



JOINT HEALTH COMMAND
VICE CHIEF OF THE DEFENCE FORCE



ADF Mental Health and Wellbeing Plan

2nd Progress Report

April 2013 - September 2013

ADF MENTAL HEALTH AND WELLBEING PLAN: PROGRESS REPORT FOR APRIL - SEPTEMBER 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.

A Mental Health Working Group (MHWG) has been convened to assist with six-monthly reporting of progress against the MH&WB Plan. The Group comprises representatives from the Mental Health, Psychology and Rehabilitation Branch, Garrison Health Organisation, and each of the single Services.

This second six-monthly Progress Report provides an update as at 01 October 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 for the period April-September 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 	<p>Partially Complete</p> <ul style="list-style-type: none"> <i>Alcohol Behaviours Expectation Statement</i> and <i>ADF Leaders Guide to Alcohol Management</i> released Jun 2013. <i>Event Management Guide</i> release planned for early 2014.. ATOD materials being aligned with ADF Alcohol Management Strategy (ADFAMS) model. DVA's <i>The Right Mix</i> website being adapted to the Defence environment. ADF Suicide Prevention Program training continuum ready for review. Online training requirements to be considered following launch of the Health Portal (see 2.2.5).
	<ul style="list-style-type: none"> Increase on-line access to literacy materials via E-Mental Health website by 2013 	<p>Ongoing</p> <ul style="list-style-type: none"> Working with DVA to develop self-help app based on BattleSMART, KYMS, the DVA 'AT Ease' website and VVCS courses. 2nd edition of <i>Army's Commanders Guide to Mental Health</i> released online. Prototype laptop and tablet system being developed by Army to assist clinicians and clients. Includes mobile applications, biofeedback tools, assessment tools, and video content. Stage 2 of the Health Portal (see 2.2.5) to include access to on-line training materials for members, peers and commanders.
	<ul style="list-style-type: none"> Fully recruit Regional Mental Health Promotion positions by 2013 	<p>Partially Complete</p> <ul style="list-style-type: none"> Eight of the ten MH Promotion positions filled.
1.2.2 Continuous improvement of literacy training materials and delivery	<ul style="list-style-type: none"> Develop literacy training evaluation methodology by 2013 	<p>Delayed</p> <ul style="list-style-type: none"> Not commenced due to competing priorities. Overarching Evaluation Strategy being considered across a range of programs.
	<ul style="list-style-type: none"> Literacy training materials (ATOD and SPP) evaluated by 2014 	<p>Delayed</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of an Evaluation Strategy.

1.2.3 Enhanced mental health promotion programs	<ul style="list-style-type: none"> Develop ADF Mental Health Communications Plan by 2013 	<p>Complete</p> <ul style="list-style-type: none"> An ADF MH Communications Strategy has been developed and is being finalised for release.
	<ul style="list-style-type: none"> Mental Health Day held annually in every Regional Health Service from 2012 	<p>Ongoing</p> <ul style="list-style-type: none"> ADF MH Day 2012 and 2013 completed successfully; now an annual event.
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 	<p>Partially Complete</p> <ul style="list-style-type: none"> The ADF SH&WB Strategy is drafted and is undergoing final consultation and Service endorsement is being managed through the Principal Chaplain Committee. A release is expected by 30 June 2014.
1.2.5 Enhanced recruitment and in-service selection procedures	<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>Ongoing</p> <ul style="list-style-type: none"> Implementation of psychometric plan (Mar 13 – Aug 15) underway to ensure selection tests are systematically reviewed and checked for fairness and reliability. Six psychometric test reviews and eight test norming reports completed six months ahead of plan. Review of ADF Pilot Selection test battery and standards completed; planning for stakeholder engagement and consultation underway. Redevelopment of graphics used in paper-and-pencil Pilot selection tests progressing; three out of five tests complete and ready for implementation. New language aptitude test battery replaced the current test in Jul 2013. Collaborating with Defence Force School of Languages to ensure new selection standards are appropriate. Test Battery Rationalisation Project (Stage 2) underway. New combined mathematics aptitude test to be implemented during FY14/15. New test of technical/mechanical aptitude being developed to combine two outdated tests currently in use.

	<ul style="list-style-type: none"> Continued application of quality standards to outsourced psychology services 	<p>Ongoing</p> <ul style="list-style-type: none"> Second Manpower Psychology Services compliance report sent to DG DFR in Jun 2013; next report due Dec 2013. Two-year rolling audit schedule established, comprising both internal and external audits. On-site audit of Manpower Psychology Section - Hobart conducted in Mar 2013; Adelaide, Parramatta and Brisbane audits due late 2013.
	<ul style="list-style-type: none"> Screening continuum re-evaluated in 2015 	<p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of proposed Evaluation Strategy.

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	Progress for the period April-September 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>Partially Complete</p> <ul style="list-style-type: none"> Full suite of SMART programs available for face to face delivery. Training management plans developed. Online versions to be considered following launch of Health Portal in 2014.
	<ul style="list-style-type: none"> SMART providers fully trained by 2015, including specialist educators and trainers in the single Services 	<p>Partially Complete</p> <ul style="list-style-type: none"> BattleSMART train-the-trainer package developed and trialled for both mental health professionals (AAPSYCH Regimental Officers Basic Course Jul 13) and mental health providers (AAPSYCH Subject 4 SGT cse Sep 13). Program to be rolled out to Regional Mental Health Team Coordinators in first half of 2014.
2.2.2 Continuous improvement of resilience programs	<ul style="list-style-type: none"> Develop resilience evaluation methodology by 2013 	<p>Delayed</p> <ul style="list-style-type: none"> Not commenced due to competing priorities. Overarching Evaluation Strategy being considered across a range of programs.
	<ul style="list-style-type: none"> Resilience programs evaluated by 2015 	<p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of proposed Evaluation Strategy.
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>Partially Complete</p> <ul style="list-style-type: none"> KYMS train-the-trainer packages for mental health professionals and psychology examiners piloted at ALTC in Sep 13. Training materials for KYMS Peers, Leaders, Mentors and Trainers to be complete by the end of 2013 in preparation for roll-out to single Services in 2014.
2.2.4 Continuous improvement of peer support network	<ul style="list-style-type: none"> Develop peer support evaluation methodology by 2013 	<p>Delayed</p> <ul style="list-style-type: none"> Not commenced due to competing priorities. Overarching Evaluation Strategy being considered across a range of programs.

	<ul style="list-style-type: none"> Peer support networks evaluated by 2014 	<p>Delayed</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of proposed Evaluation Strategy.
2.2.5 Improved access to mental health resources	<ul style="list-style-type: none"> Implement ADF e-Mental Health website by 2013 	<p>Partially Complete</p> <ul style="list-style-type: none"> Portal design completed and undergoing internal review in preparation for loading onto Defence intranet in Dec 2013.
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 	<p>Ongoing</p> <ul style="list-style-type: none"> 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 	<p>Ongoing</p> <ul style="list-style-type: none"> Project scope refined following analysis of initial MEAO Census and Prospective Health Studies findings released in Aug 2013. Project Plan and business case developed. Single Service representatives working with JHC on redevelopment of screening forms. Introduction of annual mental health screen to be replaced by targeted screening of high risk individuals.
	<ul style="list-style-type: none"> Promulgate and implement enhanced Critical Incident Mental Health Support (CIMHS) program by 2014 	<p>Partially Complete</p> <ul style="list-style-type: none"> Business case for redevelopment of CIMHS program submitted for consideration.
	<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) 	<p>Ongoing</p> <ul style="list-style-type: none"> JHC/SF collaboration on projects for completion in 2014. Army Operational Mental Health Working Group meets twice yearly to discuss operational processes and policies. Mental health support for Navy crews and Transit Security Element personnel assigned to OP RESOLUTE progressed from a trial to an established program.
	<ul style="list-style-type: none"> Operational mental health screening and support continuums evaluated by 2015 	<p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of an Evaluation Strategy.

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 	<p>Ongoing</p> <ul style="list-style-type: none"> Mate to Mate Peer Visitation Program pilot commenced. Delivery of training to cohort of “peer visitors” expected to occur in early 2014. Content and structure for <i>The Families Stronger Together</i> program being developed in collaboration with the Veterans and Veterans Families Counselling Service (VVCS).
	<ul style="list-style-type: none"> Train Soldier Recovery Centres and Personnel Support Units in mental health. 	<p>Ongoing</p> <ul style="list-style-type: none"> Training to be provided as required to support any staff changeover during the posting cycle.
	<ul style="list-style-type: none"> Ensure single Service rehabilitation programs align with ADF policy. 	<p>Ongoing</p> <ul style="list-style-type: none"> Single Service rehabilitation, complex case coordination and compensation procedures reviewed by MHPR. Chief of Air Force Directive 10/13 requires Individual Welfare Boards and Member Support Coordination to be conducted according to ADF policy.

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 for the period April-September 2013
<p>3.2.1 Implementation of mental health services delivery model</p>	<p>Beginning in 2012:</p> <ol style="list-style-type: none"> a. Agreed ADF Mental Health and Psychology Services Delivery Model b. Fully implemented common multi-disciplinary services c. Access to single point of entry d. Improved engagement of families and friends in mental health support for ADF members (family sensitive and family inclusive practice) e. Improved command engagement in the mental health support of ADF members f. Fully activated Regional Mental Health Teams g. Improved case management of complex and chronic conditions h. Consistent occupational psychology model across the single Services 	<p>Ongoing</p> <ul style="list-style-type: none"> • Service Delivery Model agreed and being implemented. • MHPR and GHO working at national and regional levels to support the transition to a multi-disciplinary service model. • Workshop conducted with Regional Health Directors and Regional Mental Health Team Coordinators in May 2013. • Mental Health Improvement Project initiated by GHO to progress Service Delivery Model enhancements. • Member Support Coordinators (MSCs) now assigned to Members with complex health issues requiring additional support during recovery, rehabilitation, return to work or transition from the ADF. • Family Sensitive POPS training to be included in general family sensitive training in 2014. • 2nd edition of Army's <i>Commanders Guide to Mental Health</i> released online. • Commanders Guide to Health and Recovery developed under the Simpson Assistance Program. • Regional Mental Health Teams fully activated; further work required to standardise skill sets across the teams. • Management of complex and chronic conditions being addressed through the Support for Wounded, Injured and Ill Program (SWIIP) and the Simpson Assistance Program (SAP), including Intensive Rehabilitation Teams and the Mate to Mate program. • Concept paper for Stepped Care Approach to Alcohol Management in the ADF released for consultation within GHO. • Mental Health Working Group established in May 2013 with responsibility for coordination and consultation between the single Services and key Mental Health service providers on specific policies and programs.

<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>Ongoing</p> <ul style="list-style-type: none"> • Refurbishment of ADFCMH premises underway with completion anticipated in Nov 2013. • Final staffing levels awaiting approval of ADFCMH Concept Paper detailing staffing against approved tasks. • Current staffing consists of two training officers (LTCOL & CAPT) and a Consultant Psychiatrist. • Interviews for Clinical Program Manager position conducted; employment of preferred candidate dependant on outcomes of current recruitment policies. • Two further uniformed positions (RAAF SQNLDR & FLTLT) allocated to ADFCMH. • Current ADFCMH initiatives include development and implementation of: <ul style="list-style-type: none"> - Clinical Consultancy Services (2nd opinion clinics, consultancy, training, assessment, expert psychiatric opinion, PTSD program reviews); - Clinical upskilling (Mental State Examination, Counselling and Psychological Services, Diagnostic Statistical Manual 5, AMHOO, Psychopharmacology, Case Formulation, Cognitive Behavioural Therapy); - mental health upskilling framework; - proposed suicide prevention training continuum; and - management of the MCLinPsych (Defence).
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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 for the period April-September 2013
4.2.1. Improved data collection and reporting	<ul style="list-style-type: none"> Implementation of mental health components of Joint eHealth Data and Information System by 2014 Transparent and accountable mental health reporting using the Joint eHealth Data and Information System by 2014. 	<p>Delayed</p> <ul style="list-style-type: none"> Scheduling of the mental health components of e-Health currently on hold due to rescheduling of Joint eHealth Data and Information System release.
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>Delayed</p> <ul style="list-style-type: none"> Not commenced due to competing priorities. Overarching Evaluation Strategy being considered across a range of programs. <p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations will be scheduled during development of an Evaluation Strategy. It is anticipated that evaluation will involve external providers.
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>Ongoing</p> <ul style="list-style-type: none"> DI(G) 16-26 Management of a Suicidal Episode in the ADF - interim document published in May 2013. Enduring version finalised for submission to the System of Defence Instructions (SoDI) process. Publication scheduled for Dec 2013. HI for HD603 Introduction of a Combined Medical and Mental Health Record ready for endorsement and publication. HI Caseload Management. HI Clinical Templates ready for endorsement and publication. HD294 Risk Assessment and Management of Suicide, Deliberate Self Harm or Harm to others in the ADF actively under review. HB Tele-psychiatry to be incorporated into a Tele-health HD. DI(G) PERS 16-28 Operational Mental Health Screening cleared by CJHLTH and VCDF; currently going through SoDI process. <p>Single Service representatives provide feedback to these documents through the JHC HPWG, HPSG, and SoDI process.</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 	<p>Ongoing</p> <ul style="list-style-type: none"> Formalised clinical supervision model to be implemented at ADFCMH in 2014.
	<ul style="list-style-type: none"> Develop ADF Mental Health Workforce & Training Strategy by 2013 	<p>Ongoing</p> <ul style="list-style-type: none"> MH Upskilling Framework developed by ADFCMH and provided to GHO to enhance and inform their Health Training Framework doctrine development. Framework applies to both permanent and contracted mental health professionals to ensure external workforce is fully cognisant of Defence processes and standards of care. Agreement reached with Medibank for Defence to cover contractor training costs while Medibank pays for contractor time. 73 ADF mental health professionals received further training in assessment and case formulation in a program delivered by Australian Centre for Posttraumatic Mental Health (ACPMH). 30 ADF mental health professionals undertook training in use of Cognitive Processing Therapy (CPT) in treatment of PTSD in a program delivered by ACPMH.
	<ul style="list-style-type: none"> MHW&TS compliance review process in place by 2014 	<p>Delayed</p> <ul style="list-style-type: none"> Development and scheduling of a MHW&TS compliance process to be incorporated into the broader Evaluation Strategy.

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 for the period April-September 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>Ongoing</p> <p>MHPWS</p> <ul style="list-style-type: none"> Centre for Traumatic Stress Studies presented preliminary findings from Mental Health Prevalence and Wellbeing Study to MHPR Branch and SOCOMD. Topics included lifetime trauma exposure in the ADF, deployment and mental health, improving mental health screening in the ADF, and predictors of treatment-seeking behaviour. Findings and implications, as well as a report on the predicted trajectory of PTSD in the ADF, presented and discussed at the August MHAG meeting. <p>MEAO Health Studies</p> <ul style="list-style-type: none"> Meetings to determine key findings and implications of MEAO Census and Prospective Health Studies conducted with Defence and DVA representatives Apr to Aug 2013.
	<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>Ongoing</p> <ul style="list-style-type: none"> MHAG meetings held on 25 Mar 2013 and 30 Aug 2013. Next meeting scheduled for early 2014.
	<ul style="list-style-type: none"> Conduct regular Scientific Advisory and Review Panel (SARP) meetings to provide technical oversight of mental health research and evaluation projects. 	<p>Ongoing</p> <ul style="list-style-type: none"> First all-hands SARP meeting held on 21 May 2013. The meeting discussed: <ul style="list-style-type: none"> methods to extract information from cross-sectional and longitudinal studies to meet Defence needs; translating research into policy and programs; other target areas for Defence, including recent results regarding violent offending by UK veterans; and determining 'practical significance' in research results. Next meeting scheduled for 15 Oct 2013 to discuss development of a strategic mental health research agenda.

<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>Ongoing</p> <p>Mental Health Prevalence and Wellbeing Study</p> <ul style="list-style-type: none"> • Five detailed reports delivered to JHC covering lifetime trauma exposure in the ADF, deployment and mental health, improving mental health screening in the ADF, and predictors of treatment seeking behaviour. • First two reports released to stakeholders. Others to be released later in 2013. <p>PULSE</p> <ul style="list-style-type: none"> • Communications plan, training strategy and tools for delivery developed. • Policy document awaiting submission to HEALTHMAN. • Training in PULSE admin delivered to Navy Reserve Psychologists and AAPSYCH CORPS ROAC. Updated training materials developed for the Oct 2013 ROAC administration. • HDO draft policy and commanding officer presentation developed. User Manual on track for delivery by Dec 2013. <p>Post-Operational Mental Health Surveillance</p> <ul style="list-style-type: none"> • Two reports currently under review, due for completion in Nov 2013 (member's perceptions of negative and positive aspects of deployment; and mental health and deployment concerns of members deployed between July 2011 and June 2012.) • Report on mental health of Navy personnel deployed on Operation RESOLUTE from Jun 2011 to Jul 2013 to be completed in Oct 2013. <p>LASER-Resilience</p> <ul style="list-style-type: none"> • Reports provided to JHC on contributors to change in mental health from enlistment to the end of initial training, including snapshots of mental health at enlistment to the ADF, the end of initial training and at the end of the first year of service. <p>Pathway to Care</p> <ul style="list-style-type: none"> • Position paper on Pathways to Care in the ADF currently under review. • Negotiations underway with DVA for collaboration on examination of pathways to care for personnel who participated in the 2010 MHPWS.
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		<p>MH Screening Continuum</p> <ul style="list-style-type: none"> • Project plan completed; business case awaiting approval. <p>Screening Data</p> <ul style="list-style-type: none"> • Remediation of post-operational psychological screening (POPS) data in PMKeys undertaken by Navy, Army and Air Force. • POPS liabilities being monitored and reduced. • Regional POPS campaigns being conducted.
5.2.3 Develop research alliances	<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>Ongoing</p> <ul style="list-style-type: none"> • Delivery of five research reports from the 2010 MHPWS completed by CTSS. • Clinical advice to JHC staff on issues related to PTSD regularly provided by ACPMH. • Discussions underway for Defence/DVA collaboration on a Transition Study to examine prevalence of mental health concerns in ex-serving and reserve populations, and pathways to mental health care for current and ex-serving ADF personnel.

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 for the period April-September 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>Ongoing</p> <ul style="list-style-type: none"> MHPR and DVA meet monthly to discuss joint issues, including rehabilitation and recovery programs. JHC is a member of the joint Defence - DVA Rehabilitation Advisory Committee. JHC to join DVA Project Board from Oct 2013, to develop and implement a new rehabilitation services model for DVA clients. MHPR supports DVA's adaptive/paralympic sports program. DVA are proposing to pilot veterans' participation in US Marine Corp Trials in 2014 alongside ADF personnel with acquired disabilities. Defence is assisting DVA with development of self-help smart phone application based on BattleSMART and KYMS principles.
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>Ongoing</p> <ul style="list-style-type: none"> Case reviews conducted for compliance with rehabilitation authority handover (from Defence to DVA) procedures and effectiveness of the transfer. Joint DVA/ADF Regional Rehabilitation Managers meeting was held in Oct 2013 to discuss improvement of DVA's rehabilitation business model.
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>Ongoing</p> <ul style="list-style-type: none"> Director of Strategic and Operational Mental Health (DSOMH) attended TTCP-13 <i>Psychological Health and Operational Effectiveness</i> annual meeting in Canada in Apr-May 2013 and TTCP-13 HUM Annual Meeting as the TP-13 Panel Rep in Adelaide 3-7 Jun 13. Directorate of Occupational Psychology and Health Analysis (DOPHA) attended TTCPP-3 <i>Military Human Resource Issues</i> annual meeting in London in May 2013. ADF regularly liaises with other TTCP members throughout the year to exchange information and research findings on topics including stigma and barriers to care, cultural awareness training and third country decompression. Australia will host the 2014 TTCPP-13 meeting in April.

<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>Ongoing</p> <ul style="list-style-type: none"> • Australian Drug Foundation ADFAMS contract concluded successfully; deliverables currently being finalised for Steering Group and Cultural Reform Steering Committee endorsement. • Implementation of ADFAMS Strategy to commence in 2014. • Information on Op RESOLUTE Mental Health program and ADF CIMHS procedures provided to Australian Customs and Border Protection Service (ACBPS) to inform services for Marine Unit employees. • Areas for future mental health collaboration between Defence and ACBPS being explored.
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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