



JOINT HEALTH COMMAND
VICE CHIEF OF THE DEFENCE FORCE



ADF Mental Health and Wellbeing Plan

4th Progress Report

April – September 2014

ADF MENTAL HEALTH AND WELLBEING PLAN: PROGRESS REPORT FOR APRIL – SEPTEMBER 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 fourth six-monthly Progress Report provides details of activities and milestones achieved during the period **01 April to 30 September 2014.**

Key Achievements since reporting began in October 2012 are summarised in each Section, and a Glossary providing details of key stakeholders and programs referenced in this Report can be found on [page 32.](#)

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 wellbeing.

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 wellbeing 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.

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

Key Achievements to Date (since October 2012)

Completed Deliverables

- ADFAMS – the ADF Alcohol Management Strategy, CDF endorsed Alcohol Behaviours Expectation Statement, and ADF Leaders Guide to Alcohol Management were released in 2014.
- The ADF Health and Wellbeing Portal has been completed and released onto the DRN and the Defence Internet site in 2014.
- ADF Mental Health Day has been held annually since 2012, and is now business as usual.

Ongoing Deliverables

- Enhancements to the personnel selection processes are well underway, including systematic reviews of selection tests, a new language aptitude test battery, test battery rationalisation, and a review of the psychology assessment interview to ensure recommendations from Pathway to Change are adequately considered.
- Reporting on the quality of outsourced psychology services (recruitment and in-service selection) is now carried out biannually, and internal and external audits are conducted on-site on a two-year rolling schedule.
- Due to the number and variety of ADF mental health programs and services currently being delivered, JHC is undertaking a centralised and coordinated approach to their evaluation. The approach is based on continuous improvement principles to ensure evaluation becomes a business-as-usual activity, and is being undertaken in two stages. Stage 1 is for the development of an Evaluation Framework and an Implementation Plan. Stage 2 will see the commencement of evaluations in accordance with the deliverables from Stage 1. Stage 1 is expected to be completed in mid-2015.

2.1 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 2014
<p>1.2.1 Delivery of Mental Health literacy training to members, peers and commanders</p>	<ul style="list-style-type: none"> Refresh existing mental health literacy materials such as Alcohol, Tobacco and Other Drugs (ATOD) and Suicide Prevention Program (SPP) packages (on-line and face to face) by 2013 	<p>Completed and transitioned into Business As Usual (BAU)</p> <ul style="list-style-type: none"> Mental Health First Aid courses (peer to peer mental health support) trialled with SOCOMD personnel in Jun 14. Planning for 2015 Australian Army mental health workshop for Army Health Services personnel now underway. ADF Alcohol Management Strategy (ADFAMS) launched Jun 14 with related material including Alcohol Behaviour Expectations Statement, Event Management Guide, Leaders Guide to Alcohol Management and Alcohol Management Strategy and Plan 2014-2017, and released onto Defence web sites. ATOD Awareness and Keep Your Mates Safe (KYMS) packages revised to align with ADFAMS. 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. 2015 ADF Suicide Awareness and Alcohol Awareness presentations updated for use by single Services. Revision of Campus courses for Suicide Awareness and Alcohol Tobacco and other Drugs Awareness on track for completion by Dec 14. ADF Suicide Prevention Program Levels 3 and 4 training requirements under review for FY 15/16. Additional online training requirements to be considered following launch of the Health and Wellbeing Portal (see 2.2.5). Development of Navy and Air Force versions of Army's <i>Commander's Guide to Mental Health Support</i> in progress.

	<ul style="list-style-type: none"> Increase on-line access to literacy materials via E-Mental Health website by 2013 	<p>Completed</p> <ul style="list-style-type: none"> Health and Wellbeing Portal released onto DRN Jun 14 and Internet Sep 14. <p>Ongoing</p> <ul style="list-style-type: none"> Working with DVA to develop a self-help website and a smart phone application based on BattleSMART and KYMS principles and the DVA 'At Ease' website and Veterans and Veterans Families Counselling Service (VVCS) courses. User testing is being conducted with Defence personnel on both products. Products are due for release in 2015.
	<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"> Six of the eight MH Promotion positions located in the Regional Mental Health Teams (RMHTs) 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>Ongoing</p> <ul style="list-style-type: none"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project (development of an Evaluation Framework and Implementation Plan) has commenced. Stage 1 is expected to be completed in mid-2015.
	<ul style="list-style-type: none"> Literacy training materials (ATOD and SPP) evaluated by 2014 	<p>Ongoing</p> <ul style="list-style-type: none"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced.
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 was developed in 2013 and formed the basis of the JHC Mental Health Strategic Communications Plan.
	<ul style="list-style-type: none"> Mental Health Day held annually in every Regional Health Service from 2012 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Preparations for ADF Mental Health Day 2014 completed. Theme is 'Staying Connected' to promote the importance of maintaining social connections during extended periods away from home.

<p>1.2.4 Strengthen the spiritual health and wellbeing component of mental fitness</p>	<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 has been drafted. Service consultation and endorsement is being managed through the Principal Chaplain Committee.
<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>Completed</p> <ul style="list-style-type: none"> Completion of one psychometric test review, one methodological review, two test norming reports, and three selection-related data summary reports (FY14/15 to date). Implementation of ADF pilot selection review recommendations including the retirement of the Australian Basic Abilities Test (AUSBAT) and removal of the Aviation Visual Requirement test. <p>Ongoing</p> <ul style="list-style-type: none"> Implementation of psychometric plan (Jun 14 – Jun 19) underway to ensure selection tests are systematically reviewed and checked for fairness and reliability. 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. Redevelopment of graphics used in paper-and-pencil Pilot selection tests progressing. Test Battery Rationalisation Project (Stage 2) underway. To date five redundant/legacy tests have been removed with five more set to be removed pending negotiation with stakeholders and implementation of the new mathematics test (see below). New combined mathematics aptitude test, replacing three separate legacy tests, to be implemented Dec 14. 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 – see also 2.2.6. Review and update of the Psychological Selection Manual (PSYMAN) underway, scheduled for completion Dec 14. Development of the psychological interview and aptitude test validation program progressing; collaboration commenced with training schools to identify data sets and develop process for transfer of data.

	<ul style="list-style-type: none"> Continued application of quality standards to outsourced psychology services 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Half-yearly Service Level Agreement report for DG Defence Force Recruitment (DFR) submitted Jun 14 for clearance. Manpower Psychology Services compliance report sent to DGDfR in Jul 14; next report due Jan 15. Internal and external rolling audit schedules under review due to staff resource limitations.
	<ul style="list-style-type: none"> Screening continuum (recruitment and selection) re-evaluated in 2015 	<p>Ongoing</p> <ul style="list-style-type: none"> Recruiting psychology assessment process is currently under review to ensure recommendations from <i>Pathway to Change</i>, especially the Hamilton and Broderick Reports, are appropriately considered.

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 (conducted during initial training and 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, pre-deployment psychological preparation, embedded psychological support, post-deployment mental health screening, and 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 Assistance 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.

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

Key Achievements to Date (since October 2012)

Completed Deliverables

- A full suite of SMART (Self-Management and Resilience Training) modules is available for face-to-face delivery.
- The KYMS-PS (Keep Your Mates Safe – Peer Support) training package has been completed and is available for face-to-face delivery.
- Initiatives developed under the Simpson Assistance Program include Intensive Rehabilitation Teams, Mate to Mate Peer Visitation, Meaningful Engagement Options and Families Stronger Together.

Ongoing Deliverables

- JHC/SF collaboration on mental health initiatives commenced in 2011 and significant milestones were achieved in 2012. Further projects are underway. JHC/Navy collaboration on OP RESOLUTE continues.
- A contract was commenced in 2014 to conduct an evaluation of mental health screening in the ADF and recommend options for improvement. The report has been delivered by the Australian Centre for Posttraumatic Mental Health and is under consideration by Defence.
- A Mental Health Working Group comprising representatives from each of the single Services, Mental Health, Psychology and Rehabilitation Branch, Garrison Health Operations, Defence Community Organisation and Joint Operations Command has met regularly since 2012 to ensure alignment of single Service programs with ADF policy.
- Defence is working with DVA to develop a self-help website and a smart phone application based on BattleSMART and KYMS principles and the DVA 'At Ease' website and Veterans and Veterans Families Counselling Service (VVCS) courses. These products are due for release in 2015.
- Due to the number and variety of ADF mental health programs and services currently being delivered, JHC is undertaking a centralised and coordinated approach to their evaluation. The approach is based on continuous improvement principles to ensure evaluation becomes a business-as-usual activity, and is being undertaken in two stages. Stage 1 is for the development of an Evaluation Framework and an Implementation Plan. Stage 2 will see the commencement of evaluations in accordance with the deliverables from Stage 1. Stage 1 is expected to be completed in mid-2015.

2.2 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 2014
2.2.1 Enhanced resilience building programs for members and families	<ul style="list-style-type: none"> Full suite of Self-Management and Resilience Training (SMART) programs available for delivery (face to face and online) by 2015 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Full suite of SMART programs now available for face to face delivery. Training management plans developed. <p>Ongoing</p> <ul style="list-style-type: none"> Working with DVA to develop a self-help website and a smart phone application based on BattleSMART and KYMS principles and the DVA 'At Ease' website and Veterans and Veterans Families Counselling Service (VVCS) courses. User testing is being conducted with Defence personnel on both products. Products are due for release in 2015.
	<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 being finalised ready for delivery in early 2015. Discussions regarding eligibility for and scheduling of train-the-trainer courses are underway.
2.2.2 Continuous improvement of resilience programs	<ul style="list-style-type: none"> Develop resilience evaluation methodology by 2013 	<p>Ongoing</p> <ul style="list-style-type: none"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project commenced.
	<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 delayed due to reduction in staff resources and progression of Transition and Wellbeing Research Programme and will be finalised in 2015. Conduct of further evaluations to be scheduled as part of the Mental Health Evaluation Project.

2.2.3 Build peer support network	<ul style="list-style-type: none"> • KYMS Peer Support program fully delivered (face to face and on-line) by 2014 including KYMS (Leaders) and KYMS (Mentors) 	<p>Complete</p> <ul style="list-style-type: none"> • Training materials for KYMS Peer Support are complete and available on the Mental Health Training website. <p>Ongoing</p> <ul style="list-style-type: none"> • Development of training materials for KYMS Leaders, Mentors and Trainers will commence in 2015. Training will build on the KYMS Peers Support package.
2.2.4 Continuous improvement of peer support network	<ul style="list-style-type: none"> • Develop peer support evaluation methodology by 2013 	<p>Ongoing</p> <ul style="list-style-type: none"> • JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced.
	<ul style="list-style-type: none"> • Peer support networks evaluated by 2014 	<p>Ongoing</p> <ul style="list-style-type: none"> • JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced.
2.2.5 Improved access to mental health resources	<ul style="list-style-type: none"> • Implement ADF e-Mental Health website by 2013 	<p>Complete</p> <ul style="list-style-type: none"> • ADF Health and Wellbeing Portal released onto DRN Jun 14 and Internet Sep 14.
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 (annual screening, pre-deployment, deployment, de-compression, and re-adjustment) from 2013 	<p>Ongoing</p> <ul style="list-style-type: none"> • Australian Centre for Posttraumatic Health (ACPMH) report delivered Jul 14 outlining options for enhancing the ADF Mental Health Screening Continuum. • Presentation to single Services scheduled for Oct 14 for consultation and development of a Defence response.
	<ul style="list-style-type: none"> • Promulgate and implement enhanced Critical Incident Mental Health Support (CIMHS) program by 2014 	<p>Complete</p> <ul style="list-style-type: none"> • CIMHS training and educational packages updated to reflect changes to psychiatric diagnostic criteria for trauma disorders and internal policy changes. <p>Ongoing</p> <ul style="list-style-type: none"> • CIMHS redevelopment to be considered under the Mental Health Screening Continuum project.

	<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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Tailored BattleSMART programs delivered to Trainee Rehabilitation Wing (May 14), Legal Training Module 1 (Aug 14) and Regimental Officer Basic Course (Psych) Aug 14 Army Operational Mental Health Working Group meets twice yearly to discuss operational processes and policies. A Mental Health program is being delivered by Navy Psychology, to Navy crews and Transit Security Element (TSE) personnel assigned to Operation RESOLUTE.
	<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"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced.
<p>2.2.7 Enhanced mental health elements of ADF recovery and transition programs</p>	<ul style="list-style-type: none"> Develop the mental health elements of the Simpson Assist Program (SAP) (Mate to Mate Visitation, Families Stronger Together) by 2014 	<p>Completed</p> <ul style="list-style-type: none"> Plan for transitioning SAP programs to business as usual is undergoing final approvals. <i>Mate to Mate Peer Visitation</i> pilot underway. First cohort of ‘peer visitors’ trained in Mar 14; second cohort trained in May/June 14. Pilot of the <i>Families Stronger Together</i> program has been conducted and is undergoing evaluation. <i>Intensive Rehabilitation Teams</i> (Holsworthy and Lavarack) evaluation results provided to JHC. Evaluation of <i>Meaningful Engagement Options</i> program finalised.
	<ul style="list-style-type: none"> Train Soldier Recovery Centres and Personnel Support Units in mental health. 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Training provided to Soldier Recovery Centres as required to support staff changeover during the posting cycle.
	<ul style="list-style-type: none"> Ensure single Service rehabilitation programs align with ADF policy. 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> The Mental Health Working Group (MHWG) meets regularly to coordinate mental health initiatives across the ADF. Air Force Member Support Coordination now centrally managed through Personnel Branch with coordinators located at major bases to support members in line with ADF policy and CAF direction.

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.

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

Key Achievements to Date (since October 2012)

Completed Deliverables

- A new Service Delivery Model has been agreed and is being implemented.
- Member Support Coordinators (MSCs) are now assigned to members with complex health issues requiring additional support during recovery, rehabilitation, return to work or transition from the ADF. MSCs facilitate greater command engagement and improved case management (ref DIG (PERS) 11-3 Member Support Coordination)
- The Commander's Guide to Health and Recovery and the ADF Member and Family Guide to Health and Recovery (deliverables of the Simpson Assistance Program) are now available on the DRN and the Defence Internet.
- The refurbishment of the ADF Centre for Mental Health (ADFCMH) was completed in November 2013 and a range of services has been delivered including provision of clinical consultancy services and clinical upskilling of the workforce. The ADFCMH was formally launched in April 2014.

Ongoing Deliverables

- The Mental Health Integration Project (MHIP) has been initiated by GHO to progress the Service Delivery Model enhancements.
- Due to the number and variety of ADF mental health programs and services currently being delivered, JHC is undertaking a centralised and coordinated approach to their evaluation. The approach is based on continuous improvement principles to ensure evaluation becomes a business-as-usual activity, and is being undertaken in two stages. Stage 1 is for the development of an Evaluation Framework and an Implementation Plan. Stage 2 will see the commencement of evaluations in accordance with the deliverables from Stage 1. Stage 1 is expected to be completed in mid-2015.

3.2 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 2014
<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 • Fully implemented common multi-disciplinary services • 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 activated Regional Mental Health Teams • Improved case management of complex and chronic conditions • Consistent occupational psychology model across the single Services 	<p>Ongoing</p> <ul style="list-style-type: none"> • The Mental Health Integration Project (MHIP) is implementing the Mental Health and Psychology Service Delivery Model into GHO, including an Integrated Project Team (GHO and MHPR). • Key components of Model to be implemented nationally by Mar 15. • Workshops will be conducted with key stakeholders across all regions to provide guidance on implementation planning during Dec 14. • Draft Health Instructions for Intake Service, Case Allocation and Case Review are being developed and regional feedback will be incorporated. • Development of communication, change management and training materials to support implementation is underway. • A Garrison Health Services Case Management Project is implementing Health Care Coordination Forums (HCCF) into all regions. • Draft HCCF HI developed and being refined as implementation is proceeding. • HCCF training workshops will be conducted in all Joint Health Units (JHUs). Readiness checklists have been developed and the go-live of the HCCF is planned to be completed in all regions by Feb 15. • Stepped Care Approach to Alcohol Management in the ADF has been incorporated into draft Health Directive 213 Treatment of problematic alcohol use in the ADF to be published by May 15. • A clinical supervision program has been developed in consultation with GHO and will be implemented progressively during 2015.
<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"> • ADF Centre for Mental Health (ADFCMH) 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 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> • Refurbishment and handover of ADFCMH completed Nov 13. • Current staffing consists of two Army Psychologists (SO1 LTCOL & SO3 CAPT), a Consultant Psychiatrist, a Clinical Psychologist and a Program Development Manager. • The RAAF FLTLT ADMINO position will be filled with effect Jan 15; the SQNLDR Health Officer position remains unfilled.

	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Current responsibilities include: <ul style="list-style-type: none"> - development and management of the Mental Health Workforce Clinical Skilling Framework that includes the Mental Health Workforce Training Continuum, the Mental Health Workforce Practice Standards and the Mental Health Training evaluation model. - provision of clinical consultancy services including the formal tertiary level 2nd Opinion Clinic, the telepsychiatry services to GHO and deployed forces and the clinical supervision to mental health professionals across GHO and the single Services. - development and management of clinical programs including: the Cognitive Processing Therapy (CPT) Remediation program, the Recognising Early Signs of Emerging Trauma (RESET) program, Acute Mental Health on Operations (AMHOO) and the Clinician Administered Post Traumatic Stress Disorder Scale (CAPS). - strategic partnership with the ACPMH in the conduct of a clinical trial for problematic anger in the context of PTSD and the development of a future agenda to meet the emerging mental health needs of the ADF. - management of the Masters of Clinical Psychology (Defence) 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 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.

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

Key Achievements to Date (since October 2012)

Completed Deliverables

- The following policy documents have been revised and re-issued:
 - DI(G) 16-26 *Management of a Defence Member at Risk of Suicide*
 - DI(G) 16-28 *Operational Mental Health Screening*
 - HD603 *Combined Medical and Mental Health Records*
 - HD294 *Risk Assessment and Management of Defence Members at Risk of Suicide, Deliberate Self-Harm or Harm to Others*
 - HI 5.2.0.2 *Mental Health and Psychology Templates* (record keeping by Mental Health professionals)

Ongoing Deliverables

- Clinical upskilling programs are being developed and implemented by ADFCMH.
- A Clinical Supervision Model has been developed and will be implemented under the Mental Health Integration Project.
- Due to the number and variety of ADF mental health programs and services currently being delivered, JHC is undertaking a centralised and coordinated approach to their evaluation. The approach is based on continuous improvement principles to ensure evaluation becomes a business-as-usual activity, and is being undertaken in two stages. Stage 1 is for the development of an Evaluation Framework and an Implementation Plan. Stage 2 will see the commencement of evaluations in accordance with the deliverables from Stage 1. Stage 1 is expected to be completed in mid-2015.

4.2 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> Mental Health consultations now being captured in the Defence eHealth System at all Garrison health locations in QLD, NT, WA and SA. Remaining locations will be implemented by end Dec 14. Reporting requirements being developed with relevant stakeholders to provide routine reports. As the System matures and more data is available additional reporting can be developed as required.
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>Ongoing</p> <ul style="list-style-type: none"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced. <p>Ongoing</p> <ul style="list-style-type: none"> JHC is undertaking a centralised and coordinated approach to the evaluation of ADF mental health programs and services. Procurement action for Stage 1 of the Mental Health Evaluation Project has commenced.
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>Complete</p> <ul style="list-style-type: none"> DI(G) 16-26 Management of a Defence Member at Risk of Suicide published May 14. DI(G) PERS 16-28 Operational Mental Health Screening published Aug 14. HD294 Risk Assessment and Management of Defence Members at Risk of Suicide, Self-Harm or Harm to Others published Jul 14. HD 811 Operational Mental Health Screening for Defence Employees published Jun 14 and developed by JHC in consultation with Defence People Group on procedures relating to operational mental health screening for Defence civilians.

		<p>Ongoing</p> <ul style="list-style-type: none"> • DI(G) PERS 16-25 Critical Incident Mental Health Support under review with subordinate HD in draft. • HD 289 Mental Health Case Management in the ADF redrafted to address 3 COI recommendations in relation to roles and responsibilities of the treating medical officer and provide a definition of case complexity. Policy has been through several consultations and is due for publication in Dec 14. Title will be changed to focus on management of complex cases rather than case management. • HD 908. Following consultation with Garrison and MHPR, draft HD is scheduled for review by Health Policy Working Group in Oct/Nov 14. • HD 213 Treatment of Problematic Alcohol Use in the ADF drafted and ready for consultation. Due for publication Dec 14 and will supersede HB 3/2005. Incorporates Stepped Care Approach to problematic alcohol use. • HB Tele-psychiatry to be incorporated into a Tele-health HD. • HI 5.2.0.3 Mental Health and Psychology Workload Management Guidelines is pending final endorsement from GHO. <p>Single Service representatives provide feedback to these documents through the JHC Health Policy Working Group, Health Policy Steering Group, and the System of Defence Instructions (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>Partially Complete</p> <ul style="list-style-type: none"> • Formalised clinical supervision model under development by MHPR, to be implemented by Mar 15.
	<ul style="list-style-type: none"> • Develop ADF Mental Health Workforce & Training Strategy by 2013 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> • Mental Health Workforce Clinical Skilling Framework developed and managed by ADFCMH for staged endorsement into GHO through the agreed GHO Training Directive.
	<ul style="list-style-type: none"> • Mental Health Workforce and Training Strategy (MHW&TS) compliance review process in place by 2014 	<p>Ongoing</p> <ul style="list-style-type: none"> • Development and scheduling of a MHW&TS compliance process to be included in the JHC Mental Health Evaluation Project.

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.

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

Key Achievements to Date (since October 2012)

Ongoing Deliverables

- The evidence base supporting mental health and wellbeing policy development is being continually expanded through ongoing analysis of existing data collections and the development of new research initiatives.
- Active research alliances include DVA, the Australian Centre for Posttraumatic Health (University of Melbourne), the Centre for Traumatic Stress Studies (University of Adelaide), University of NSW, the Centre for Mental Health Research (ANU), the Young and Well Cooperative Research Centre, Monash University, and the Australian Institute of Family Studies.
- Defence and DVA are collaborating on the Transition and Wellbeing Research Programme, launched by the Minister for Veterans' Affairs on 11 June 2014. This is an investment of almost \$5 million over three years.
- The Mental Health Advisory Group (MHAG) has met regularly since 2011, and continues to meet two to three times each year.
- The Scientific Advisory Review Panel (SARP) is active and has been contracted for further services in 2014.

5.2 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 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>Completed and transitioned into BAU <u>Transition and Wellbeing Research Programme</u></p> <ul style="list-style-type: none"> Joint Defence/DVA investment of almost \$5m over three years launched in Jun 14. Ethics proposals approved by DVA Human Research Ethics Committee in Sep 14 (Study Roll; Wellbeing Study; Impact of Combat Study; and Family Wellbeing Study). Approval from Australian Defence Human Research Ethics Committee will be sought in Oct 14 through mutual recognition. Two Scientific Advisory Review meetings held to review the Wellbeing Study and Impact of Combat Study research plans. Briefed MHWG on progress of the Programme. Single Service engagement to commence in Oct 14.
	<ul style="list-style-type: none"> Conduct regular Mental Health Advisory Group Meetings (MHAG) to advise JHC on mental health program development in the ADF 	<p>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> MHAG meetings have been held 2-3 times each year since 2011. MHAG is currently overseeing the evaluation of ADF mental health programs and services.
	<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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> SARP members re-engaged for FY 14/15. Reviews scheduled for Oct and Nov 14.

<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>Completed and transitioned into BAU</p> <p><u>Mental Health Prevalence and Wellbeing Study (MHPWS)</u></p> <ul style="list-style-type: none"> • Data from MEAO Census and Prospective Health Studies delivered to the Centre for Traumatic Stress Studies (CTSS) in Aug 14. Two draft reports on this data to be delivered to JHC in Oct 14. <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 new PULSE model and survey delivered to MHPS Enoggera Apr 14 and MHPS Townsville Jun 14. • Training on PULSE scheduled for AAPSych Corps Regimental Officer Advanced Course, Nov 14. • HDO procedures, information for Commanders, and user manual complete. <p><u>Post-Operational Mental Health Surveillance</u></p> <ul style="list-style-type: none"> • Surveillance report released on mental health and deployment experiences of Navy personnel on OP RESOLUTE from Jun 2011 to Jul 2014. • Annual Post Operational Mental Health Surveillance report covering ADF personnel returning from operations Jul 12 to Jun 13 scheduled for completion Jan 15 <p><u>LASER-Resilience</u></p> <ul style="list-style-type: none"> • Contracted with ACPMH for LASER-Resilience reporting. • Two research assistants contracted to conduct ongoing data management and participant tracking procedures. • Final time-three LASER-Resilience survey delivered Aug 14. Surveys for time four and five ongoing until Nov 16.
--	--	--

<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 Traumatic Stress Studies (CTSS), Australian Centre for Posttraumatic Mental Health (ACPMH)) 	<p>Completed and transitioned into BAU</p> <p><u>Benchmarking</u></p> <ul style="list-style-type: none"> • Commenced development of options paper on benchmarking the quality of ADF mental health and rehabilitation services against other militaries. <p><u>Transition and Wellbeing Research Programme</u></p> <ul style="list-style-type: none"> • Research Schedule signed with DVA as part of MOU for the Cooperative Delivery of Care and Support to Eligible Persons. Annexure specific to the Transition and Wellbeing Research Programme to be agreed by Nov 14. • Research consortium for Transition and Wellbeing Research Programme includes UNSW, Young and Well Cooperative Research Centre, ACPMH, Monash University, and the Australian Institute of Family Studies. Engagement of Australian Institute of Health and Welfare being investigated. • 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"> • CTSS contract ongoing for delivery of two reports analysing the results of the Mental Health Prevalence and Wellbeing Study. • SARP re-engaged for FY 14/15.
---	--	---

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.

STRATEGIC OBJECTIVE 6: Strengthening strategic partnerships and strategic development

Key Achievements to Date (since October 2012)

Completed Deliverables

- Defence and DVA pledged closer cooperation and improved support services for current, transitioning and former ADF members by signing a Memorandum of Understanding in February 2013.
- Defence and DVA have worked closely on the development of new mental health smart-phone 'apps' and websites.

Ongoing Deliverables

- Bi-monthly meetings are held between the Mental Health, Psychology and Rehabilitation (MHPR) Branch and DVA to discuss joint issues, including rehabilitation and recovery programs, transition and handover.
- The Technical Cooperation Program (TTCP) meetings are attended each year by Directors from MHPR. Australia hosted TTCP Technical Panel 13 *Psychological Health & Operational Performance* annual meeting in April 2014.

6.2 Goals and Deliverables

Goals	Key Deliverables	Progress for the period 01 April – 30 September 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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> ADF Rehabilitation Strategy consultation completed with DEPSECDP and Service Chiefs. Delivery of rehabilitation services for non-CFTS Reservists being monitored. Input has been provided to the DVA Rehabilitation Model Review. Bi-monthly meetings held (MHPR and DVA) to discuss joint issues, including rehabilitation and recovery programs, transition and handover. Next meeting 7 Nov 14. 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. Planning and preparation activities for the Long Term Rehabilitation Study conducted in partnership with DVA. Weekly project team meetings held to action items for the project board. Defence is assisting DVA with development of a self-help website and a smart phone application based on BattleSMART and KYMS principles. User testing is being conducted on both products. Army's annual Wounded, Injured and Ill Digger Forum to be held on 15 Oct 14. Air Force is investigating the feasibility of a similar forum.
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>Completed and transitioned into BAU</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. Processes under development for tracking and reporting outcomes of rehabilitation cases transferred to DVA. Detailed liaison undertaken to resolve issues for the management of non-CFTS Reservists and transfer of rehabilitation authority. Joint DVA/ADF Regional Rehabilitation Managers meeting held in May 2014 to discuss improvements to DVA's rehabilitation business model and stakeholder relations.

<p>6.2.3 Increased interaction with international military mental health and occupational psychology programs</p>	<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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> • VTC conducted between Australian Army (DGPERS-A and JHC reps) and U.S. Department of Defense Suicide Prevention Office on suicide prevention measures (Aug 14). • 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"> - stigma and barriers to care, resilience training, cultural awareness training, third country decompression, mental health strategy and e-health approaches (TP13); and - pilot selection and streaming, unit climate measurement, personnel selection methods, and non-cognitive testing (TP3). • Australia hosted the 2014 TP13 <i>Psychological Health & Operational Performance</i> meeting 7-11 Apr 14 at the ADF Centre for Mental Health. A one day workshop was conducted on the 10 Apr with TP13 panel members and senior mental health staff from Defence and DVA to discuss key mental health issues for each nation following the drawdown of operations in Afghanistan. • Director of Occupational Psychology and Health Analysis (DOPHA) attended the TP3 <i>Personnel Component of Military Capability</i> annual meeting in Wellington, NZ, in May 14. • The next TTCP TP13 meeting is being held in Washington in Apr 15. • Director DOPHA is a member of the steering committee for the International Military Testing Association (IMTA); the next IMTA Conference will be held in Germany in Oct 14.
<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 (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>Completed and transitioned into BAU</p> <ul style="list-style-type: none"> • DGMHPR has been invited to participate in a Government wide Senior Officials Working Group to consider the NMHC Interim Report on the Review of Mental Health Programmes and Services. JHC contributed to the review Jan - Apr 14. • MHPR is on the DVA working group for development of the Right Mix self-directed training website • The 2nd Ex-Service Organisation workshop, hosted by CDF, will be held in Oct 14. A capability map showing the location of ESO services is in development and will be incorporated into the ADF Health and Wellbeing Portal.

Glossary

ADFAMS	ADF Alcohol Management Strategy.	<p>Defence has released new guidelines that aim to minimise alcohol related harm in the ADF. The <i>Australian Defence Force Alcohol Management Strategy and Plan 2014-17</i> (ADFAMS) sets out a four-year framework for improving alcohol management and reducing the negative impact of alcohol on the health, safety, capability and reputation of the ADF.</p> <p>http://www.defence.gov.au/health/dmh/alcoholmanagementstrategy.htm</p>
ADFCMH	ADF Centre for Mental Health	<p>In response to the Review of Mental Health Care in the Australian Defence Force (ADF) and Transition to Discharge (Dunt, May 09) and Commander Joint Health Command's subsequent intent regarding enhancement of the mental health workforce, the Australian Defence Force Centre for Mental Health (ADFCMH) was established.</p> <p>The primary location of the ADFCMH is Building 8, HMAS Penguin, with a secondary location at the Alcohol Rehabilitation and Education Program (AREP), RAAF Richmond.</p> <p>The mission of ADFCMH is to become a centre of excellence in military mental health, providing evidence-based and informed clinical programs, up-skilling of mental health professionals, and mental health consultancy. The mission is being achieved through a dedicated and professional workforce, informed by research through collaborations and strategic partnerships with external bodies, and innovation, including the application of tele-health and e-health capabilities. The primary customer of ADFCMH products is Garrison Health Operations, although services will be available across the ADF including deployed units.</p> <p>http://intranet.defence.gov.au/vcdf/sites/DMHCSP/ComWeb.asp?page=83816</p>
ACPMH	Australian Centre for Posttraumatic Mental Health	<p>The Australian Centre for Posttraumatic Mental Health at the University of Melbourne undertakes world class trauma related research, policy advice, service development and education. JHC and DVA have partnered with ACPMH on a number of mental health projects.</p> <p>http://www.acpmh.unimelb.edu.au/</p>
AMHOO	Acute Mental Health Support on Operations	<p>AMHOO is a two day course providing a theoretical background in the recognition, assessment, immediate treatment, and management of individuals who present with acute symptoms of mental health problems/disorders in a deployed context. Eligible participants for the AMHOO course are all mental health professionals and providers (including Medical Officers), and the course is delivered by Defence personnel.</p>
ASIST	Applied Suicide Intervention Skills Training	<p>Suicide first aid training for ADF members.</p>

ATOD	Alcohol, Tobacco and Other Drugs	<p>The AToDS Program provides awareness and literacy training to ADF members on the sensible use of alcohol and other drugs. This training is usually provided as part of the Keep Your Mates Safe (KYMS) initiative.</p> <p>http://intranet.defence.gov.au/vcdf/sites/DMHTraining/ComWeb.asp?Page=62941&Title=Alcohol%20Tobacco%20%20Other%20Drugs</p>
CIMHS	Critical Incident Mental Health Support	<p>Management of a critical incident is a command responsibility. The Defence Critical Incident Mental Health Support (CIMHS) system and processes have been developed to:</p> <ul style="list-style-type: none"> • identify and respond to critical incidents or potentially traumatic events; • identify individuals at risk following exposure to such incidents or events; and • provide intervention strategies to mitigate and alleviate possible psychological difficulties. <p>The mental health response is one of the many aspects to be considered by a Commander following a critical incident. Policy and procedures are covered in DI(G) Pers 16-25: ADF Critical Incident Mental Health Support .</p>
CTSS	Centre for Traumatic Stress Studies	<p>The Centre for Traumatic Stress Studies (CTSS) at the University of Adelaide was established in April 2009, and seeks to improve evidence-based practice by creating, applying and informing scientific knowledge in the field of traumatic stress, particularly the epidemiology and neurobiology of posttraumatic stress disorder, as well as psychiatric disorder and wellbeing more broadly.</p> <p>CTSS is currently working with Defence and DVA on the Transition and Wellbeing Research Program.</p> <p>https://health.adelaide.edu.au/population-health/ctss/</p>
DCO	Defence Community Organisation	JHC works closely with DCO on mental health and wellbeing issues to ensure the needs of ADF families are understood and addressed.
DGMHPR	Director General Mental Health, Psychology and Rehabilitation	MHPR is a Branch within JHC and is the technical authority for the development and evaluation of mental health, psychology and rehabilitation policy, and the development of mental health programs and ADF member literacy and awareness training.
DOPHA	Directorate of Occupational Psychology and Health Analysis	DOPHA is a Directorate within MHPR and is responsible for policy and technical guidance related to the delivery of occupational (non-clinical) psychology services within the ADF. This includes: the development of psychology-related selection policy, standards and procedures; the conduct of selection-related research; development, analysis and reporting of Unit Climate surveys (PULSE); the conduct and reporting of occupational and mental health surveillance activities; and the development and maintenance of targeted information technology support to these functions.

DRC	Directorate of Rehabilitation and Compensation	DRC is a Directorate within MHPR and is the Technical Authority responsible for the development, implementation and interpretation of rehabilitation policies, procedures and standards, and for evaluation and reporting on performance and compliance related to occupational rehabilitation.
GHO	Garrison Health Operations	GHO is a Branch within Joint Health Command and is responsible for the implementation of policy and delivery of mental health and wellbeing programs and services.
HDO / PULSE	Human Dimensions of Operations	<p>A PULSE survey is designed to inform unit commanders in a garrison situation about factors that impact on the behaviour and motivation of personnel in their unit, such as job satisfaction, job stress, work performance, and confidence in leadership. The PULSE is a standardised instrument that allows both comparisons across time within a particular unit, and comparisons of individual units with ADF benchmarks.</p> <p>The HDO survey is similar to PULSE, but designed specifically for use within a deployed environment. HDO surveys support command decision-making by systematically gathering and analysing information about the human dimensions of operational performance within a unit, including morale, cohesion, confidence in leadership, psychological readiness, sources of stress, health and well-being, family issues, positive aspects of deployment, and post-deployment adjustment.</p>
KYMS	Keep Your Mates Safe	KYMS is a mental health and wellbeing education and awareness initiative for ADF members, delivered face-to-face by qualified mental health personnel. It contains modules on mental health first aid, suicide awareness and prevention, alcohol and other drugs, resilience, and critical incident mental health support that can be delivered individually or as a tailored package.
LASER	Longitudinal ADF Study Evaluation Resilience	<p>LASER-Resilience is a collaboration between MHPR and the Australian Centre for Posttraumatic Mental Health (ACPMH) that commenced in late 2009 and follows ADF members through the first five years of their military career. During this time, members are adjusting to a new career and may be exposed to potentially stressful or traumatic events during the course of their service. Different psychological and behavioural attributes will determine how members respond to these stressful events and LASER-Resilience is investigating which of these attributes contribute to a member's resilience.</p> <p>MHPR continues to analyse and report on the data to inform mental health and wellbeing policy development.</p> <p>http://intranet.defence.gov.au/vcdf/sites/DSOMH/comweb.asp?page=87243</p>
NMHC	National Mental Health Commission	The National Mental Health Commission was set up in 2012 to provide independent reports and advice to the community and government. The Federal Government recently tasked the Commission to undertake a national review of mental health services and programs, and a report was submitted in September 2014.

MHAG	Mental Health Advisory Group	<p>MHAG was established in 2011 in response to the Dunt Review, to provide confidential, strategic and practical advice on reforms to mental health and wellbeing programs and services. MHAG is comprised of external experts in mental health, and senior representatives from DVA, JHC and the Services, and draws on their knowledge and experience in mental health service development, clinical practice, research, personnel policy and the requirements of the military occupational environment of the ADF.</p> <p>MHAG meets two to three times a year, and is convened by DGMHPR.</p>
MHIP	Mental Health Integration Project	MHIP has been established under the Garrison Health Operations Health Service Delivery Improvement Program to implement multi-disciplinary mental health services.
MHPR	Mental Health, Psychology and Rehabilitation Branch	MHPR is a Branch within JHC and is the technical authority for the development and evaluation of mental health, psychology and rehabilitation policy, and the development of mental health programs and ADF member literacy and awareness training.
MHPWS	Mental Health Prevalence and Wellbeing Study	<p>The 2010 ADF Mental Health Prevalence and Wellbeing Study is the first comprehensive investigation of the mental health of an ADF serving population. It is world leading research that has been conducted by Defence in collaboration with the University of Adelaide. The study was conducted in two phases. In the first phase, ADF personnel used a self-report screening questionnaire. In the second phase a subset of these respondents were telephone interviewed, with priority given to ADF personnel who were identified as being more likely to have mental illness based on their screening questionnaire. The study did not include reservists or ex-serving personnel.</p> <p>http://intranet.defence.gov.au/vcdf/sites/DSOMH/ComWeb.asp?page=87734</p>
MHWG	Mental Health Working Group	The MHWG was convened in 2013 to assist with six-monthly reporting of progress against the MH&WB Plan and coordination of mental health initiatives across the ADF. 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.

MilHOP	Military Health Outcomes Program	<p>MilHOP is a significant body of research commissioned by Defence to determine the impact of operational deployment on the health and wellbeing of service men and women.</p> <p>MilHOP includes:</p> <ul style="list-style-type: none"> • the 2010 ADF Mental Health Prevalence and Wellbeing Study conducted by the Centre for Traumatic Stress Studies University of Adelaide which consisted of diagnostic interviews with participants from the Prospective and Census Health Studies and a sample of non-deployed personnel, to determine the prevalence of mental health conditions in the ADF. • the Middle East Areas of Operations (MEAO) Census Health Study, measuring the current health of ADF members who were deployed to the MEAO within the last 10 years; • the MEAO Prospective Health Study, measuring the health of personnel prior to deployment and again after returning home; and • the MEAO Mortality and Cancer Incidence Health Study, which collected relevant data on deaths and cancers from the Australian Institute of Health and Welfare for personnel who have participated in the Deployment Health studies. <p>http://defence.gov.au/health/home/i-MilHOP_Message.htm</p>
POPS/RtAPS	Post-Operational Psychological Screen	<p>RtAPS and POPS are the psychological screening instruments administered to ADF members at different stages of their return from deployment. RtAPS is administered prior to ADF members returning to Australia, or where this is not practicable, within seven days of their return to Australia. POPS is administered between 3 and 6 months after the member's return to Australia.</p> <p>Data extracted from these questionnaires are used for a number of purposes, including regular operational mental health surveillance reports, and to answer questions regarding mental health outcomes by senior leaders, and ministerial questions. This data may be formally requested by Defence psychology personnel for the purpose of further analysis or research, pending approval by DOPHA.</p>
PULSE	Profile of Unit Leadership Satisfaction Effectiveness	<p>A PULSE survey is designed to inform unit commanders in a garrison situation about factors that impact on the behaviour and motivation of personnel in their unit, such as job satisfaction, job stress, work performance, and confidence in leadership. The PULSE is a standardised instrument that allows both comparisons across time within a particular unit, and comparisons of individual units with ADF benchmarks.</p>
RESET	Recognising Early Signs of Emerging Trauma	<p>RESET is an early intervention/prevention program for ADF members showing symptoms of emerging PTSD.</p>

RMHT	Regional Mental Health Teams	<p>Eight RMHTs operate at the local level to implement mental health policy and facilitate the delivery of services and training. Each team includes a Coordinator, Senior Mental Health Professional, ATOD Coordinator and a Mental Health Promotions Officer. The teams are responsible for:</p> <ul style="list-style-type: none"> • facilitating professional and command networks • providing advice to command and coordinating health promotion activities • delivery of member training and clinical up-skilling of mental health professionals
RtAPS/POPS	Return to Australia Psychological Screen	<p>RtAPS and POPS are the psychological screening instruments administered to ADF members at different stages of their return from deployment. RtAPS is administered prior to ADF members returning to Australia, or where this is not practicable, within seven days of their return to Australia. POPS is administered between 3 and 6 months after the member's return to Australia.</p> <p>Data extracted from these questionnaires are used for a number of purposes, including regular operational mental health surveillance reports, and to answer questions regarding mental health outcomes by senior leaders, and ministerial questions. This data may be formally requested by Defence psychology personnel for the purpose of further analysis or research, pending approval by DOPHA.</p>
SARP	Scientific Advice and Review Panel	<p>SARP is comprised of external specialists in mental health who provide technical oversight of mental health research and evaluation projects, and includes representatives from UNSW, ACPMH (Melbourne University), CTSS (University of Adelaide) and the Centre for Mental Health Research (ANU). SARP operates remotely, and meets on an as-need basis.</p>
SAP	Simpson Assistance Program	<p>The aim of SAP is to achieve measurable and sustainable improvements in recovery and return to work outcomes for seriously wounded, injured or ill ADF members, and includes:</p> <ul style="list-style-type: none"> • Intensive Rehabilitation Teams • Meaningful Engagement • Mate to Mate Peer Visitation • Families Stronger Together • Commander's Guide to Health and Recovery • Member and Family Guide to Health and Recovery

SPP	Suicide Prevention Program	<p>SPP is comprised of 4 levels of Suicide Prevention Training:</p> <p>Level 1: Introductory Suicide Prevention Training</p> <p>Level 2: Keep Your Mates Safe - Suicide Prevention Training (KYMS-SPT)</p> <p>Level 3: Suicide First Aid - Applied Suicide Intervention Skills Training (ASIST)</p> <p>Level 4: Clinical Upskilling - Suicide Risk Assessment Training (SRAT)</p>
SRAT	Suicide Risk Assessment Training	Training for mental health professionals
TTCP	The Technical Cooperation Program	TTCP is a long standing international organisation concerned with cooperation on defence science and technology matters, including national security and civil defence. Its membership comprises Australia, Canada, New Zealand, the UK and US.
Transition and Wellbeing Research Programme	Transition and Wellbeing Research Programme	<p>The Transition and Wellbeing Research Programme is a long-term Defence/DVA research project, initiated in 2014, involving the Centre for Traumatic Stress Studies, UNSW, Young and Well Cooperative Research Centre, ACPMH, Monash University, and the Australian Institute of Family Studies.</p> <p>The Transition and Wellbeing Research Programme will provide a comprehensive picture of the mental health and wellbeing status of contemporary veterans as well as particular subgroups within the ADF (eg. ab initio reservists) and of the trajectory of disorder and pathways to care for individuals previously diagnosed with a mental health disorder.</p> <p>The Transition and Wellbeing Research Program will include three studies including:</p> <ul style="list-style-type: none"> • the Mental Health and Wellbeing Transition Study, • Impact of Combat Zone Study; and • Family Wellbeing Study.
VVCS	Veterans and Veterans Families Counselling Service	VVCS is affiliated with DVA and provides 24-hour counselling services and group programs for veterans, their families and eligible ADF members.