improvement of ADF mental health screening and support continuums ③ ⑤	<ul style="list-style-type: none"> <li>Develop evidence base for enhancement of mental health screening and support continuums through an integrated research program by 2015 (see Strategic Objective 5)</li> </ul>	Integrate studies			
	<ul style="list-style-type: none"> <li>Progressively enhance mental health screening and support continuums (recruitment, annual screening, pre-deployment, deployment, decompression, and re-adjustment) from 2013</li> </ul>	Evaluate & Report	Improve	Improve	
	<ul style="list-style-type: none"> <li>Promulgate and implement enhanced Critical Incident Mental Health Support (CIMHS) program by 2014</li> </ul>	Evaluate & Report	Improve	Improve	
	<ul style="list-style-type: none"> <li>Tailor programs for specific operations (eg: OP RESOLUTE) and components of the ADF (e.g. Special Forces, Reserve Forces)</li> </ul>	Develop		Implement	
	<ul style="list-style-type: none"> <li>Operational mental health screening and support continuums evaluated by 2015</li> </ul>	Review & Report	Improve	Improve	
<b>2.2.7</b> Enhanced mental health elements of ADF recovery and transition programs ③ ④	<ul style="list-style-type: none"> <li>Develop the mental health elements of the Simpson Assist Program (Mate to Mate Visitation, Families Stronger Together) by 2014</li> </ul>	Develop		Implement	
	<ul style="list-style-type: none"> <li>Train Soldier Recovery Centres and Personnel Support Units in mental health.</li> </ul>	Support		Implement	
	<ul style="list-style-type: none"> <li>Ensure single Service rehabilitation programs align with ADF policy</li> </ul>	Support		Implement	





## STRATEGIC OBJECTIVE 3: Delivery of comprehensive, coordinated, customised mental health care

### 3.1 What Success Will Look Like

- A holistic mental health and psychology service that integrates with the primary health care system and a stepped care approach with multiple pathways to care;
- hCare is coordinated with individuals, families, command and health services; and
- Innovative approaches to technology support systems that support the delivery of mental health care.

Objective 3 focuses on better integration of mental health services within general health care, and a single point of entry for accessing services. Service provision is to be organised within a stepped care model so that the complexity (and cost) of intervention is commensurate with the member's presentation (including motivation and symptom severity).

Significant achievements in the provision of more holistic care already include the establishment of multi-disciplinary regional mental health teams, coordinated case management for complex and chronic conditions, and protocols for engaging families and Commanders in mental health services. A key deliverable of Objective 3 will be full implementation of the above initiatives, facilitated by a new mental health services delivery model. The ADF Centre for Mental Health will provide on-going clinical leadership, clinical support and clinical up-skilling.

Members & Families	Command	ADF Health Providers	Organisation
Improved trust and engagement in mental health care.	Better equipped to support members and their families when challenged by a mental health problem or disorder.	Improved clarity of the sharing of responsibilities with Command for the mental health care of members and their families.	Increased capability through mental fitness.

### 3.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions (MH&WB Strategy)
		MHPR	GHO	Services	
<b>3.2.1</b> Implementation of mental health services delivery model <b>5 6</b>	Beginning in 2012: <ul style="list-style-type: none"> <li>• Agreed ADF Mental Health and Psychology Services Delivery Model</li> <li>• Access to single point of entry</li> <li>• Improved engagement of families and friends in mental health support for ADF members (family sensitive and family inclusive practice)</li> <li>• Improved command engagement in the mental health support of ADF members</li> <li>• Fully implemented common multi-disciplinary services</li> <li>• Fully activated Regional Mental Health Teams</li> <li>• Improved case management of complex and chronic conditions</li> <li>• Consistent occupational psychology model across the Single Services</li> </ul>	Facilitate	Implement	Implement	<b>5</b> Improving pathways to care <b>6</b> Enhancing service delivery <b>7</b> Upskilling service providers
<b>3.2.2</b> Full activation of ADF Centre for Mental Health (ADFCMH) <b>6 7</b>	Beginning in 2012: <ul style="list-style-type: none"> <li>• Centre built and fully staffed</li> <li>• Fully implemented and co-ordinated evidenced-based treatment programs (eg: structured group programs for the emerging signs of PTSD)</li> <li>• Delivery of tele-psychiatry and second-opinion clinics</li> <li>• Expand clinical upskilling through provision of courses and supervision (Suicide Risk Assessment Training, Traumatic Stress Syndromes Course, Cognitive Processing Therapy)</li> <li>• Review and adjust Acute Mental Health Support on Operations (AHMOO) training</li> </ul>	Resource & Activate	Utilise	Utilise	

## STRATEGIC OBJECTIVE 4: Continuously improve the quality of mental health care

### 4.1 What Success Will Look Like

- A governance framework that promotes the delivery of safe, efficient, effective and appropriate mental health care; and
- A workforce that is trained and equipped to provide evidence-based practice that supports recovery.

Objective 4 will develop the mental health elements of the Joint Health Command Governance Framework, including accurate and reliable data collection through the Joint Electronic Defence Health Information (JeDHI) project. Continuous quality improvement will be supported by performance evaluations, review and development of mental health policies, finalisation of the mental health elements of the Health Manual, and systems for checking compliance with policies.

Objective 4 also builds on the recommendations of the Dunt Review related to the development and training of the ADF mental health workforce. This includes clear articulation of practice standards for each professional group in the ADF Mental Health Workforce & Training Strategy.

Members & Families	Command	ADF Health Providers	Organisation
Improved trust and confidence in the quality and responsiveness of mental health care.	Improved trust and confidence in the quality and responsiveness of mental health care.	Improved trust in the quality of the policy guidance and training provided by JHC.	Increased capability through mental fitness.

## 4.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions (MH&WB Strategy)
		MHPR	GHO	Services	
<b>4.2.1</b> Improved data collection and reporting ⑥	• Implementation of mental health components of E-Health (JeDHI) by 2014	Develop	Develop Implement		⑥ Enhancing service delivery ⑦ Upskilling service providers
	• Transparent and accountable mental health reporting (using JeDHI) by 2014	Develop & Analyse	Implement		
<b>4.2.2</b> Evaluation of services against evidence-based clinical intervention and treatment programs ⑥	• Develop service evaluation methodology by 2013	Develop			
	• Service evaluations completed by mid 2014	Evaluate & Report	Improve Services	Improve Services	
<b>4.2.3</b> Compliance with JHC mental health policy and governance ⑥	• Review and develop mental health policy for inclusion in the new JHC HEALTHMAN manual by 2013	Develop	Approve	Approve	
	• Review of compliance with HEALTHMAN completed by 2015	Evaluate & Report	Improve	Improve	
<b>4.2.4</b> Compliance with ADF Mental Health Workforce & Training Strategies ⑥ ⑦	• Develop a clinical supervision model for mental health practitioners by 2013	Develop	Implement		
	• Develop ADF Mental Health Workforce & Training Strategy by 2013	Develop	Approve		
	• MHW&TS compliance review process in place by 2014	Evaluate & Report	Improve	Improve	

## STRATEGIC OBJECTIVE 5: Building an evidence base about military mental health and wellbeing

### 5.1 What Success Will Look Like

- A rigorous research program that is a priority and addresses key knowledge gaps; and
- A range of mental health programs providing positive outcomes and services that have been fully evaluated.

Objective 5 will provide an evidence base for on-going refinement of all elements of this Plan. Research and evaluation studies will be reshaped to meet single Service priorities and expand capacity to conduct studies. Various research projects will be integrated to achieve synergies in instrumentation, survey burden, and reporting.

The current period of high operational tempo provides the opportunity to correlate mental health with operational intensity and operating environments. This research has potential to improve performance of the operational mental health support and screening continuums (see Strategic Objective 2).

Members & Families	Command	ADF Health Providers	Organisation
Increased likelihood of recovery from mental health challenges.	Increased confidence in the evidence base for mental health support provided to members and their families.	Increased confidence in the evidence base for mental health support provided to members and their families.	Service improvement is informed by evidence and with full participation of members, their families and command.

## 5.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions (MH&WB Strategy)
		MHPR	GHO	Services	
5.2.1 Integrated approach to mental health research and evaluation ⑥	<ul style="list-style-type: none"> <li>Conduct regular stakeholder workshops to inform the design and expected outcomes from mental health research and evaluation projects.</li> </ul>	Facilitate	Approve	Approve	⑥ Enhancing service delivery  ⑦ Upskilling service providers
	<ul style="list-style-type: none"> <li>Conduct regular Mental Health Advisory Group Meetings to advise JHC on the mental health program development in the ADF</li> </ul>	Facilitate			
	<ul style="list-style-type: none"> <li>Conduct regular Scientific Advisory Committee meetings to provide technical oversight of mental health research and evaluation projects.</li> </ul>	Facilitate			
5.2.2 Expanded evidence base for Strategic Objectives 1-4 ⑥ ⑦	<ul style="list-style-type: none"> <li>Review the following to determine the implications for mental health services and programs:               <ul style="list-style-type: none"> <li>Annual follow-up reports from 2010 ADF Mental Health Prevalence and Wellbeing Study</li> <li>MEAO Census Study and MEAO Prospective Study (MilHOP)</li> </ul> </li> <li>Support conduct, dissemination and training for climate surveys within ADF ( PULSE)</li> <li>Review Human Dimensions of Operations product for use by single Services, by 2014</li> <li>Continue to conduct annual Post Operational Mental Health Surveillance Reports</li> <li>Continue LASER-Resilience Study</li> <li>Conduct Pathways to Care Study by 2014</li> </ul>	Implement			
5.2.3 Develop research alliances ⑥ ⑦	<ul style="list-style-type: none"> <li>Build relationships between ADF Centre for Mental Health and external research centres (Centre for Military and Veterans Health, Centre for Traumatic Stress Studies, Australian Centre for Post Traumatic Mental Health)</li> </ul>	Implement			

## STRATEGIC OBJECTIVE 6: Strengthening strategic partnerships and strategic development

### 6.1 What Success Will Look Like

- Whole-of-government partnerships;
- Partnerships with centres of excellence; and
- Partnerships with international military forces.

Objective 6 supports collaboration with other Australian Government Departments, non-government organisations and professional mental health agencies to ensure the ADF's continuum of care is aligned with national and international standards and best practice. This also ensures that the Defence, government and community mental health resources available to support ADF members and their families are being utilised to best effect. For example, a close working relationship with the Department of Veterans' Affairs is vital to achieving a seamless transition of mental health care for individuals as they leave military service.

The ADF has already formed partnerships with the United States, United Kingdom, Canada and New Zealand through The Technical Cooperation Program (TTCP) Technical Panels. Ongoing engagement with TTCP enables effective research and policy development at a reduced cost.

Members & Families	Command	ADF Health Providers	Organisation
Increased likelihood of recovery from mental health challenges.	Increased confidence in the evidence base for mental health support provided to members and their families.	Improved confidence in the evidence base for mental health support provided to members and their families.	The ADF benefits from associations with like-minded organisations to expand their knowledge base and an enhanced reputation as a responsible employer.



## 6.2 Goals and Deliverables

Goals	Key Deliverables	Lead Agencies			Priority Actions
		MHPR	GHO	Services	
6.2.1 Improved care for wounded, injured and ill personnel ③ ⑥	<ul style="list-style-type: none"> <li>On-going collaboration with DVA in the development of rehabilitation and recovery programs for the ADF</li> </ul>	Support		Implement	③ Strengthening the mental health screening continuum  ⑥ Enhancing service delivery
6.2.2 Improved transitional care ③ ⑥	<ul style="list-style-type: none"> <li>On-going collaboration with DVA for management of transitioning ADF members (ADF/DVA Links Steering Committee)</li> </ul>	Develop	Implement	Implement	
6.2.3 Increased interaction with international military mental health and occupational psychology programs ⑥	<ul style="list-style-type: none"> <li>Regular exchange of information with relevant international military programs</li> <li>Continued participation in TTCP to facilitate effective collaborative research, policy development and information exchange with other militaries</li> </ul>	Implement			
6.2.4 Closer collaborative relationships with other agencies ③ ⑥	<ul style="list-style-type: none"> <li>Strengthen relationship with Australian Drug Foundation</li> <li>Participate in National Mental Health Commission</li> <li>Maintain Service Agreement between ADF and Veterans and Veterans Families Counselling Service (VVCS)</li> <li>Increased interactions with government, non-government and professional mental health agencies</li> </ul>	Implement			

## GLOSSARY

<b>ATOD</b>	Alcohol, Tobacco and Other Drugs	<b>PULSE</b>	Profile of Unit Leadership Satisfaction Effectiveness
<b>CIMHS</b>	Critical Incident Mental Health Support	<b>RESET</b>	Prevention program for emerging Post Traumatic Stress Disorder (PTSD)
<b>JeDHI</b>	Joint Electronic Defence Health Information	<b>RtAPS</b>	Return to Australia Psychological Screen
<b>KYMS</b>	Keep Your Mates Safe	<b>SMART</b>	Self Management & Resilience Training
<b>LASER</b>	Longitudinal ADF Study Evaluation Retention	<b>SPP</b>	Suicide Prevention Program
<b>MiIHOP</b>	Military Health Outcomes Program	<b>TTCP</b>	The Technical Cooperation Program
<b>POPS</b>	Post-Operational Psychological Screen		

## APPENDIX A : CURRENT PROGRAMS

Existing programs that are already contributing to achievement of the MH&WB Plan are listed below:

Program	Description	Status
ADF Centre for Mental Health	<p>The ADFCMH is to become a centre of excellence in military mental health, providing evidence-based and informed clinical programs, training, and mental health consultancy. This will be achieved through a dedicated and professional workforce, research collaborations and partnerships with external bodies, clinical programs, and innovations such as the application of tele-health and e-health. The primary customers of ADFCMH are Garrison Health services, although services are available across the ADF, including to deployed ADF elements. Services being delivered by ADFCMH include:</p> <ul style="list-style-type: none"> <li>- Suicide Risk Assessment Training</li> <li>- Acute Mental Health on Operations (AMHOO) Training</li> <li>- Critical Incident Mental Health Training</li> <li>- Traumatic Stress Clinic</li> <li>- Traumatic Stress Syndromes Course</li> </ul>	<p>The ADFCMH was established in 2010, and will continue to expand through the life of the MH&amp;WB Plan.</p>
ADFAMS ADF Alcohol Management Strategy	<p>The aim of ADFAMS is to build the capacity of Army's people to effectively manage alcohol and enhance operational capability, reduce harm to personnel and minimise organisational costs.</p> <p>The Australian Drug Foundation has been engaged by JHC to facilitate ADFAMS. The deliverable for Army is the Force Protection Alcohol strategy. A major part of this strategy will be bringing consistency across Army in alcohol management.</p>	<p>Evidence is being gathered from several Army locations to develop evidence based best practice alcohol management strategy for Army.</p> <p>Current work includes trialing of a hospitality program called Good Hosts. This is an evidence based program that has been developed, trialed and evaluated by the Australian Drug Foundation.</p>

Program	Description	Status
ADFPSP ADF Paralympic Sports Program	ADFPSP facilitates a return to ADF levels of physical fitness and functional independence through the provision of adapted training, programs and equipment	Ongoing
AREP Alcohol Rehabilitation & Education Program	AREPs mission is to rehabilitate alcohol dependent ADF members by catering for their physical, psychological, emotional and spiritual needs and returning them to the workforce as active, reliable members.	The AREP program is currently being redesigned to form part of a stepped care approach that more closely aligns with current contemporary models of care in the treatment of substance abuse in the military.
OATP Outpatient Alcohol Treatment Program	OATP is an evidenced based group program that aims to minimise alcohol misuse amongst ADF personnel and has been conducted nationally since August 2005. The program is run over four consecutive days and is conducted by alcohol counselling professionals at various bases around Australia.	Ongoing
AToDP Alcohol, Tobacco and Other Drugs Program	<p>AToDP provides for a major health promotion campaign that links to the National Alcohol Campaign.</p> <p>Annual awareness presentations are conducted across the ADF to promote safe drinking behaviour and KYMS Alcohol is delivered as a 'first aid' based program to encourage the responsible use of alcohol and provide referral information.</p> <p>Skills based training for Mental Health Professionals and Providers is delivered through a two day AToDP course and the conduct of a Motivational Interviewing training program.</p> <p>Professional and technical support has been provided to the Royal Australian Navy (RAN) Alcohol and Drug Program and to AREP.</p>	Training of health and welfare staff to build internal capacity in the management of alcohol and drug issues continues to be developed and conducted on an ongoing basis.

Program	Description	Status
CIMHS Critical Incident Mental Health Support	<p>CIMHS is considered a fundamental part of the ADF's response to critical incidents and potentially traumatic events.</p> <p>Developed in conjunction with the Australian Centre for Posttraumatic Mental Health, CIMHS is considered best-practice and offers a framework to mitigate and alleviate possible psychological injuries following a critical incident.</p> <p>Consistent with the stepped care approach to mental health in the ADF, CIMHS assets are multi-disciplinary and include a range of Mental Health Peers, Providers, Professionals and Specialists trained internally through a Train the Trainer model.</p>	An external validation of the ADF CIMHS program is being pursued.
Cognitive Processing Therapy (CPT)	CPT helps people to recover from traumatic events by introducing a new way to handle distressing thoughts and gain an understanding of the events.	Responsibility for delivery of CPT services is being transferred from the ADF Centre for Mental Health to the Australian Centre for Posttraumatic Mental Health.
e-Mental Health	e-Mental Health is a website providing information, resources, downloadable applications and links to reputable external sites.	Development of the website commenced in September 2011, along with customisation of a US-based PTSD app for the ADF.
KYMS Keep Your Mates Safe	KYMS teaches identification of warning signs for self-harm related behaviour amongst peers.	Additional modules (KYMS Leader and KYMS Mentor) are planned for development in 2013-2015.
LASER Resilience Longitudinal ADF Study Evaluating Resilience	LASER-Resilience is a longitudinal study that commenced in late 2009 and follows ADF members through the first five years of their military career. During this time, members will be adjusting to a new career and may be exposed to potentially stressful or traumatic events during the course of their service. Different psychological and behavioural attributes will determine how members respond to these stressful events and LASER-Resilience is investigating which of these attributes contribute to a member's resilience.	Analysis of the pre-enlistment data collected between 2009 and 2010 has commenced and is currently being compared to data for the whole of the ADF (collected by the Mental Health Prevalence and Wellbeing Study in 2010) and to the general Australian population.

Program	Description	Status
Pathways to Care	Pathways to Care is a research program examining barriers and stigma associated with the delivery of mental health support	Ongoing
POPS and RtAPS Post Operational Psychological Screening and Return to Australia Psychological Screening.	<p>POPS and RtAPS are administered to ADF members at different stages of their return from deployment. RtAPS is administered prior to ADF members returning to Australia, or within 72 hours of their return to Australia. POPS (Post-Operational Psychological Screen) is administered between 3 and 6 months after the member's return to Australia.</p> <p>Data obtained from these questionnaires is used for regular operational health surveillance.</p>	A new family-sensitive version of POPS is currently under development that will encourage family members to participate in the POPS process.
PULSE Instrument Review	<p>PULSE is a survey designed to inform unit commanders in a garrison situation about a range of factors that impact on the behaviour and motivation of personnel in their unit. Factors measured include job satisfaction, job stress, work performance, and confidence in leadership.</p> <p>The PULSE allows comparisons across time within a particular unit, and comparisons of individual units with ADF benchmarks.</p>	Ongoing
RESET	<p>The RESET program has been designed by the ADF Centre for Mental Health especially for ADF personnel who have experienced potentially traumatic events while on deployment and who are having difficulty recovering from them.</p> <p>It involves an intensive week long program of mental health competency and skills development, in a supportive learning environment.</p>	Ongoing

Program	Description	Status
SAP Simpson Assist Program	SAP seeks to reduce the impact of injury and illness in Defence by developing a tailored, integrated and multidisciplinary approach to accelerated rehabilitation for seriously wounded, injured and ill ADF members.	SAP initiatives are currently under development and will be implemented from 2013 onwards.
SMART Program Self Management and Resilience Training for ADF Members and their families	<p>The core BattleSMART program includes two-40 minute sessions that cover the following:</p> <ul style="list-style-type: none"> <li>• an introduction the physiological symptoms of stress;</li> <li>• education regarding the management of the physiological signs of stress (referred to as Self Management); and</li> <li>• an introduction to coping strategies and their implementation in stressful situations.</li> </ul> <p>Individuals are taught to 'test' their initial responses and to 'adjust' if the initial response is not going to achieve optimal performance in the specific situation.</p> <p>Specialised SMART modules include LifeSMART and FamilySMART.</p>	Additional SMART modules are planned for development in 2012-2015.
SPP Suicide Prevention Program	<p>Annual completion of suicide awareness training is mandatory for all ADF members and more recently, suicide first aid training was rolled-out as a component of the KYMS series (KYMS Suicide Prevention Training).</p> <p>Through collaboration with Living Works, Applied Suicide Intervention Skills Training (ASIST) courses have been introduced into the ADF.</p>	Suicide Awareness Briefs are currently undergoing review.

