



JOINT HEALTH COMMAND
VICE CHIEF OF THE DEFENCE FORCE



ADF Mental Health and Wellbeing Plan

Progress Report

October 2012 - April 2013

ADF MENTAL HEALTH AND WELLBEING PLAN: PROGRESS REPORT AS AT APRIL 2013

Introduction

While Joint Health Command (JHC) has responsibility for development and monitoring of the ADF Mental Health and Wellbeing (MH&WB) Plan, it does not own many of the elements or assets that are vital to the success of the Plan. Progress therefore requires coordination and collaboration across different ADF Groups and the development of detailed Joint Health Command and Single Service Implementation Schedules.

With the MH&WB Plan having been endorsed by the Mental Health Advisory Group (MHAG) on 25 March 2013, an O6 Implementation Working Group (IWG) will now be convened to assist with development of the collaborative schedules and with six-monthly reporting of progress against the MH&WB Plan.

Pending formation of the IWG and development of the collaborative Schedules, JHC has progressed a number of tasks in which it has a lead role. This initial Progress Report provides an update of that progress, as at 08 April 2013.

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	Progress as at 01 April 2013
1.2.1 Delivery of Mental Health literacy training to members, peers and commanders	<ul style="list-style-type: none"> Refresh existing mental health literacy materials such as ATOD and SPP packages (on-line and face to face) by 2013 	Work is currently underway on updates to KYMS, ATOD (through ADFAMS), SPP and CIMHS materials. Development of on-line versions will be scheduled following the launch of the e-Mental Health Portal in 2013.
	<ul style="list-style-type: none"> Increase on-line access to literacy materials via E-Mental Health website by 2013 	Design and analysis for an e-Mental Health Portal has been completed, and a brief for CJHLTH has been submitted to obtain endorsement prior to proceeding with development of a pilot. The pilot will be reviewed by internal and external subject matter experts prior to general release.
	<ul style="list-style-type: none"> Fully recruit Regional Mental Health Promotion positions by 2013 	MH Promotion positions have been established in all Regions. Recruitment is ongoing.
1.2.2 Continuous improvement of literacy training materials and delivery	<ul style="list-style-type: none"> Develop literacy training evaluation methodology by 2013 	Research is being undertaken into the adoption of a generic evaluation methodology that can be applied to a range of mental health initiatives. A recommendation is scheduled for submission to DGMHPR in October 2013.
	<ul style="list-style-type: none"> Literacy training materials (ATOD and SPP) evaluated by 2014 	Conduct of evaluations will be scheduled following agreement on an evaluation methodology (see Objective 2). It is anticipated that the evaluations will involve external providers.
1.2.3 Enhanced mental health promotion programs	<ul style="list-style-type: none"> Develop ADF Mental Health Communications Plan by 2013 	A draft ADF Mental Health Communications Strategy will be released for consultation by the end of April 2013.
	<ul style="list-style-type: none"> Mental Health Day held annually in every Regional Health Service from 2012 	The inaugural ADF Mental Health Day was held on 10 October 2012. Planning is underway for MH Day 2013, and representatives are being sought from the Services and GHO to sit on the MH Day Working Group. The Working Group will have primary responsibility for decisions on the theme, events and overall conduct of the Day.
1.2.4 Strengthen the spiritual health and wellbeing component of mental fitness	<ul style="list-style-type: none"> Advise Command Chaplain Joint Health Command (CCJHC) on development and implementation of Spiritual Health and Wellbeing (SH&WB) Strategy for the ADF, due for completion by 2013 	DGMHPR has provided input to and endorsed the SH&WB Strategy, and will continue to provide input to the implementation planning process throughout 2013.

<p>1.2.5 Enhanced recruitment and in-service selection procedures</p>	<ul style="list-style-type: none"> Evaluate and adjust personnel selection procedures and standards by 2015, including evaluation of reliability and validity of selection tests 	<p>A 2-year psychometric plan has been developed to ensure selection tests are systematically reviewed, including increased emphasis upon the gender fairness of tests, largely in response to the Broderick Review.</p> <p>A review of the ADF Pilot selection test battery and standards continues in collaboration with DGPERS-AF (Air Plans), with Air Force to be briefed in August 2013. Graphics currently used in paper-and-pencil Pilot selection tests are being redeveloped to improve the quality of the test images, although further work on the computer-based versions of these same tests has been hindered by a lack of resources (both personnel and financial) over the last 12 months.</p> <p>A new language aptitude test battery will replace the current test in July 2013. The change in test battery will result in increased flexibility / timeliness for Defence Force Recruitment (DFR) in testing candidates who require language aptitude for their preferred occupation.</p> <p>Stage 2 of a project aimed at rationalising/reducing the number of selection tests is under way. A new combined mathematics aptitude test (replacing three separate tests of maths ability) is being developed; similarly, a new test of technical/mechanical aptitude is being developed, aimed at combining the two outdated tests currently in use. This work is being undertaken largely in response to a task identified in the DFR Strategic Plan.</p>
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	<ul style="list-style-type: none"> Continued application of quality standards to outsourced psychology services 	<p>Under cover of a Service Level Agreement, the Directorate of Occupational Psychology and Health Analysis (DOPHA) provides specialist technical advice and services to DG DFR regarding psychology aspects of ADF recruitment and selection, including quality assurance / oversight of the outsourced psychology function under the DFR/Manpower contract. Under the SLA, DOPHA is required to monitor and report biannually on Manpower Psychology Services compliance against seven key performance indicators. The first compliance report under the new 2012 contract was sent to DG DFR in December 2012; the next report is due June 2013.</p> <p>In collaboration with Manpower, DOPHA has established a two-year rolling audit schedule comprising both internal and external audits. An on-site audit of Manpower Psychology Section - Hobart was conducted in March 2013; Adelaide is to be audited in May. Reports on internal audits conducted by Manpower are provided to DOPHA within fourteen days of completion.</p> <p>In April 2013, regular reporting of personnel selection statistics will commence (eg, the break-down of DFR psychology recommendations) to DG MHPR and DG DFR to contribute to the continuous quality assurance of outsourced psychology services.</p>
	<ul style="list-style-type: none"> Screening continuum re-evaluated in 2015 	<p>Conduct of evaluations will be scheduled following agreement on an evaluation methodology (see Objective 2). It is anticipated that the evaluations will involve external providers.</p>

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 BATTLESMAART (pre-deployment preparation), LIFESMAART (for members leaving the ADF), and FAMILYSMAART (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	Progress as at 01 April 2013
2.2.1 Enhanced resilience building programs for members and families	<ul style="list-style-type: none"> Full suite of SMART programs available for delivery (face to face and online) by 2015 	<p>The full suite of SMART programs is available for face to face delivery, and training management plans have been developed. Development of online versions of SMART programs will be scheduled following the launch of the e-Mental Health Portal in 2013.</p>
	<ul style="list-style-type: none"> SMART providers fully trained by 2015, including specialist educators and trainers in the single Services 	<p>This task will be scheduled following completion of the MH Upskilling Framework and Training Continuum (see 4.2.4).</p>
2.2.2 Continuous improvement of resilience programs	<ul style="list-style-type: none"> Develop resilience evaluation methodology by 2013 	<p>Research is being undertaken into the adoption of a generic evaluation methodology that can be applied to a range of mental health initiatives. A recommendation is scheduled for submission to DGMHPR in October 2013.</p>
	<ul style="list-style-type: none"> Resilience programs evaluated by 2015 	<p>Conduct of evaluations will be scheduled following agreement on an evaluation methodology. It is anticipated that the evaluations will involve external providers.</p>
2.2.3 Build peer support network	<ul style="list-style-type: none"> KYMS program fully delivered (face to face and on-line) by 2014 including KYMS (Leaders) and KYMS (Mentors) 	<p>Face-to-face versions of KYMS Peer Support and KYMS Leaders have been developed and trialled. Work is ongoing to finalise the core KYMS training packages and to negotiate the GHO and Single Service implementation plans.</p> <p>Development of online versions of KYMS will be scheduled following the launch of the e-Mental Health Portal in 2013.</p>
2.2.4 Continuous improvement of peer support network	<ul style="list-style-type: none"> Develop peer support evaluation methodology by 2013 	<p>Research is being undertaken into the adoption of a generic evaluation methodology that can be applied to a range of mental health initiatives. A recommendation is scheduled for submission to DGMHPR in October 2013.</p>
	<ul style="list-style-type: none"> Peer support networks evaluated by 2014 	<p>Conduct of evaluations will be scheduled following agreement on an evaluation methodology. It is anticipated that the evaluations will involve external providers.</p>
2.2.5 Improved access to mental health resources	<ul style="list-style-type: none"> Implement ADF e-Mental Health website by 2013 	<p>Design and analysis for an e-Mental Health Portal has been completed, and a brief for CJHLTH has been submitted to obtain endorsement prior to proceeding with development of a pilot for review by internal and external subject matter experts.</p>

2.2.6 Continuous improvement of ADF mental health screening and support continuums	<ul style="list-style-type: none"> Develop evidence base for enhancement of mental health screening and support continuums through an integrated research program by 2015 	See Strategic Objective 5.
	<ul style="list-style-type: none"> Progressively enhance mental health screening and support continuums (recruitment, annual screening, pre-deployment, deployment, de-compression, and re-adjustment) from 2013 	The Mental Health Screening Continuum project will provide a framework for the screening of all ADF personnel from recruitment, through service, deployment, transition and into civilian life. A project plan has been drafted and approved by DGMHPR and briefed to CJHLTH. Phase 1 of the plan has commenced and major stakeholders and candidates for the Project Management Board have been identified.
	<ul style="list-style-type: none"> Promulgate and implement enhanced Critical Incident Mental Health Support (CIMHS) program by 2014 	Procurement processes for a review of the CIMHS program are currently underway.
	<ul style="list-style-type: none"> Tailor programs for specific operations (eg: OP RESOLUTE) and components of the ADF (e.g. Special Forces, Reserve Forces) 	JHC/SF collaboration on MH initiatives commenced in 2011 and significant milestones were achieved in 2012. Further projects are underway for completion in 2014. JHC/Navy collaboration on MH support for OP RESOLUTE continues including tailored analysis of MH screens and enhancement of psychological preparation for personnel.
	<ul style="list-style-type: none"> Operational mental health screening and support continuums evaluated by 2015 	Conduct of evaluations will be scheduled following agreement on an evaluation methodology. It is anticipated that the evaluations will involve external providers.
2.2.7 Enhanced mental health elements of ADF recovery and transition programs	<ul style="list-style-type: none"> Develop the mental health elements of the Simpson Assist Program (Mate to Mate Visitation, Families Stronger Together) by 2014 	Statements of work for pilots of these initiatives have been developed and approved by the SAP Project Board, with the intent of commencing the pilots in the 2 nd quarter of 2013.
	<ul style="list-style-type: none"> Train Soldier Recovery Centres and Personnel Support Units in mental health. 	KYMS training for staff at the Townsville Soldier Recovery Centre was conducted in February 2013.
	<ul style="list-style-type: none"> Ensure single Service rehabilitation programs align with ADF policy 	The Directorate of Rehabilitation and Compensation (DRC) has worked closely with the Single Services, and rehabilitation programs are now aligned with the JHC rehabilitation model.

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;
- Care 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	Progress as at 01 April 2013
<p>3.2.1 Implementation of mental health services delivery model</p>	<p>Beginning in 2012:</p> <ul style="list-style-type: none"> • Agreed ADF Mental Health and Psychology Services Delivery Model • Access to single point of entry • Improved engagement of families and friends in mental health support for ADF members (family sensitive and family inclusive practice) • Improved command engagement in the mental health support of ADF members • Fully implemented common multi-disciplinary services • Fully activated Regional Mental Health Teams • Improved case management of complex and chronic conditions • Consistent occupational psychology model across the Single Services 	<p>The multi-disciplinary Service Delivery Model was signed off by CJHLTH on 30 September 2012 and presented to the Regional Mental Health Coordinators and Single Service representatives in October 2012.</p> <p>MHPR and GHO are working at national and regional levels to develop an implementation framework and communication strategy.</p> <p>A suite of clinical note templates has been developed for mental health professionals and is awaiting endorsement. The templates will assist in the standardisation of clinical service delivery.</p>
<p>3.2.2 Full activation of ADF Centre for Mental Health (ADFCMH)</p>	<p>Beginning in 2012:</p> <ul style="list-style-type: none"> • Centre built and fully staffed • Fully implemented and co-ordinated evidenced-based treatment programs (eg: structured group programs for the emerging signs of PTSD) • Delivery of tele-psychiatry and second-opinion clinics • Expand clinical upskilling through provision of courses and supervision (Suicide Risk Assessment Training, Traumatic Stress Syndromes Course, Cognitive Processing Therapy) • Review and adjust Acute Mental Health Support on Operations (AHMOO) training 	<p>Refurbishment of the ADFCMH premises is currently out to tender with completion anticipated no later than late September 2013.</p> <p>Staffing consists of two training officers (LTCOL and CAPT). Full staffing is on hold pending sign-off of the revised ADFCMH Concept Paper which details staffing against approved tasks.</p> <p>The Consultant Psychiatrist position has been recontracted with an anticipated start date of 22 April 2013.</p> <p>The tele-psychiatry and second-opinion clinics have received partial success with the services being utilised on an increasing scale.</p> <p>Current clinical upskilling initiatives include:</p> <ul style="list-style-type: none"> - participation at regional MH upskilling activities and delivery of training in Mental Status Examination and the Clinician-Administered PTSD Scale; - training in Assessment, Case Formulation and Treatment Planning (through ACPMH); and - Cognitive Process Training.

		<p>A review of the Acute Mental Health Support on Operations (AHMOO) training has been completed with some adjustments made to the current training package. The program will undergo further revision as training requirements are identified during development of the MH Upskilling Framework and Training Continuum.</p>
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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	Progress as at 01 April 2013
4.2.1. Improved data collection and reporting	<ul style="list-style-type: none"> Implementation of mental health components of E-Health (JeDHI) by 2014 Transparent and accountable mental health reporting (using JeDHI) by 2014 	Scheduling of the mental health components of e-Health is currently on hold due to rescheduling of the release of JeDHI.
4.2.2 Evaluation of services against evidence-based clinical intervention and treatment programs	<ul style="list-style-type: none"> Develop service evaluation methodology by 2013 Service evaluations completed by mid 2014 	<p>Research is being undertaken into the adoption of a generic evaluation methodology that can be applied to a range of mental health initiatives. A recommendation is scheduled for submission to DGMHPR in October 2013.</p> <p>Conduct of evaluations will be scheduled following agreement on an evaluation methodology (see Objective 2). It is anticipated that the evaluations will involve external providers.</p>
4.2.3 Compliance with JHC mental health policy and governance	<ul style="list-style-type: none"> Review and develop mental health policy for inclusion in the new JHC HEALTHMAN manual by 2013 Review of compliance with HEALTHMAN completed by 2015 	<p>The following policy documents are actively under review and development:</p> <p>DI(G) 16-26 Management of a Suicidal Episode in the ADF</p> <p>HI CIMHS Critical Incident MH Support</p> <p>HI for HD603 Introduction of a Combined Medical and Mental Health Record</p> <p>HB Tele-psychiatry</p> <p>DI(G) PERS 16-28 Operational Mental Health Screening</p>

4.2.4 Compliance with ADF Mental Health Workforce & Training Strategies	<ul style="list-style-type: none"> Develop a clinical supervision model for mental health practitioners by 2013 	ADFCMH provides clinical supervisions services, but a formal model has not yet been developed.
	<ul style="list-style-type: none"> Develop ADF Mental Health Workforce & Training Strategy by 2013 	Work has commenced at the ADFCMH on the development of the MH Upskilling Framework and Training Continuum.
	<ul style="list-style-type: none"> MHW&TS compliance review process in place by 2014 	<p>Research is being undertaken into the adoption of a generic evaluation methodology that can be applied to a range of mental health initiatives. A recommendation is scheduled for submission to DGMHPR in October 2013.</p> <p>Conduct of evaluations will be scheduled following agreement on an evaluation methodology. It is anticipated that the evaluations will involve external providers.</p>

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	Progress as at 01 April 2013
5.2.1 Integrated approach to mental health research and evaluation	<ul style="list-style-type: none"> Conduct regular stakeholder workshops to inform the design and expected outcomes from mental health research and evaluation projects. 	<p><u>LASER-Resilience</u>. A comprehensive group of stakeholders was presented with the results of the initial two reports generated from LASER-Resilience data in October 2012. Stakeholders included personnel and health representatives from the Single Services, DFR, FORCOMD, and DOPHA. Presentations were given by study investigators from the Directorate of Strategic and Operational Mental Health and the Australian Centre for Posttraumatic Mental Health. This meeting included discussions of the results and their implications, as well as stakeholder input into the ongoing conduct of the study and the content of upcoming reports.</p> <p><u>MHPWS</u>. A preliminary presentation of the findings and implications of reports from the ongoing analyses of the data from the Mental Health Prevalence and Wellbeing Study (MHPWS) was made to members of MHPR Branch by representatives from the Centre for Traumatic Stress Studies, prior to further planned stakeholder engagement in May. The topics included nicotine use, mental health stigma and barriers to care, deployment, lifetime disorder, and trauma.</p>
	<ul style="list-style-type: none"> Conduct regular Mental Health Advisory Group Meetings (MHAG) to advise JHC on the mental health program development in the ADF 	<p>An MHAG meeting was held on 25 March 2013, and the next meeting is scheduled for August 2013.</p>
	<ul style="list-style-type: none"> Conduct regular Scientific Advisory Committee (SAC) meetings to provide technical oversight of mental health research and evaluation projects. 	<p><u>LASER-Resilience</u>. The SAC was convened in November 2012 to discuss the data analysis plan for the upcoming <i>Initial Training: Contributors to Change</i> report. More recently, SAC members have been engaged to provide out-of-session reviews of two draft reports.</p> <p>Owing to the variety of topics on which research is based, the acquisition of independent scientific advice has been restructured away from the traditional SAC structure towards a Scientific Advisory Review Panel (SARP). This panel consists of independent experts from academic institutions and reservist Special Service Officers who are sourced on a case by case basis as their expertise is required. In particular, the SARP has been utilised to review reports from the detailed analyses of the MHPWS data and the Pathways to Care project.</p>

<p>5.2.2 Expanded evidence base for Strategic Objectives 1-4</p>	<ul style="list-style-type: none"> • Review the following to determine the implications for mental health services and programs: <ul style="list-style-type: none"> - Annual follow-up reports from 2010 ADF Mental Health Prevalence and Wellbeing Study (MHPWS) - MEAO Census Study and MEAO Prospective Study (MilHOP) • Support conduct, dissemination and training for climate surveys within ADF (PULSE) • Review Human Dimensions of Operations (HDO) product for use by single Services, by 2014 • Continue to conduct annual Post Operational Mental Health Surveillance Reports • Continue LASER-Resilience Study • Conduct Pathways to Care Study by 2014 	<p>MHPWS: Five detailed reports have been delivered to JHC. These reports cover the topics; tobacco use, suicide, lifetime disorder in temporal relation to ADF service, mTBI, families and stigma/barriers to care. Defence is in the process of identifying ways to translate findings from the study into ADF policy and programs.</p> <p>PULSE: A communications plan, training strategy and tools for delivery have been developed. A PULSE policy document is awaiting submission to HEALTHMAN. Training in PULSE admin has been delivered (eg: at AAPSYPCH CORPS ROAC) with plans for future training within Navy and civilian establishments later in 2013.</p> <p>HDO: A draft policy and a commanding officer presentation have been developed.</p> <p>LASER-Resilience: Two reports have been completed providing snapshots of mental health at enlistment to the ADF and again following the end of initial training. A third report is in draft form looking at contributors to change over this period.</p> <p>PATHWAYS TO CARE: Funding for this project has been redirected following the results of a benefits analysis and complications with data access and ethics.</p> <p>MH SCREENING CONTINUUM: This project has been delayed due to complications in LASER, MHPWS and Pathways to Care. To allow for appropriate project planning, governance, stakeholder engagement and use of MHPWS results, funds are unlikely to be spent FY12/13.</p>
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<p>5.2.3 Develop research alliances</p>	<ul style="list-style-type: none"> • 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) 	<p>ADF continues to work jointly with external research centres and centres of excellence on various projects including:</p> <p>Centre for Traumatic Stress Studies has been commissioned to produce five additional research reports from the 2010 Mental Health Prevalence and Wellbeing dataset by mid 2013.</p> <p>Australian Centre of Posttraumatic Stress has been engaged to provide clinical up-skilling for the Defence mental health workforce; has assisted DVA and Defence to produce the Smart Phone App <i>PTSD Coach Australia</i>; and regularly provides clinical advice to JHC staff on issues related to PTSD.</p> <p>Centre for Military and Veteran Health conducted a Think Tank '<i>Meeting Future Challenges</i>' in November 2012. Defence representatives both attended and gave presentations at the Think Tank.</p>
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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	Progress as at 01 April 2013
6.2.1 Improved care for wounded, injured and ill personnel	<ul style="list-style-type: none"> On-going collaboration with DVA in the development of rehabilitation and recovery programs for the ADF 	<p>MHPR and DVA meet on a monthly basis to discuss joint issues, including rehabilitation and recovery programs.</p> <p>JHC is a member of the DVA Rehabilitation Advisory Committee which looks at contemporary rehabilitation research and improvements to rehabilitation services for current and ex-serving members. It is to become a joint committee in 2013.</p> <p>JHC has worked closely with DVA on the recently released mobile applications <i>PTSD Coach Australia</i> and <i>ON TRACK with the Right Mix</i>, and is providing input to the DVA Mental Health Strategy 2013.</p>
6.2.2 Improved transitional care	<ul style="list-style-type: none"> On-going collaboration with DVA for management of transitioning ADF members (ADF/DVA Links Steering Committee) 	<p>Defence and DVA have pledged closer cooperation and improved support services for current and former ADF members, with a new Memorandum of Understanding signed in Canberra on 5 February 2013. The MOU sets out the key principles governing the cooperative delivery of care and support, and establishes effective governance arrangements designed to ensure that the support arrangements remain effective.</p>
6.2.3 Increased interaction with international military mental health and occupational psychology programs	<ul style="list-style-type: none"> Regular exchange of information with relevant international military programs Continued participation in The Technical Cooperation Program (TTCP) to facilitate effective collaborative research, policy development and information exchange with other militaries 	<p>The Director of Strategic and Operational Mental Health (DSOMH) will attend the TP-13 <i>Psychological Health and Operational Effectiveness</i> annual meeting in Canada in April-May 2013 and DOPHA will attend the TP-3 <i>Military Human Resource Issues</i> annual meeting in London in May 2013.</p> <p>The ADF regularly liaises with other TTCP members throughout the year to exchange information and research findings. During this reporting period topics of information exchange have included stigma and barriers to care, use of dogs in therapy, and development of the Canadian Forces Mental Health Strategy and decompression programs.</p> <p>Australia will host the 2014 TP-13 meeting.</p>

<p>6.2.4 Closer collaborative relationships with other agencies</p>	<ul style="list-style-type: none"> • Strengthen relationship with Australian Drug Foundation • Participate in National Mental Health Commission • Maintain Service Agreement between ADF and Veterans and Veterans Families Counselling Service (VVCS) • Increased interactions with government, non-government and professional mental health agencies 	<p>The new Defence-VVCS MOU has been signed; the Agreement for Services (Schedule 6 of the MOU) has yet to be finalised.</p> <p>JHC contracted the Australian Drug Foundation for Stage 2 of the ADFAMS Project in October 2012 to address the recommendations arising from the Hamilton Review and to progress the recommendations from Stage 1 of the ADFAMS Project that were endorsed by each of the Single Services.</p>
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Glossary

ADFAMS	ADF Alcohol Management Strategy
ADFCMH	ADF Centre for Mental Health
ACPMH	Australian Centre for Posttraumatic Mental Health
ACPS	Australian Centre for Posttraumatic Stress
AMHOO	Acute Mental Health Support on Operations
ATOD	Alcohol, Tobacco and Other Drugs
CIMHS	Critical Incident Mental Health Support
CTSS	Centre for Traumatic Stress Studies
CMVH	Centre for Military and Veteran Health
DGMHPR	Director General Mental Health, Psychology and Rehabilitation
DFR	Defence Force Recruitment
DI (G)	Defence Instruction - General
DOPHA	Directorate of Occupational Psychology and Health Analysis
DRC	Directorate of Rehabilitation and Compensation
DVA	Department of Veterans' Affairs

GHO	Garrison Health Organisation
HDO	Human Dimensions of Operations
JeDHI	Joint Electronic Defence Health Information
HB	Health Bulletin
HD	Health Directive
HI	Health Instruction
JHC	Joint Health Command
KYMS	Keep Your Mates Safe
LASER	Longitudinal ADF Study Evaluation Retention
MHAG	Mental Health Advisory Group
MHPWS	Mental Health Prevalence and Wellbeing Study
MilHOP	Military Health Outcomes Program
POPS	Post-Operational Psychological Screen
PTSD	Post Traumatic Stress Disorder
PULSE	Profile of Unit Leadership Satisfaction Effectiveness
RESET	Prevention program for emerging Post Traumatic Stress Disorder (PTSD)

RtAPS	Return to Australia Psychological Screen
SAC	Scientific Advisory Committee
SARP	Scientific Advice and Review Panel
SMART	Self Management & Resilience Training
SF	Special Forces
SPP	Suicide Prevention Program
TTCP	The Technical Cooperation Program
VVCS	Veterans and Veterans' Families Counselling Service