



JOINT HEALTH COMMAND
VICE CHIEF OF THE DEFENCE FORCE



ADF Mental Health and Wellbeing Plan

3rd Progress Report

October 2013 – March 2014

ADF MENTAL HEALTH AND WELLBEING PLAN: PROGRESS REPORT FOR OCTOBER 2013 – MARCH 2014

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 Operations, Joint Operations Command, Defence Community Organisation, and each of the single Services.

This third six-monthly Progress Report provides details of activities and milestones achieved during the period 01 October 2013 to 31 March 2014.

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 October 2013 – March 2014
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"> ADF Alcohol Management Strategy (ADFAMS) <i>Event Management Guide</i> completed ready for release. ATOD Awareness and KYMS packages revised to align with ADFAMS and support products. Defence web sites updated ready for release of ADFAMS and support products. DVA's <i>The Right Mix</i> website being adapted to the Defence environment. Posters developed to promote the website and the 'On Track' phone app for use in Defence facilities. ADF Suicide Prevention Program is reviewing the delivery of ASIST and updating of Suicide Risk Assessment Training for Mental Health Professionals. 2nd edition of Army's <i>Commanders Guide to Mental Health</i> published in hard-copy. 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"> Pilot of fully-developed Health Portal released onto the Defence intranet Dec 2013, for review by a restricted audience. Stage 2 of the Health Portal (see 2.2.5) to include access to on-line training materials for members, peers and commanders. Working with DVA to develop self-help app based on BattleSMART, KYMS, the DVA 'At Ease' website and VVCS courses. Work has commenced on development of Navy and Air Force versions of Army's <i>Commander's Guide to Mental Health Support</i>. Prototype laptop and tablet system being developed by Army to assist clinicians and clients. Includes mobile applications, biofeedback tools, assessment tools, and video content.
	<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"> Five of the eight MH Promotion positions have been 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"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014.
	<ul style="list-style-type: none"> Literacy training materials (ATOD and SPP) evaluated by 2014 	<p>Delayed</p> <ul style="list-style-type: none"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014.
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"> Combined Post Activity Report for MH Day 2013 provided to VCDF Feb 14. Planning for ADF Mental Health Day 2014 commenced, with a theme of 'Staying Connected' to promote the importance of maintaining social connections during extended periods away from home.
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"> ADF SH&WB Strategy drafted and undergoing final consultation. Service endorsement is being managed through the Principal Chaplain Committee. Release expected by 30 Jun 14.

<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>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. In FY13/14 to date, Directorate of Occupational Psychology & Health Analysis (DOPHA) has completed five psychometric test reviews, two methodological reviews, five test norming reports, and eleven selection-related data summary reports. Review of ADF Pilot Selection test battery and standards completed; preparation 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; collaboration commenced with the ADF School of Languages to ensure test validation research can be undertaken appropriately. 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. Comprehensive review of scope of recruiting psychology assessment interview underway, to ensure <i>Pathway to Change</i> recommendations, in particular those arising from the Hamilton and Broderick reviews, are adequately considered (originally due Jun 14, delayed due to staff vacancies) – see also 2.2.6
	<ul style="list-style-type: none"> Continued application of quality standards to outsourced psychology services 	<p>Ongoing</p> <ul style="list-style-type: none"> Half-yearly Service Level Agreement report for DGDFR submitted Jan 14 for clearance. Manpower Psychology Services compliance report sent to DGDFR in Jan 14; next report due Jun 14. Two-year internal and external rolling audit schedules established. On-site audits undertaken of Manpower Psychology Sections – Parramatta Nov 13; Adelaide Dec 13; Perth Mar 14.

	<ul style="list-style-type: none">• Screening continuum re-evaluated in 2015	Ongoing <ul style="list-style-type: none">• Conduct of evaluations to be scheduled during development of the Program Evaluation Strategy and Implementation Plan in Q3-Q4 2014.
--	--	--

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 for the period October 2013 – March 2014
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"> SMART train-the-trainer packages developed and trialled in 2013. Discussions regarding the finalisation and delivery of train-the-trainer courses for BattleSMART are scheduled for May 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"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014.
	<ul style="list-style-type: none"> Resilience programs evaluated by 2015 	<p>Ongoing</p> <ul style="list-style-type: none"> Evaluation of resilience training conducted as part of the trial Army Soldier Course in late 2013. Report due mid 2014. Conduct of further evaluations to be scheduled during development of the Program Evaluation Strategy and Implementation Plan in Q3-Q4 2014.
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"> Training materials for KYMS Peers are on track for completed by mid-2014. Training materials for KYMS Leaders, Mentors and Trainers to be complete by the end of 2014 in preparation for roll-out to single Services in 2015.

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"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014.
	<ul style="list-style-type: none"> Peer support networks evaluated by 2014 	<p>Delayed</p> <ul style="list-style-type: none"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014.
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"> Fully developed pilot of Portal released onto Defence intranet in Dec 2013 for review by JHC, single Services and DCO. All feedback received and incorporated. VCDF-IT have offered to include conversion of the Portal to the Internet as part of the planned JHC Internet refresh. Schedule not confirmed. Points of contact for arranging user testing established with the single Services. User testing to be conducted on Internet version of Portal.
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> <p><u>Mental Health Screening Continuum</u></p> <ul style="list-style-type: none"> ACPMH contracted to develop options for an ADF Mental Health Screening Continuum. Draft project plan submitted 21 Mar 14. Consultations with key stakeholders underway. Final report due May 14. <p><u>Recruitment Screening</u></p> <ul style="list-style-type: none"> Recruiting psychology assessment process under review to ensure recommendations from <i>Pathway to Change</i>, especially the Hamilton and Broderick Reports, are appropriately considered.

	<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"> CIMHS training and educational packages updated to reflect DSM-V and other policy changes. CIMHS redevelopment to be considered under the Mental Health Screening Continuum project. <p>Ongoing</p> <ul style="list-style-type: none"> Army Operational Mental Health Working Group meets twice yearly to discuss operational processes and policies. BattleSMART adapted for Australian Command and Staff College – Joint. Course conducted Feb 14. <p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of the Program Evaluation Strategy and Implementation Plan in Q3-Q4 2014.
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"> <i>Mate to Mate Peer Visitation</i> pilot underway. Training of first cohort of ‘peer visitors’ conducted in Mar 14; training of second cohort to commence in May 14. Planning for pilot of the <i>Families Stronger Together</i> program has commenced, with a pilot expected to commence in Q3 2014. Report evaluating the <i>Intensive Rehabilitation Teams</i> (Holsworthy and Lavarack) provided to JHC with results to be made available in May 14. Evaluation of <i>Meaningful Engagement Options</i> program underway, to be finalised by 30 Jun 14.
	<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 provided to Darwin Soldier Recovery Centre Feb 14. Additional training 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"> Chief of Air Force Directive 10/13 requires Individual Welfare Boards and Member Support Coordination to be conducted according to ADF policy. Reviewed Army FORCOMD Directive 11-14, framework and process for management of wounded, injured and ill personnel in FORCOMD (rehabilitation and member support coordination).

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 October 2013 – March 2014
3.2.1 Implementation of mental health services delivery model	<p>Beginning in 2012:</p> <ul 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"> • Mental Health Integration Project (MHIP) initiated by GHO. Integrated Project Team established Feb 14 to progress Mental Health and Psychology Service Delivery Model improvements. • First MHIP implementation workshop conducted Mar 14 with MHPR and GHO regional representatives to establish standardised practice models across the 10 MHIP sub-projects. • Family Sensitive Practice policy and e-health training package to be developed during 2014. • Regional Mental Health Teams fully activated with Coordinators as regional representatives in the MHIP. Further work required to standardise skill sets across the teams. • Stepped Care Approach to Alcohol Management in the ADF identified as a deliverable in the ADF Alcohol Management Strategy and Plan 2014-17 and the JHC Action Plan.
3.2.2 Full activation of ADF Centre for Mental Health (ADFCMH)	<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 and handover of ADFCMH completed Nov 13. • Current staffing consists of two training officers (LTCOL & CAPT) and a Consultant Psychiatrist. Temporary administrative support provided by the Personnel Support Unit. • Two further uniformed positions (RAAF SQNLDR & FLTLT) allocated to ADFCMH yet to be filled. • Current responsibilities include: <ul style="list-style-type: none"> - management of the MCLinPsych (Defence) - oversight of placement activity for the AAPSYCH Corps Intern Program - formal tertiary level Second Opinion Clinic - clinical supervision to mental health professionals across Garrison and the single Services.

		<ul style="list-style-type: none">• Current ADFCMH clinical upskilling projects include development and implementation of:<ul style="list-style-type: none">- Recognising Early Signs of Emerging Trauma (RESET) program- Clinically Administered Post Traumatic Stress Scale (CAPS)- Case Formulation and Assessment- Cognitive Processing Therapy- Acute Mental Health on Operations (AMHOO)- Anger and Aggression for PTSD Clinical Intervention pilot training program.
--	--	--

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 October 2013 – March 2014
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"> Delayed due to competing priorities. Business Case, Program Evaluation Framework and draft Statement of Work submitted for approval, with the aim of commencing development of an overarching Program Evaluation Strategy and Implementation Plan in Q3 2014. <p>Ongoing</p> <ul style="list-style-type: none"> Conduct of evaluations to be scheduled during development of the Program Evaluation Strategy and Implementation Plan in Q3-Q4 2014.
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 and extended to 29 May 2014. Enduring version progressing through System of Defence Instructions (SoDI) process with publication due end of May 2014. HI for HD603 Introduction of a Combined Medical and Mental Health Record published 29 Nov 2013. HI Caseload Management finalised and awaiting endorsement. HI Clinical Templates, Health Instruction and update of PSYMAN Chapters completed. HD294 Risk Assessment and Management of Suicide, Deliberate Self Harm or Harm to others in the ADF actively under review due to be published 31 Jul 14. HB Tele-psychiatry to be incorporated into a Tele-health HD.

		<ul style="list-style-type: none"> • DI(G) PERS 16-28 Operational Mental Health Screening cleared by CJHLTH and VCDF; currently going through SoDI process. • HD being developed by JHC in consultation with DPG on procedures relating to operational mental health screening for Defence civilians. Due for completion mid-2014. <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 included as sub-project to the MHIP, 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"> • GHO incorporating MH training into Training Directive as sub-project of the MHIP.
	<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 scheduled during development of the Program Evaluation Strategy and Implementation Plan in Q3-Q4 2014.

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 October 2013 – March 2014
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 <u>Transition and Wellbeing Research Programme (TWRP)</u></p> <ul style="list-style-type: none"> 2-day workshop held on 3-4 Dec 14 attended by JHC, DVA, Centre for Traumatic Stress Studies (CTSS), UNSW, Young and Well Cooperative Research Centre, ACPMH, Monash University, and the Australian Institute of Family Studies. Follow-up workshop held on 30 Jan 14 to discuss design of transition component with DVA, CTSS and potential research consortium members.
	<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"> Joint MHAG/DVA Clinical Reference Group meeting scheduled for 3 Apr 14 at ADFCMH.
	<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"> SARP meeting held on 15 Oct 13 to discuss strategic mental health research agenda, findings of recent major studies, and current and potential research priorities.

<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><u>Mental Health Prevalence and Wellbeing Study (MHPWS)</u></p> <ul style="list-style-type: none"> • Request for tender released 1 Feb 14 for further detailed analysis of MHPWS and MilHOP data. • Contract signed 27 Mar 14 with CTSS for delivery of two reports. <p><u>PULSE / HDO</u></p> <ul style="list-style-type: none"> • Communications plan, training strategy and tools for delivery developed. • Revised shortened PULSE survey complete. Corresponding training materials generated. • Training on the new PULSE model and survey scheduled for: AAPSYCH Corps at Ex Tusk on 27 Mar 2014; Mental Health and Psychology Support (MHPS) section - Enoggera, Apr 2014; and MHPS - Townsville, Jun 2014. • HDO procedures, information for Commanders, and user manual complete. <p><u>Post-Operational Mental Health Surveillance</u></p> <ul style="list-style-type: none"> • Two Post Operational Mental Health Surveillance reports complete: <ul style="list-style-type: none"> - 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 published on mental health of Navy personnel deployed on OP RESOLUTE from Jun 2011 to Jul 2013. <p><u>LASER-Resilience</u></p> <ul style="list-style-type: none"> • Responses to request for tender for ongoing reporting of LASER-Resilience received 17 Mar 14, for a contract for the life of the study, ending in 2018. Tender evaluation currently underway.
--	--	---

<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(CMVH), Centre for Traumatic Stress Studies (CTSS), Australian Centre for Post-traumatic Mental Health (ACPMH)) 	<p>Ongoing</p> <p><u>Transition and Wellbeing Research Programme</u></p> <ul style="list-style-type: none"> • Negotiations progressing on Defence/DVA collaboration 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. • Research consortium includes UNSW, Young and Well Cooperative Research Centre, ACPMH, Monash University, and the Australian Institute of Family Studies • Research schedule approved for submission to the next Defence/DVA Links Committee meeting. <p><u>Other Contracts</u></p> <ul style="list-style-type: none"> • Contract signed with CTSS on 27 Mar 14 for delivery of two reports.
---	--	--

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 October 2013 – March 2014
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 bi-monthly to discuss joint issues, including rehabilitation and recovery programs, transition and handover. Next meeting 3 April 2014. JHC is represented on the joint Defence - DVA Rehabilitation Advisory Committee and Project Board to develop and implement a new rehabilitation services model for DVA clients. MHPR supports DVA's pilot adaptive/paralympic sports program. DVA sponsored 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. Further case reviews planned to identify gaps or miscommunication during handover process. Recent liaison undertaken on management of rehabilitation, aids and appliances for a non-CFTS Reservist. Joint DVA/ADF Regional Rehabilitation Managers meeting 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"> ADF regularly liaises with other TTCP members throughout the year to exchange information and research findings on topics including: <ul style="list-style-type: none"> TP13 - stigma and barriers to care, cultural awareness training, and third country decompression; and TP3 - recruitment of Special Forces, personnel selection methods, force management tools and culture change. Director of Occupational Psychology and Health Analysis (DOPHA) attended TTCP-HUM-TP3 <i>Personnel Component of Military Capability</i> annual meeting in London in May 2013; 2014 meeting to be held in Wellington, NZ, in May 14.

		<ul style="list-style-type: none"> • Australia will host the 2014 TP13 meeting in April. • Director DOPHA is a member of the steering committee for the International Military Testing Association (IMTA); 2014 IMTA Conference will be held in Hamburg, Germany, in October 2014.
6.2.4 Closer collaborative relationships with other agencies	<ul style="list-style-type: none"> • Strengthen relationship with Australian Drug Foundation • Participate in National Mental Health Commission (NMHC) • 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 contract concluded successfully 2 Oct 2013. • ADF Alcohol Management Strategy and Plan 2014-17 and Event Management Guide ready for release; date yet to be confirmed. • Responses to the NMHC review into mental health services submitted Jan - Apr 14.

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
DCO	Defence Community Organisation
DFR	Defence Force Recruitment
DGMHPR	Director General Mental Health, Psychology and Rehabilitation
DI (G)	Defence Instruction - General
DOPHA	Directorate of Occupational Psychology and Health Analysis

DPG	Defence People Group
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