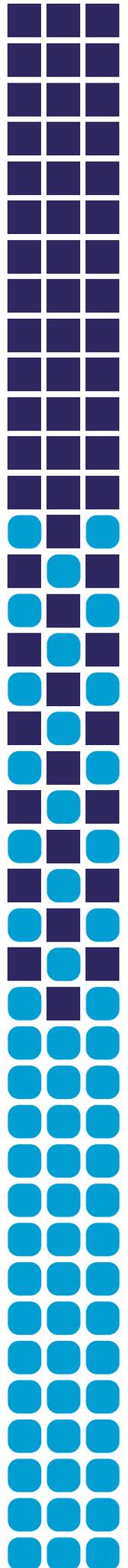




Australian Government
Department of Defence
Department of Veterans' Affairs
Department of Health

AUSTRALIAN GOVERNMENT RESPONSE
TO THE **NATIONAL MENTAL HEALTH**
COMMISSION REVIEW INTO THE
SUICIDAL AND SELF-HARM PREVENTION
SERVICES AVAILABLE TO CURRENT
AND FORMER SERVING ADF MEMBERS
AND THEIR FAMILIES



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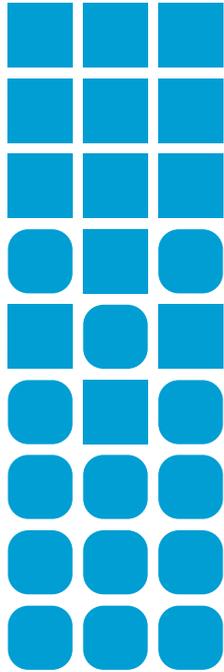


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EXECUTIVE SUMMARY

Suicide is an issue that affects all Australians. It is the leading cause of death for Australians aged 15 to 44, with around 3,000 people dying by suicide every year. Current and former members of the Australian Defence Force (ADF), and their families, are not immune.

Mental health and suicide prevention is a priority for the Coalition Government. The Australian Government recognises the importance of community based, regional approaches to mental health and suicide prevention and is committed to developing a more effective mental health system that prevents suicide and improves the lives of Australians with or at risk of mental illness. The Government is leading a transformation in the way mental health care is delivered in Australia.

In August 2016, it tasked the National Mental Health Commission (NMHC) or the Commission to specifically look at this issue in relation to current and former members of the ADF, and their families, and produce the *Review into the Suicide and Self Harm Prevention Services available to current and former serving ADF members and their families* (the Review).

In its response, the Government agrees with the NMHC that “continued attention is needed to ensure efforts are effective in preventing suicide and self-harm amongst Australia’s current and former serving personnel and their families”. Suicide will continue to be a tragedy borne by our society, including our current and former members of the ADF. The Government, and society as a whole, must be constantly learning, adapting and improving when it comes to addressing the multiple factors that contribute to mental health issues and suicide.

The Government’s response to the NMHC review should be seen as part of an ongoing response to mental health and suicide that continues to evolve.

In the broader mental health space of the Australian community, the Government has invested significantly and is implementing a wide range of initiatives to support suicide prevention and improve mental health across all populations. These initiatives are explained further in chapter ‘Community Mental Health Services and Veterans’.

The NMHC Review and other work undertaken by the Government in this area have informed a strategy that will target four areas:

1. Improving suicide prevention and mental health support for current serving ADF members, veterans and their families
2. Improving the transition process for ADF members moving from military life into post-service civilian life and provide targeted support to families
3. Improving family support through engagement of families and family sensitive practice
4. Transforming the Department of Veterans’ Affairs (DVA) systems, processes and organisational culture to better respond to the needs of Australia’s veterans and their families

A summary of the Government’s response to the recommendations of the NMHC review is outlined at Appendix A.

IMPROVING SUICIDE PREVENTION AND MENTAL HEALTH SUPPORT

The Government is committed to ensuring that serving and ex-serving ADF members have access to mental health support. An extensive service system across the stepped care model exists to support serving and ex-serving ADF members and their families. Help is available and help can make a difference. The Government wants to understand what stops people from seeking the help, to put in place strategies to improve pathways to care. These strategies will be informed by engaging with people who have personal lived experiences and the Government's continued significant investment in research into suicide prevention and mental health.

The Government used the NMHC review to inform its 2017-18 Budget which included an additional \$58.6 million in funding for mental health initiatives. Of this, \$33.5 million was provided for an extension of non-liability health care arrangements so anyone who has served at least one day in the full-time ADF can access free treatment for any mental health condition. This program is fully funded and uncapped. If an eligible veteran or serving member needs treatment the Government will pay for it.

The Budget provided a further \$8.5 million to expand eligibility for the Veterans and Veterans Families Counselling Service (VWCS) to cover partners and children of serving and ex-serving ADF members who have had at least one day of full-time service.

Funding of \$9.8 million was also provided to pilot innovative approaches to suicide prevention and enhanced support. The Mental Health Clinical Management Pilot will assess the benefits of providing intensive clinical management to help meet a veteran's complex mental health and social needs on discharge from a mental health hospital, and a pilot expansion of the Coordinated Veterans' Care (CVC) program will target improved support for veterans with both chronic physical and mental health conditions.

A further \$6.9 million will be provided to improve access to incapacity payments to provide targeted ongoing support to veterans who are vulnerable to financial and employment insecurity due to the episodic nature of their mental health conditions.

The NMHC noted personnel under 30 years of age who had left the ADF in the last five years were an at-risk group. The Government will continue to develop programs and services to build protective factors around at-risk groups. The Government has and continues to invest in support for young people aged 18-29 at risk. Significant suicide prevention and mental health support is provided to young people aged 12 to 25 years through the Government's headspace network. A recent allocation of \$30 million will further support this at risk group and provide digital mental health initiatives as part of Project Synergy, including a trial of online technology for VWCS clients. In addition,

Government is investing in psychosocial supports, mental health research, assistance to prevent suicide in identified hotspots and telehealth access to care in rural and regional Australia.

Additional Defence mental health services for current ADF members will also be delivered through improved access to specialist services, additional permanent ADF specialist mental health professionals and the expansion of the role of the ADF Centre for Mental Health. The Government is also trialling community-based suicide prevention activities in 12 locations around the country to provide evidence of how a systems-based approach to suicide prevention might be implemented at a regional level to better respond to local needs. Included in this initiative is a trial in Townsville which has a particular focus on veteran suicide prevention.

In recognition of the Commission's comments about the positive influence of peers supporting mental health recovery, Defence is exploring options to develop a peer support worker model to enhance the delivery of current services and encourage help-seeking. Peer support workers will be sought from those who are currently serving and where possible, have lived experience of mental health problems.

The Government agrees with the NMHC that review, evaluation and continuous improvement is vital and will be undertaken to ensure that the services and support available meet the needs of individuals. Effective use of data and research will ensure that programs are evidence based and represent best-practice.

DVA and Defence will continue to review mental health services regularly to remain consistent with emerging evidence, best-practice and the needs of serving ADF members, former serving and the veteran communities.

All Defence mental health programs will be monitored and evaluated through the Defence Mental Health & Wellbeing (MH&WB) Continuous Improvement Framework (CIF). This will inform Defence as to whether the activities being provided are contributing to positive outcomes for serving ADF members in an efficient and effective manner and identify opportunities to engage in continuous improvement on Government programs and services.

The Government has also asked that DVA, Defence and the Australian Institute of Health and Welfare (AIHW) work together to periodically update their study on the incidence of suicide among current and ex-serving ADF personnel, as recommended by the Commission (recommendation 22). This ongoing data collection and research will continue to improve our understanding of this complex issue.

Additionally, the Government is continuing to build the evidence-base by undertaking research and improving data collection processes to inform the development of future mental health services and programs. For example, the Transition and



Wellbeing Research Programme – the largest study undertaken on the mental, physical and social health of serving and ex-serving personnel and their families – will begin to report toward the end of 2017.

Information is being shared with State and Territory Governments to inform the understanding of social issues, such as homelessness and incarceration.

The Government has also committed to reporting on the significant achievements and challenges identified in improving suicide prevention and mental health support to current and former serving ADF members and the veteran community. The Minister for Veterans' Affairs and Defence Personnel will deliver a Ministerial Statement annually to communicate progress as recommended by the Commission (recommendation 23).

IMPROVING THE TRANSITION PROCESS

The Government supports the recommendation that Defence and DVA should deliver a unified experience that meets the needs of individuals in a seamless and person-centred way. The Government agrees with the Commission about the need to develop and continually refine the transition process so that all members transitioning out of the ADF, regardless of the discharge circumstances, are able to leave with confidence and dignity.

DVA, with Defence and the Commonwealth Superannuation Corporation (CSC), has established a Transition Taskforce that is engaging with ADF members who are transitioning and members who have recently transitioned, as well as their families, to inform and co-design a process that addresses the barriers to successful transition.

The Prime Minister launched the Prime Minister's Veterans' Employment Program (VEP) on 17 November 2016. The aim of the program is to raise awareness of the unique skills and experience that veterans can bring to the civilian workplace and to promote greater employment opportunities for veterans in the private sector. At the launch, the Prime Minister announced a number of initiatives under the Veterans' Employment Program, involving the public and private sectors and Ex-Service Organisations (ESOs). The Industry Advisory Committee is also looking at opportunities to enhance veteran spousal employment.

Defence is also reforming the ADF Transition Support Service to offer coaching and mentoring with a focus on developing an individual post separation plan, including employment support. This new model is aimed at all ADF members who are transitioning. Transition Officers will be

able to discuss family needs with transitioning members in order to assist the transition to be more holistically smooth, as well as focussing on the member's overall wellbeing.

This new model will also see the Transition Officers contacting each member one month after separation to check on the success of the post separation plan and whether any new issues have arisen. When fully implemented, it will assist ADF members to be more prepared for the journey after military service. It will equip them with skills for self-management and self-direction, as well as having knowledge of and access to a wide range of support services with the ability to self-refer or seek assistance to refer.

Defence and Phoenix Australia will soon deliver the outcomes of the Longitudinal ADF Study Evaluating Resilience (LASER), examining ADF members early in their careers to investigate the personal and environmental factors that contribute to psychological resilience and mental wellbeing. This research will inform further resilience building and related suicide prevention programs.

Defence is implementing a policy of Discharge (Separation) with Documentation to ensure that no ADF members are discharged without all their necessary documentation including a transition plan and all documentation such as a record of service, record of training and employment, and copies of medical records.

Defence, DVA and CSC are working together to improve the health examination process at the time of separation from the ADF with a Single Medical Assessment Process (SMAP) to make it more member-centric, reduce the requirement for multiple medical assessments where possible and reduce the requirement for the member to submit the same information more than once.

In addition to this work, DVA and Defence are implementing the Early Engagement Model. When fully developed the Early Engagement Model will allow DVA to establish a relationship with a member as early in their career as practical. Defence will support the Early Engagement Model by notifying DVA at agreed events during a member's career including events such as enlistment, involvement in a serious incident, medical separation or retirement. Notifications include relevant personal details to allow DVA to contact the member and prepare any appropriate initial support.

The Commonwealth Veteran Indicator Interdepartmental Committee (IDC) has been established to identify what data is collected by Commonwealth agencies, what additional data could be collected, and how the data can be used to inform veteran-related policy and program development more generally across Government.

IMPROVING FAMILY SUPPORT

The Government agrees with the Commission about the vitally important role of family to support current and former ADF members. It further agrees that more support is needed for the family. Families make a significant contribution to the health and wellbeing of ADF members throughout their careers, through the transition process and when they become civilians. The role of family can be particularly important in the treatment and recovery of ill or injured individuals throughout their lifetime.

The Government agrees with the Commission on this issue and has a range of initiatives available to specifically support families, including the recent expansion of WVCS eligibility for families. Defence will implement a family engagement model in the treatment of ill and injured ADF members supported by improvement in family sensitive practice amongst defence health providers. Co-design will be a priority in the development of these new support programs and initiatives to ensure a family-inclusive approach. Work is also being undertaken to improve the promotion and communication of support programs available to families to improve awareness levels and provide advice on how to access these programs.

TRANSFORMING THE DEPARTMENT OF VETERANS' AFFAIRS

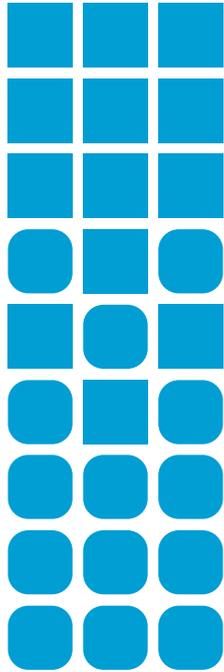
The Government acknowledges the Commission findings that many DVA clients have reported negative experiences with the Department.

DVA exists to serve our veterans and its clients. That is why in this year's Budget, the Government provided \$166.6 million to implement the first stage of Veteran Centric Reform which is the most comprehensive upgrade to DVA systems, processes and technology ever undertaken.

DVA's reforms will focus on:

- **Enhanced veteran experience** - implementing an improved, easy access to veteran services, regardless of channel
- **Contemporary and modernised processes** - our processes will be digital wherever possible, with fewer steps and shorter timeframes
- **Foundational Information and Communications Technology (ICT)** - updating ICT platforms to mitigate critical ICT risks for all business areas
- **Data driven approach** - providing services to clients through proactive interventions and behavioural economics to deliver targeted assistance that will support veterans to lead healthy and productive lives.





KEY MESSAGES

SUICIDE PREVENTION

The Government's approach to suicide prevention focuses on increasing awareness of suicide prevention in the serving and ex-serving community, increasing access to mental health treatment, providing resources and information to support families and individuals, and increasing understanding of the incidence and risk factors for suicide in the ex-service community.

While it appears that protective factors in place during a person's military career may be working to reduce the risk of suicide among current serving members, it is possible that once these protective factors are removed after transition, some former serving members may become more vulnerable.

It is essential that current and former ADF members have access to the right kind of mental health support at the right time. An extensive service system exists to support the mental health and wellbeing of these individuals.

Unique stressors are associated with military life and a range of programs have been implemented by Defence in recent years aimed at building resilience, improving awareness of suicide prevention, addressing the stigma felt by ADF members and encouraging help-seeking as early as possible.

While much work has been done in recent years, the Government is continuing to build on the foundation established by the Operation Life: suicide prevention and awareness strategy, to strengthen its suicide prevention efforts within the serving and ex-serving community. The mental health and suicide prevention initiatives announced in last year's and this year's Budget seek to strengthen this service offering and demonstrate a holistic and integrated approach.

Review, evaluation and continuous improvement are vital and will continue to be undertaken to ensure that the services and supports available meet the needs of individuals and families. Effective use of data and research will ensure that programs are evidence based and represent best-practice.

The Government's investment in the initiatives within the defence and veteran communities provide an opportunity to develop a better understanding of suicide prevention within similar community populations, such as police and first responders.

Defence has extended development of the next Defence Mental Health & Wellbeing (MH&WB) Strategy to ensure it is informed by the outcomes of the NMHC's Review, the current Senate Inquiry into Suicide and the Government's Fifth National Mental Health and Suicide Prevention Plan.

SEAMLESS TRANSITION

Successful transition from the ADF at the end of a military career is best supported by DVA and the member establishing a relationship as early as practical. Early engagement initiatives will allow DVA to reach out to ADF members at critical times to offer support and remind them of the DVA services available pre and post-separation.

The Transition Taskforce is examining the experiences of ADF members and their families as they leave the permanent forces and enter civilian life with a view to a reformed process being implemented. Securing appropriate employment after transitioning from the ADF is essential for many and a number of Government initiatives will provide better employment opportunities for transitioning members.

VETERAN CENTRIC REFORM

The Government recognises that serving and ex-serving members and their families are in need of urgent reform of DVA services and support. \$166.6 million was provided in the 2017-18 Budget to implement the first stage of Veteran Centric Reform to deliver better support and services for veterans and is underpinned by digital access, streamlined processes and modern technology.

AFTER ADF SERVICE

The Government demonstrated its commitment to improving access to mental health treatment by providing \$46.4 million in last year's Budget to extend and streamline eligibility for non-liability health care to anyone who has ever served one day in the full-time ADF. A further \$33.5 million was provided this year to expand the non-liability health care program to cover all mental health conditions.

Two important suicide prevention initiatives have been funded with \$9.8 million to pilot new approaches to supporting vulnerable veterans experiencing mental health concerns. These pilots will target two different cohorts of former ADF members – those with severe and complex mental health needs discharging from hospital and those with chronic, but stable, mental and physical health issues. These initiatives are in addition to the \$191 million DVA spends annually on providing mental health support to current and former ADF members.

The Government is investing in a national trial of suicide prevention activity through Primary Health Networks (PHNs). One of the twelve trial sites is in Townsville and has a focus on veterans in the ex-service community. This trial will provide evidence of how a systems-based approach can be undertaken at regional level to respond to local veterans' needs and will provide information on what strategies were effective for preventing suicide and improving support for veterans.

FAMILY ENGAGEMENT AND SUPPORT

Families make a significant contribution to the health and wellbeing of serving and ex-serving ADF members throughout their career, through the transition process and after they leave Defence and return to civilian life. Recognising that mental health issues arising during or after military service rarely impacts on an individual in isolation, the WCS has long had a family inclusive approach that enables therapeutic interventions to address the broader mental health impacts on the family and support positive family functioning. Co-design with both ADF members and their families will continue to be a priority in the development of new Defence, DVA and WCS support programs and initiatives to ensure a family-inclusive approach is maintained.

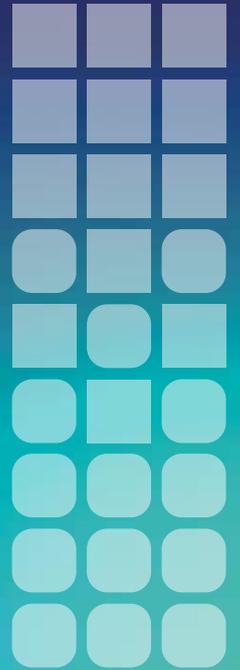
DATA LINKAGE AND RESEARCH

While there is an extensive system of support available, barriers still exist that stop people from accessing this care. Understanding what stops people from seeking help and putting in place strategies to improve pathways to care is a priority.

The Government will continue to build its evidence base by undertaking research and improving data collection processes. Recent research on suicide, homelessness, transition and families will support the design of mental health and rehabilitation services specifically to meet the needs of current and former ADF members and their families.



A SNAPSHOT OF THE IMMEDIATE RESPONSE



SUICIDE PREVENTION

\$9.8 million for two new suicide prevention pilot initiatives targeting veterans with severe and complex mental health needs discharging from hospital and for those with chronic mental and physical health issues

A network of 12 Suicide Prevention Trials, totalling \$36 million in funding, to provide evidence of how a systems-based approach can be undertaken at a regional level, including a trial focussed on the ex-service community in Townsville

The Synergy Project, a \$30 million research and capacity building project, trialling customised IT solutions for mental health service providers seeking to better help clients through IT based service improvement. A key element of Synergy is to incorporate at least two trials for the veteran community

\$2.5 million over two years to Lifeline Australia to support the trial of a new crisis text service, Text4Good, for all Australians in need

The Defence Suicide Prevention Program will be one of the first mental health programs to undergo evaluation as part of the Continuous Improvement Framework (CIF) that will be implemented as part of the next Defence Mental Health and Wellbeing Strategy

MENTAL HEALTH SUPPORT - CURRENT SERVING

Engagement of additional permanent specialist mental health ADF personnel

Defence Community Organisation (DCO) is currently working with the Phoenix Australia – Centre for Posttraumatic Mental Health on a comprehensive mental health training package which will be delivered to all frontline staff

Improved support to specialist services and the ADF mental health workforce through expansion of the role of the ADF Centre for Mental Health

Implementation of mental health awareness and skills training programs and development of options for a peer support worker model

MENTAL HEALTH SUPPORT - TRANSITION

\$6.9 million to provide incapacity payments to support veterans with episodic mental health conditions to continue participating in the workplace

Improvement of the Career Transition Assistance Scheme (CTAS) to support members who are separating from the ADF

A Single Medical Assessment Process (SMAP) at the time of separation from the ADF, reducing the requirement for multiple medical assessments where possible and avoiding the requirement for the member to submit the same information more than once

The Prime Minister's Veterans' Employment Program will be funded by \$2.7 million to work with industry to recognise the unique skills and experience of military service

\$4.25 million over 5 years for Younger Veterans Grants to ex-service organisations available for a wide range of purposes, including promoting social inclusion and providing peer-to-peer support

MENTAL HEALTH SUPPORT - EX-SERVING

\$33.5 million expansion of non-liability health care to cover all mental health conditions

Youth-specific mental health services for people aged 12-25 years are available to young veterans, ADF personnel and their families across Australia through headspace

CLAIMS PROCESS

\$166.6 million to deliver better support by DVA underpinned by digital access, streamlined processes and modern technology

The development of My Service, an online portal to improve time taken to process claims

Implementation of the Early Engagement Model for sharing of information between Defence and DVA to provide better support for current serving and ex-serving personnel

Digitisation of records in both Defence and DVA

DATA & RESEARCH

Research will continue to focus on key issues including prevalence of suicide, homelessness, and families

Analysis of findings from the Transition and Wellbeing Research Programme

A long-term study of the effectiveness of rehabilitation arrangements by DVA and Defence

A mapping exercise of mental and social health services against the stepped care model

Collaboration with State and Territory governments and the Department of Health to expand opportunities to incorporate veteran and ADF status indicators into datasets to better understand service use and, where possible, patient outcomes

The Rapid Exposure Supporting Trauma Recovery (RESTORE) Trial to investigate effectiveness of an intensive delivery of prolonged exposure therapy for treatment of PTSD

Longitudinal ADF Study Evaluating Resilience (LASER) research programme to examine personal and environmental factors that contribute to resilience and wellbeing

FAMILY SUPPORT

\$8.5 million to extend eligibility for VVCS services to even more partners and children of ADF members, and to enable access for ex-partners, especially whilst co-parenting responsibilities with an ADF member exist

Defence families can also gain access to a range of family support programs through the Defence Family Helpline including a series of face-to-face workshops to help Defence families build their resilience, manage stress and support the psychological wellbeing of the whole family

Implementing an improved family engagement model within Defence, supported by family sensitive practice amongst our health providers, to better support rehabilitation and recovery

Telephone helplines that provide triage services inclusive of mental health for serving personnel

Delivery of the Head to Health digital mental health gateway to provide easier access to information and advice for the general community. Families of current and former serving members will be able to access information, advice and digital mental health treatment options

\$2.1 million over two years to Kookaburra Kids Foundation to provide support to children of veterans with mental health conditions



SETTING THE SCENE

The Government recognises that suicide is a significant Australian public health problem and as part of the Australian community, current and former ADF members and their families are not immune.

Suicide is the leading cause of death for Australians aged between 15 and 44, with around 3,000 people dying by suicide every year. Suicide prevention requires ongoing concerted effort in the mental health and social services spheres, in tandem with community and private sector partnerships.

The reasons people take their own life are often complex. Individuals can experience a number of risk and protective factors that may increase or reduce their vulnerability to suicide and suicidal behaviour.

Risk factors include barriers to accessing health care, stigma associated with help-seeking, sexual, physical or emotional abuse, drug and alcohol problems, major loss and grief such as a death or suicide of a friend or family member, and/or mental illness. Protective factors often relate to the support people have around them and their own resilience strategies for bouncing back from life's challenges.

While there is a link between suicide and mental health, not everyone who dies by suicide will have a mental illness. Rather, many suicides occur in moments of crisis when a person is unable to cope with life's stressors, including the breakdown of a relationship, loss of a job, financial difficulties or chronic pain and illness.

These experiences or events that might lead to suicide can occur at any time during a person's life, although we know that certain age groups are more at risk. The challenge is to provide appropriate support that allows individuals and their families to access help when they need it.

WHAT DO WE UNDERSTAND ABOUT SUICIDE IN THE SERVING AND EX-SERVING COMMUNITY?

Military service is a unique experience with both challenges and opportunities, for those who serve and their families who support them. The benefits of military service include the protective mental health effects of identity; purpose; camaraderie; pride in service to the nation; regular mental health screening and access to holistic health care. The occupational risks of service can include exposure to stressful situations, dangerous events or combat, including on operations, in training environments, while providing disaster and humanitarian support or during border protection tasks.

There are also the normal challenges of life such as career changes, moving home, relationship breakdowns, grief and loss, or injury and growing older which can impact upon mental health and wellbeing. For service personnel leaving the ADF, the transition into civilian life can also be a time of significant adjustment not only for themselves, but also for their families.

Many ADF members will not develop mental health problems or illness during or after their military career. Furthermore, most ADF members who have experienced operational deployments will not develop chronic and lifelong physical and mental illnesses.

DVA and Defence have been working with the Australian Institute of Health and Welfare (AIHW) to develop the most statistically robust data we have ever had on the incidence of suicide in the serving and ex-serving community. The latest results of this study showed that from 2001 to 2015, there were 325 certified suicide deaths among people with at least one day of ADF service since 2001. Of these:

- 90 occurred in the serving full-time population
- 69 occurred in the reserve population
- 166 occurred in the ex-serving population.

The AIHW analysis also found that, compared with all Australian men of the same age, the suicide rate for those ADF members who served between 2002 and 2015 was:

- 53 per cent lower for men serving full-time
- 49 per cent lower for men in the reserves
- 14 per cent higher for ex-serving men.

The findings support international research and previous indications that protective factors put in place by Defence are working to reduce the risk of suicide among current serving members of the ADF. It is possible that once these protective factors are lessened after transition, former serving members are more vulnerable.

Both Defence and DVA have invested heavily in recent years in programs and services for serving and ex-serving ADF members and their families that aim to:

- build resilience
- provide resources and information to promote mental fitness
- reduce the stigma toward mental illness
- educate and enable command support
- encourage people to seek help as early as possible no matter the cause, particularly if they are at risk of suicide or self-harm
- provide access to evidence-based mental health treatment and rehabilitation programs that focus on recovery
- improve our understanding of the mental health needs of serving and ex-serving ADF members, to inform effective prevention, treatment and rehabilitation services.

However, the Government also recognises that these strategies cannot remain static. They must continually adapt to meet the changing needs of the serving and ex-serving community and emerging evidence.



"We need help for this now,
while we are still serving
and long afterwards"

THE RESPONSE

This Government response demonstrates a systemic approach to suicide and self-harm prevention in the serving and ex-serving communities. This response firmly places the ADF member – past, present and future – at the centre of the system of support, and follows their journey from enlistment in military service, through transition and separation from the ADF, and into ex-service life.

This life journey approach highlights where the Government recognises that the system of services and supports currently available can be further strengthened. The response describes the significant continued investment by the Government to meet the needs of all those in the serving and ex-serving community, and sets out the immediate actions and commitments for the future.

In the response, recent initiatives being implemented by Defence, DVA and the Department of Health (Health) are briefly identified. These initiatives address many of the systemic issues raised in the Commission's report and expand services to ADF members, ex-serving members and families.

The response also provides a snapshot of the future outlining the significant investment of the Australian Government in the 2017-18 Budget, including the Veteran Centric Reform program where DVA, in close collaboration with ADF members, veterans and their families, is designing a future business operating model that puts the veteran at the centre.

BUDGET INITIATIVES

DEPARTMENT OF DEFENCE

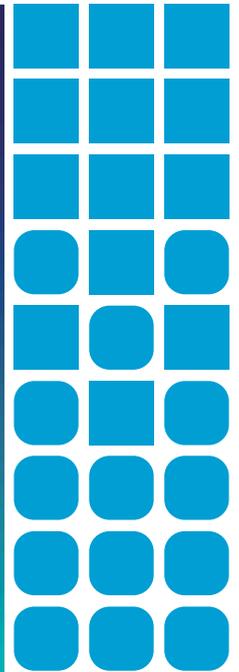
The 2016 Defence White Paper represents the Government's firm commitment to the Australian people that we will keep our nation safe and protect our way of life for future generations.

The Government, through this White Paper, is committed to investing in better health care systems for ADF members, including more medical personnel and improving the links between Defence and DVA to better support current and former ADF members. Additional resources provide for more specialist mental health care for ADF Reservists and their families.

Specific initiatives to improve mental health care and support for ADF members include engagement of an additional six specialist psychiatric trainees and specialists as well as one administrative coordinator within the Services.

Another major initiative is the digitisation of ADF member health records. This will provide clinicians and DVA with access to electronic health records reducing the reliance on paper based records. An information exchange program will also facilitate access for DVA to the Defence eHealth System and will reduce time in assessing claims.

The 2016 Defence White Paper also provided funding to improve the Career Transition Assistance Scheme (CTAS) with a focus on support for members who are separating with less than twelve years' service. In response to this policy two initiatives were implemented – Job Search Preparation workshops and Transition



for Employment. These initiatives will provide separating ADF members with support for job search preparation, career counselling and mentoring and additional assistance for members separating for medical reasons to overcome potential barriers to employment.

DEPARTMENT OF VETERANS' AFFAIRS

The 2017-18 Budget represents a significant increase in funding of \$350 million in support of veterans and demonstrates the Government's commitment to the men and women who defend our nation. The Government has identified key priorities for reform and action in mental health.

The 2017-18 Budget included over \$58.6 million to expand mental health support for serving and ex-serving ADF members and their families, as detailed below.

To improve access to mental health treatment, this year's Budget included a \$33.5 million expansion of the non-liability health care program to cover all mental health conditions. This will mean that anyone who has served at least one day in the full-time ADF can access treatment for any mental health condition under DVA arrangements.

The 2017-18 Budget also provided \$8.5 million to expand eligibility to WCS to the partners and children of current and former ADF members who hold a Repatriation Health Card - Gold or White for an accepted mental health disability and to the former partners of current and former ADF members for a period of five years following separation, or for the duration of co-parenting responsibilities for a minor. Consistent with the expansion of non-liability health care to all mental health conditions also announced in the 2017-18 Budget, this expansion means that the immediate families of all current and former ADF personnel with at least one day of full time service now have access to WCS mental health support services.

To build on existing support, this year's Budget includes \$9.8 million to pilot two new approaches to supporting vulnerable veterans experiencing mental health concerns, including intensive support for at risk clients on discharge from a mental health facility, and expansion of the successful CVC model to include veterans with physical and mental health comorbidities.

The intent of these pilots is for DVA to identify barriers and success factors, health outcomes and evidence for future expansion. The Mental Health Clinical Management pilot will test whether intensive support following a hospitalisation for an acute mental health incident is effective in preventing suicide. The pilot for the expansion of the CVC program will test whether veterans will benefit from enhanced support through a proactive general practice based approach to the

management of comorbid chronic mental and physical health conditions. In testing these models of support, DVA will also collect the evidence necessary to support a national scale-up of the programs, if either or both pilots are found to be successful. Planning for these pilots has already commenced and DVA will work with clinical and technical experts to design service delivery models and identify appropriate pilot sites.

To support veterans with mental health conditions returning to the workforce, the Government will also commit \$6.9 million to provide incapacity payments for veterans with episodic mental health conditions should their ability to continue participating in the workplace prove difficult for certain periods of time.

Funding of \$166.6 million has been provided in this year's Budget to implement the first stage of Veteran Centric Reform, including modernisation of DVA's antiquated ICT systems to provide easier access to DVA services. This funding represents a significant investment to improve how DVA meets the needs of its clients and is a critical part of bringing DVA's ICT into the 21st century. Veterans and their families have indicated that there are problems with the way DVA processes claims and this is impacting on their health and wellbeing. The Government has listened and responded with money to deliver better support and services for veterans, underpinned by digital access, streamlined processes and modern technology.

DEPARTMENT OF HEALTH

In response to the National Mental Health Commission's Review of Mental Health Services, the Government announced a package of reform, commencing in 2016-17, to achieve a more efficient, integrated and sustainable mental health system. Commissioning of mental health services through Primary Health Networks has been an integral part of the reforms with \$1.2 billion being provided to 31 PHNs nationally for the provision of primary and Indigenous mental health and suicide prevention services for 2016-17 to 2018-19. This will see the integration of existing fragmented services to provide better care and a focus on the individual needs of each person. A refocusing of mental health care to a stepped care model will provide the right care where it's needed, when it's needed – shifting the focus away from crisis care to early intervention.

At the 2016-17 Mid-Year Economic Fiscal Outlook Budget update, the Government committed an additional \$194.5 million over four years to strengthen mental health care and suicide prevention. This includes funding for youth mental health, digital mental health as well as twelve suicide prevention trial sites, including one in Townsville which will focus on bringing together





the best evidence-based strategies and models of suicide prevention to better target people at risk, and ensure a more integrated, regionally-based approach to suicide prevention for veterans and their families.

As part of this commitment funding of \$12 million over four years is being provided to Suicide Prevention Australia, who provide national leadership for the suicide prevention sector in Australia, to establish a Suicide Prevention Research Fund and best practice hub of evidence-based resources to support community-based suicide prevention. The establishment of the Research Fund will ensure there is a single, large scale effort dedicated to suicide prevention research in Australia.

The 2017-18 Budget provides a further investment of \$115.2 million for improving mental health. This includes additional funding for community mental health (psychosocial supports), mental health research, assistance to prevent suicide at hotspot locations, and telehealth access for psychological services in rural and regional Australia.

headspace services are also available to young veterans, defence personnel and their families across Australia. The Australian Government funds the headspace network, which provides free or low cost access to youth specific mental health services for young people aged 12-25 years. headspace takes a holistic approach to mental health by also providing support for related physical health, drug and alcohol problems, and social and vocational support. Where headspace is not the best service for a young person, headspace will use established clinical pathways to connect young people to appropriate services.

The headspace program was established in 2006, with services progressively rolled out in a number of rounds. As at 29 June 2017, 99 sites are operating throughout Australia, with an additional site expected to open by the end of 2017. A further ten headspace services will be established by 2019 in line with the Government's policy to Strengthen Mental Health Care in Australia, with a focus on increasing service coverage for young people in rural and regional areas.

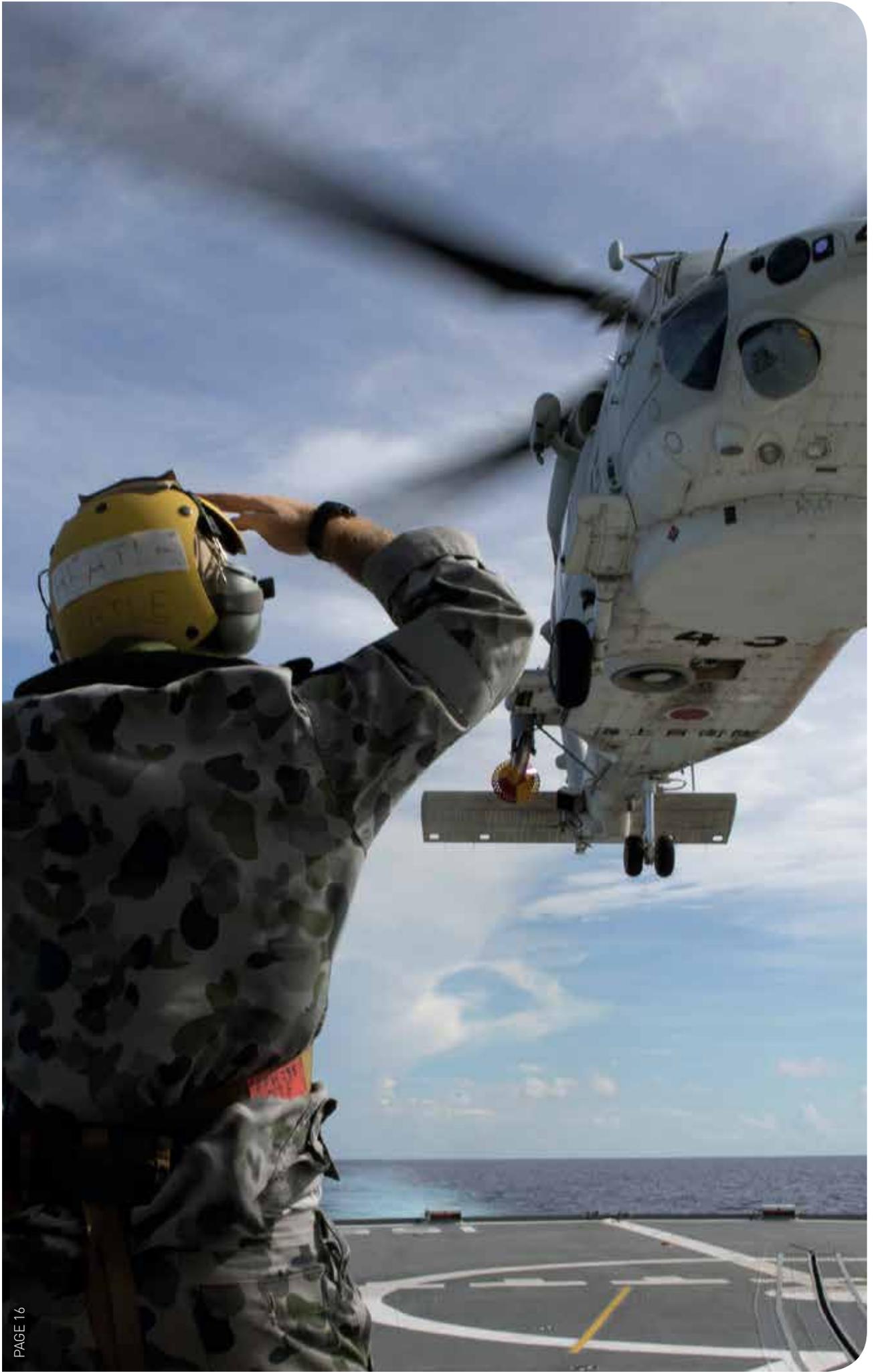
Crisis helplines such as Lifeline form an important element of Australia's strategy to prevent suicide. The Government has funded Lifeline since 2006 and currently funds the national Lifeline office that administers the 13 11 14 crisis support telephone line and online support, as well as suicide prevention activities. The Department of Health provides just over \$10 million a year (GST inclusive) to Lifeline to support the delivery of the 13 11 14 telephone service. Lifeline provides

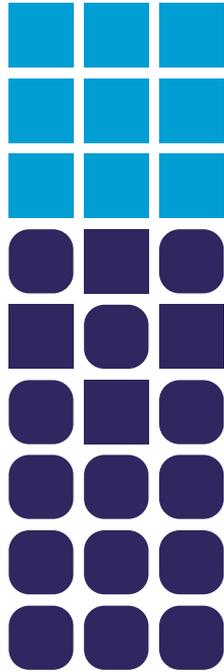
telephone support to well over 800,000 callers per annum and also provides counselling to at least 40,000 clients a year.

The Australian Government invests in a broad range of mainstream mental health and suicide prevention services and/or programs that aim to improve mental health and reduce psychological distress, self-harm and suicide rates. Our veterans, whether serving or ex-serving, live within the wider Australian community and whilst DVA and Defence offer a wide range of treatment and support services to veterans and their families, there are additional mental health support services available within the community. Non-DVA and Defence services are available to veterans and contribute to the prevention of self-harm and suicide as well as provide support in the transition to civilian life and later in civilian life.

The Australian Government through the Department of Health continues to deliver significant investment in mental health and suicide prevention to support the general population with a total investment in 2016-17 of at least \$4.2 billion. Most recently in the 2017-18 Budget, an additional \$115 million was provided for mental health and suicide prevention. Initiatives that have the potential to assist veterans, their families and carers include a new \$9.1 million telehealth measure to improve access to psychologists for people living in rural and remote areas. Further, \$11.1 million is being provided to prevent suicide in specific locations, known as 'hotspots', where suicides can repeatedly occur, with this funding also supporting Lifeline to provide additional crisis response.







SERVING IN THE ADF

Serving in the ADF can provide individuals with a range of unique opportunities and challenges. Life in the ADF provides our serving members with many protective factors for good health and wellbeing, however there are also unique occupational risks associated with military service that can impact on a member's overall health and the wellbeing of family members.

Good mental health in the ADF operates on a continuum, starting with a person's entry into the ADF, their selection, assessment and suitability to the right job, through to preparing them to operate in risky environments. Furthermore, it provides the most effective treatment and rehabilitation if they become ill or injured so they can return to work as soon as possible

RECRUITMENT

There is a comprehensive quality system in place for recruitment medical and psychology assessments. Defence is confident the screening processes are robust and of a high standard. This includes ensuring the health professionals conducting the assessments have the appropriate skills and qualifications and a detailed understanding of the standards and assessment procedures. It includes ensuring there are adequate quality systems and processes in place, appropriate Defence oversight of the contractor including clinical audit requirements, a robust Recruiting Services Contract and performance management framework within the Contract, with ongoing review of in-service training outcomes.

Defence Force Recruiting (DFR) assesses candidates' mental health and psychological suitability for the ADF. ADF recruiting standards were reviewed by an independent senior military psychiatrist in 2015 and found to be of a high standard and with appropriate risk tolerance. A further review of the recruitment processes (both medical and psychology) was undertaken in 2016. The review was undertaken by an independent non-health professional in consultation with subject matter experts in Defence Force Recruiting and Joint Health Command (JHC). This review concluded that current processes and standards within the recruiting and selection process were appropriate and no changes were recommended for recruiting.

The Service Chiefs reaffirmed in 2016 and 2017 that the risk tolerance in recruiting with respect to mental health assessment was appropriate and should be maintained. To assure the processes, standards and decision making within Defence Force Recruiting remain contemporary and continue to meet the expectations of the Services, the current, continuous review methodology by Commonwealth subject matter experts will be maintained.

ADF HEALTH CARE SYSTEM

Maintaining and optimising good physical and mental fitness and health of ADF members is a key component in the overall capability of the ADF. To achieve this, Defence has in place a dedicated health care system, which provides a continuum of care from enlistment through to transition from the ADF.

ADF members are provided with mental health services, treatment and rehabilitation support prior to, during and post-deployment designed to enhance their ability to cope with the challenges of deployment and to improve their capacity for effective transition back into work and family life.

Due to the unique demands of military service the 2011 ADF Mental Health and Wellbeing Strategy is underpinned by a military occupational mental health and wellbeing approach.

In addressing mental health issues, Defence recognises that a shared responsibility between individual ADF members, command, and the Defence health care system is fundamental to strengthening resilience and enabling recovery in a military environment.

Importantly, mental health and suicide prevention considerations are part of Defence command and leadership training, personnel management, and human performance considerations and the way Defence encourages ADF members to look out for each other. This promotes the expectation that mental health and suicide prevention is truly everyone's business, is person-centred and requires a whole of organisation response.

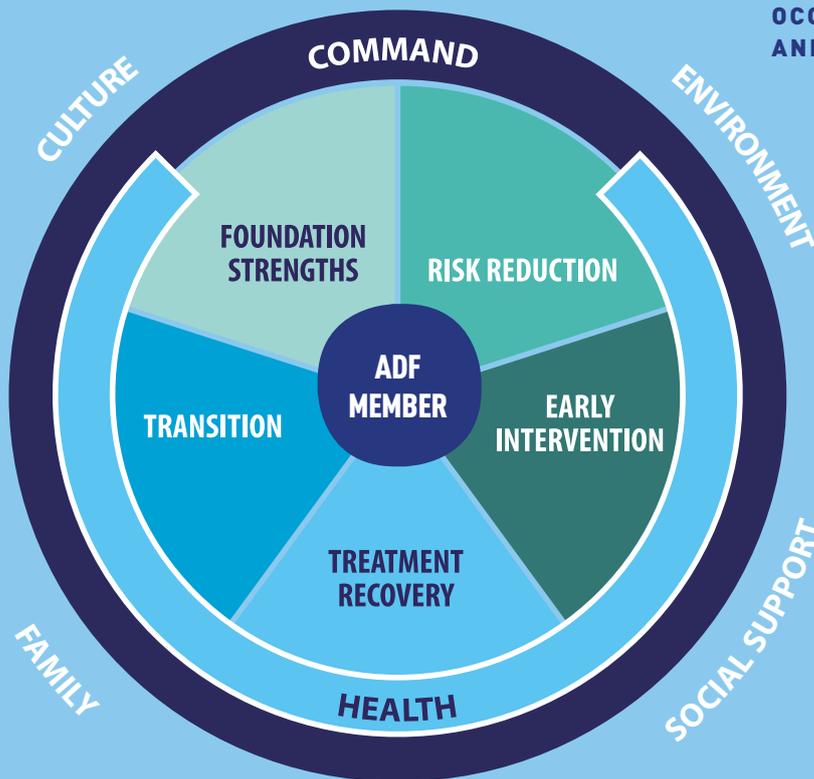


FIGURE #1: MILITARY OCCUPATIONAL MENTAL HEALTH AND WELLBEING APPROACH

FOUNDATION STRENGTHS

- Selection
- Skills
- Knowledge
- Unit climate
- Cohesion
- Leader behaviours
- Resilience building
- Mental health literacy

RISK REDUCTION

- Peer programs
- Surveillance
- Targeted resilience training
- Psychological risk assessment

EARLY INTERVENTION

- Mental Health First Aid
- Mental health screening
- Resilience training
- Psycho-education
- Structured interventions

TREATMENT RECOVERY

- Treatment
- Family engagement
- Clinical and occupational rehabilitation
- Welfare boards

TRANSITION

- Acknowledgement of service
- Identification of risk
- Knowledge of support systems
- Structured transition programs

MENTAL HEALTH SERVICES AND SUPPORT AVAILABLE TO ADF MEMBERS

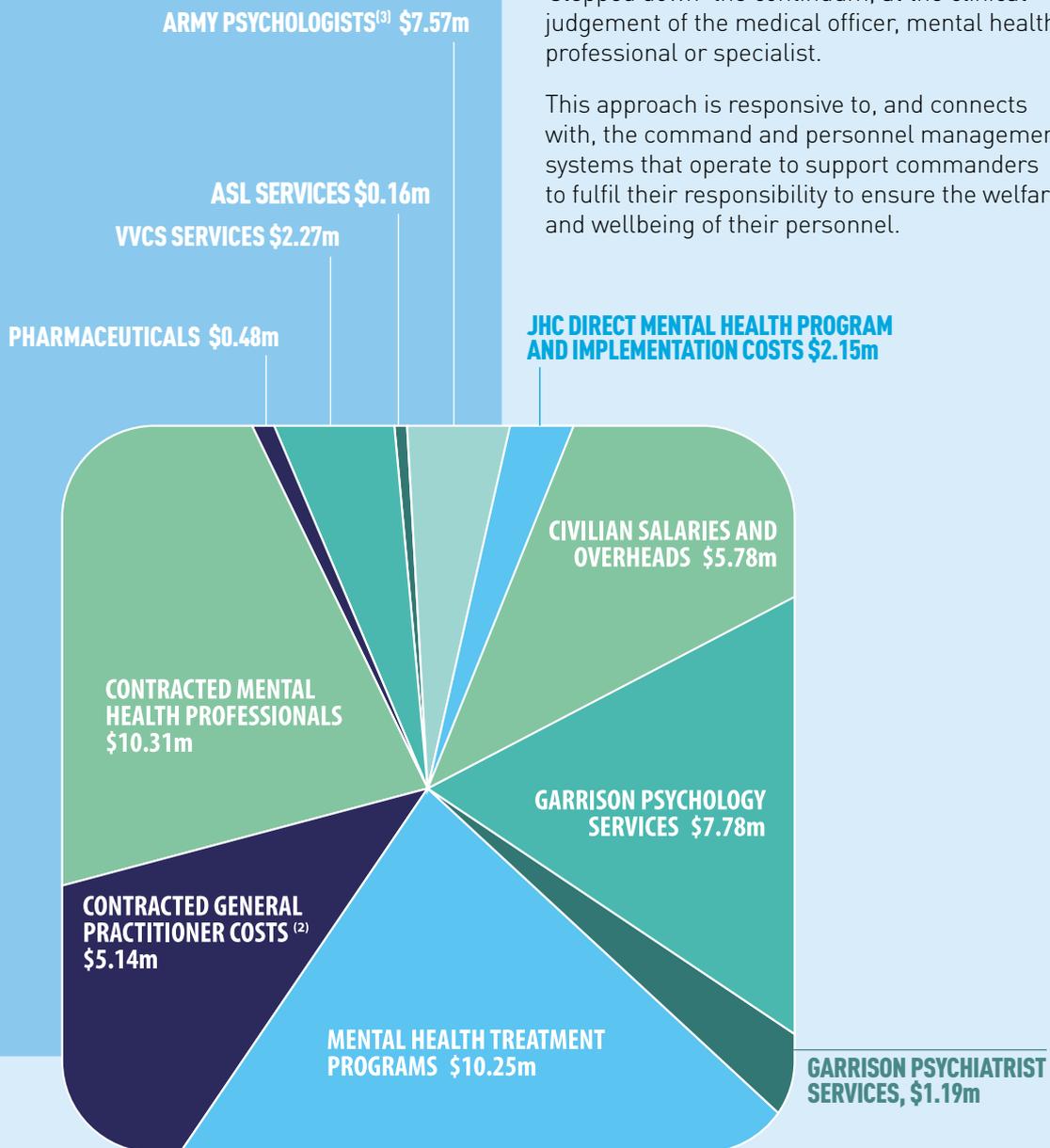
Each year Defence invests around \$53 million on a range of resilience, education, and early intervention and treatment programs, to provide mental health support to ADF members.

Defence provides this mental health support through a stepped model of care, which focuses on building awareness of maintaining good mental health, up-skilling members to identify and manage mental health concerns they or their peers might be experiencing, and providing evidence-based treatment and rehabilitation.

The stepped care model is designed to deliver and monitor treatment to a Defence member so that the most effective and relevant intervention is offered first, addressing the Commission's recommendation 10 to build on the stepped care model. Depending on the member's changing needs and response to the first treatment, they are either 'stepped up' or 'stepped down' the continuum, at the clinical judgement of the medical officer, mental health professional or specialist.

This approach is responsive to, and connects with, the command and personnel management systems that operate to support commanders to fulfil their responsibility to ensure the welfare and wellbeing of their personnel.

FIGURE #2: DEFENCE MENTAL HEALTH EXPENDITURE⁽¹⁾ 2015-16 \$53.07 MILLION



NOTE 1: This expenditure is the total spent by Joint Health Command. It is exclusive of any expenditure by the single Services on Mental Health Education Programs

NOTE 2: Represents the methodology whereby 10% of a Contracted General Practitioner's consultations relate to mental health

NOTE 3: Includes Fulltime Army Psychologists and Examiners providing services to Joint Health Command only





RESILIENCE, MENTAL HEALTH AWARENESS AND PROMOTION

Defence has in place a range of mental health education, awareness and skills training programs in addition to a suite of self-help web based resources that have been developed in collaboration with DVA. These programs and resources aim to reduce the stigma surrounding mental illness and suicide prevention, help individuals better recognise signs of poor mental health in themselves and others, inform about what help is available and how to use various resources, and encourage them to seek help as early as possible no matter the cause of the mental health concern or problem.

Initiatives in place now include mandatory annual suicide prevention and alcohol awareness presentations provided face-to-face and online; the annual ADF Mental Health Day promotion activities in which Defence supports holding conversations about mental fitness and how to support self and others in the workplace; and a number of resilience and mental health skills training programs. These programs target ADF members at different points in their military career to identify and reduce risk factors. They also strengthen protective factors that can impact on mental health and circumstances that lead to thoughts of self-harm and suicide.

Additionally, but targeted at Defence health providers, Defence has implemented a Mental Health Risk Assessment Training Program to ensure greater consistency in the clinical assessment of mental health when ADF members present with mental health concerns or are identified as being at risk of suicide, self-harm or harm to others.

Information about the range of Defence mental health awareness and skills based programs and the range of self-help information and web based or smart phone application tools is also promoted through the ADF Health and Wellbeing Portal 'Fighting Fit' available on both the Defence Restricted Network and Defence Internet site through the JHC homepage. The initiatives outlined, along with Defence's efforts to continually improve and evaluate these programs, address the Commission's recommendation 11 relating to ADF training on mental health awareness and suicide prevention.

PRIMARY CARE IN THE ADF

Mental health and psychology services and occupational rehabilitation services are provided in Defence as an integral component of the overall Defence primary health care system which ensures that a multidisciplinary and holistic approach to mental health care is achieved. Early identification and access to treatment and rehabilitation for mental health issues are key priorities for Defence.

The primary health care system is delivered through multiple local Health Centres and Clinics on ADF bases across Australia. JHC facilities provide access to treatment and rehabilitation through a multidisciplinary holistic approach which includes access to a range of on-base clinicians (medical officers, psychiatrists, mental health professionals, rehabilitation consultants and physiotherapists) and coordinated access to a range of health care services available in the civilian community, including inpatient and outpatient hospital based services or treatment programs.

To support this health care system, Defence has contracted Medibank Health Solutions to supply some of the on-base workforce and facilitate access to off-base services. Under the Medibank Health Solutions contract, Defence has access to 1,873 mental health service providers (285 psychiatrists and 1,588 psychologists).

This includes approximately 44 psychiatrists currently providing services to ADF on a regular basis, of which 11 have previously served in uniform (some of these are currently reservists), 12 are civilian psychiatrists with substantial experience in treating ADF members over many years and a further 21 are psychiatrists with significant experience treating ADF members.

Additional support available to ADF members and their families are the range of telephone helplines that provide triage services inclusive of mental health. These helplines include 1800 IM SICK, the All-Hours Support Line and the DCO Defence Family Helpline. Available also to ADF members and their families is 24/7 access to ADF Chaplains. During the Christmas Stand down period, when there is less contact with the work place, JHC through the All-Hours Support Line provide a planned call back service to nominated serving members who are assessed as requiring additional support during this period.

When members are deployed on operations they have access to mental health services that are tailored to the requirements of the operation and are based on the premise that members deploy at a high degree of health readiness. At a minimum, primary health care services are available, either integral to the Australian contingent or provided by coalition partners. Larger operations will have embedded ADF mental health providers deployed as part of the force.

CLINICAL TREATMENT SERVICES

When members are not operationally deployed the full range of mental health services are accessed and coordinated through the primary health care services in JHC facilities, with specialist second opinion support from the ADF Centre for Mental Health and from off base psychiatrists and specialist mental health treatment programs in the community.

There are a number of clinical services provided through the Mental Health and Psychology Service within JHC facilities. Services include an Intake Assessment, Case Allocation and Treatment, and Case Monitoring and Review. The Intake Assessment provides a dedicated triage service for entry into mental health and psychology services. Case Allocation provides a structured approach to allocating mental health referrals for further assessment and treatment.

This model provides a multidisciplinary approach to making determinations regarding the best treatment pathway based on the ADF members' presenting issues and case review. The Case Review process provides a structured approach to the ongoing monitoring of ADF members involved in mental health treatment, regardless of whether services are delivered internally or externally.

The mental health, psychology and rehabilitation services in JHC are increasingly provided in coordination with Defence Chaplaincy and the Defence welfare agencies including DCO and single Service commands. The close working relationship between health, welfare and command is vital to the effective delivery of member centric, family sensitive and command responsive mental health services. Accordingly, these agencies continue to improve on the provision of coordinated services.

Defence also refers ADF members to VCS through the Memorandum of Understanding between Defence and DVA for counselling on a fee for service basis. This referral arrangement has been operating since 2005 and has been the foundation for promoting access to VCS amongst serving members and their families.

COMPLEX AND ACUTE CARE

To manage more complex cases, a case management process has been implemented which adopts a standardised and nationally consistent approach to patient management for complex cases via Health Care Coordination Forums. These Forums ensure health care is holistic and coordinated. Where in-patient care or comprehensive extended treatment programs are required, these are accessed through the most appropriate civilian specialist centre or inpatient service. This includes referral to DVA accredited hospital based Trauma Recovery Programs for those serving members diagnosed with Posttraumatic Stress Disorder (PTSD).

In recognition of the difficulty in accessing in-patient mental health services in some locations, Defence has sought to purchase guaranteed access to beds. For example, Defence has purchased two ADF dedicated mental health in-patient beds in the Townsville Private Clinic and is currently finalising arrangements to purchase a mental health in-patient bed in Albury Wodonga Private Hospital.

OPERATIONAL MENTAL HEALTH SCREENING

Defence recognises that war, warlike, peacekeeping and peacemaking operations may expose ADF personnel to significant risk factors for the development of mental health problems and mental disorders. Defence therefore provides operationally focused physical and mental health promotion, prevention and early treatment services for all such deployed forces. This preparation and mental health screening prior to returning to Australia and then three to six months post return from deployment, aims to assist ADF members to deploy, perform their operational duties effectively and then return to work, family and private lives with minimum disruption.





NON-OPERATIONAL MENTAL HEALTH SCREENING

A recent project to improve early detection of mental health issues is the Mental Health Screening Continuum (MHSC). Defence recognises that ADF members who do not deploy are equally at risk of developing mental disorders as those who deploy. The MHSC includes a Periodic Mental Health Screen (PMHS) which will be provided to ADF members at primary health care centres to allow early identification of symptoms of depression, anxiety, trauma and alcohol related issues. It is anticipated this project will lead to improved early intervention through early detection. The PMHS has undergone a successful trial and plans are being developed for a national implementation.

WHAT ARE WE DOING TO IMPROVE MENTAL HEALTH SERVICES AND SUPPORT TO SERVING ADF MEMBERS?

The Government is committed to ensuring current and ex-serving ADF members have access to the right kind of mental health support, at the right time.

All Defence mental health programs will be monitored and evaluated through the Defence Mental Health & Wellbeing (MH&WB) Continuous Improvement Framework (CIF). This will inform Defence as to whether the activities being provided are contributing to positive outcomes for Defence personnel in an efficient and effective manner, and identify opportunities to engage in continuous improvement on our programs and services. From July 2017, the CIF will be implemented on priority programs across Defence, one of the first being the suicide prevention program, and then progressively implemented over the life of the 2018-2022 Defence Mental Health & Wellbeing Strategy. This will address the Commission's recommendations 12 and 15 that Defence evaluate the effectiveness of its mental health programs.

RECRUITMENT

As recommended by the Commission (recommendation 7), Defence will seek to address perceptions regarding the quality of recruiting processes and decision making. Defence Force Recruiting (DFR) is developing a targeted communication strategy to specifically inform key Defence personnel regarding the DFR organisation, the DFR contract framework, the delivery of recruiting services and the level of Defence oversight in place.

BREAKING DOWN BARRIERS TO CARE AND STIGMA

Stigma is a considerable and consistent barrier to people accessing care. It is an issue that affects the Australian community as a whole, not just the ADF and ex-service community, although the Review identified that ADF members may experience increased stigma due to a perception that admitting a mental health issue may impact on their career.

Defence already has in place significant mental health awareness initiatives that target the stigma surrounding mental illness. These include web based information, mandatory awareness training for all ADF members, mental health input to command and leadership training, and national initiatives such as the Annual ADF Mental Health Day and activities throughout the month of October each year. Defence continues to work towards more options of awareness training that will address the known barriers to care, and prevent stigma related issues. A more thorough review of the mandatory awareness training will be conducted by the ADF to enhance mental health awareness. This will include reviewing options for inclusion of stories of lived experience, as well as reviewing other options to improve engagement.

Defence will explore options to increase peer support to address the concerns raised in the Commission's recommendations 4 and 9 (providing improved support within each ADF unit to assist cultural change to occur and support those who may be at risk of suicidal behaviour). A Peer Support worker concept will be developed to incorporate informal peer support, formal peer delivered programs, and an integrated peer workforce. Lived experience of both military service and mental illness will be preferred. The peer support worker positions will be developed within units or bases and supported by the JHC Regional Mental Health Services.

IMPROVED SERVICE DEVELOPMENT

While an extensive service system exists to support ADF members and their families, this system must continue to improve, so that it can support the mental health of ADF members into the future.

Defence and DVA will undertake a mapping exercise of all mental and social health services against the stepped care model to address the Commission's recommendation 10 to continue to build on the model. This mapping exercise will seek to identify weaknesses in each of the respective service offerings, and provide an evidence base upon which each agency can continue to strengthen the range of services available to current and ex-serving members.

The Medical Employment Classification (MEC) System will be reviewed as part of a scheduled review of the Military Personnel Policy Manual to ensure that it remains fit-for-purpose in the contemporary environment. This review will support the Commission's recommendation 17 that improvements be made to ensure support ADF members whose current mental health concerns necessitate a period of alternate duties. The review is due for finalisation by the end of 2017.

The ADF Rehabilitation Program assesses the need for occupational rehabilitation for members of the permanent ADF and coordinates and monitors continuity of care through dedicated rehabilitation consultants. Rehabilitation consultants work closely with the ADF member, commander, supervisor and health professional to deliver a structured and monitored rehabilitation program.

Defence will continue to hold workshops and forums to seek further improvement in the effectiveness of Defence's processes across the rehabilitation-transition continuum. In addition, Defence will identify industry based training, development and placement/employment opportunities for rehabilitating members.

JHC has been progressively developing the ADF Centre for Mental Health (ADFCMH or the Centre) as a national centre of excellence to support improvements in military mental health care. Through the Centre, JHC has developed a robust program of specialist consultation and clinical advice, programs in early intervention, mental health and risk assessment for defence health providers, established a small program of clinical supervision and piloted a number of trial clinical interventions relating to PTSD treatment. In this work the Centre has established effective internal and external partnerships to support research into effective and quality interventions.

To address the Commission's recommendation 14 regarding the advantages of national centres of excellence across defence regions, JHC will expand the role of the ADFCMH to fully realise its function as the ADF centre of excellence for mental health and rehabilitation. The ADFCMH will incorporate the current program offered by the Intensive Rehabilitation Team. The ADFCMH will implement a hub and spoke model of operation with JHC Regional Health Services, external specialist providers and researchers.

By working with the JHC Regional Health Services and external expert partners the Centre will strengthen and extend its current efforts to support specialist military mental health communities of practice; provide technical advice for use of evidence based mental health and rehabilitation interventions; support mental

health workforce through training and clinical supervision; and provide specialist advice to Defence health providers and command.

As an example, the ADFCMH will be the collaboration point for Defence into the Centenary of Anzac Centre, a \$6 million Government initiative through Phoenix Australia – Centre for Posttraumatic Mental Health, which will provide expert clinical advice to mental health practitioners supporting veterans with mental health conditions.

In relation to the Commission's recommendation 13 regarding further enhancement of specialist mental health expertise within the ADF, the 2016 Defence White Paper People Initiatives include the engagement of six permanent ADF specialist psychiatric trainees and specialists as well as one administrative coordinator within the services. The intended results are:

- enhanced psychiatric services to members and their Commanders
- improved potential to deploy enhanced mental health services into operational environments
- improved research into mental health outcomes and interventions
- improved clinical and administrative policy related to mental health treatment.

Through the ADF Health Services contract (ADFHS), Defence has established two on-base Psychiatrist Clinics in Townsville and Brisbane, with a further two additional on-base psychiatrist clinics under negotiation for Canberra and Darwin. In addition to providing psychiatric services to ADF members, the clinic psychiatrist provides support to the Health Care Coordination Forum and specialist consultation to the on-base health professionals.

Defence has established the Next Generation Health Services Project which incorporates the procurement of the next ADFHS contract scheduled to commence in November 2018 and the review of the Service Level Agreement between Vice Chief of the Defence Force (VCDF) and the Service Chiefs. It is expected that the next iteration of the ADFHS contract will further enhance access to specialist and allied health services nationally and specifically in remote locations, enhance access to mental health in-patient beds and improve mental health service provider reporting.

As part of this process a specific Defence/DVA working group is identifying synergies between the DVA and Defence Health systems.

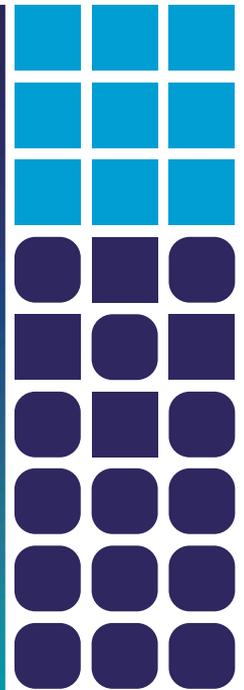


CURRENT SERVING CASE STUDY



SCENARIO

ALEX JOINED THE ADF FIVE YEARS AGO. DURING HIS SERVICE, HE WAS DEPLOYED TO AFGHANISTAN FOR SEVERAL MONTHS. IN THE LAST COUPLE OF MONTHS, ALEX HAS BEEN DRINKING HEAVILY AND HIS RELATIONSHIP WITH HIS PARTNER, CHRIS, HAS BROKEN DOWN.



CURRENT

MENTAL HEALTH SCREENING

Alex received mental health screening prior to returning from his deployment and was advised to arrange the usual follow up screening in three to six months with his local JHC mental health service. Due to other priorities he forgets to arrange his screen which results in a missed opportunity for Alex to receive early intervention appropriate to his current need. As a result Alex's mental health symptoms become more severe and have greater and longer lasting impact on his career and future.

WELLBEING

Alex is currently living off base, at a friend's house and his alcohol intake has increased. He is becoming increasingly isolated from his friends and work colleagues. Alex's usual good work performance has declined but he is reluctant to ask his supervisor for help as he believes it may impact on his career.

FUTURE

MENTAL HEALTH SCREENING

Feeling unwell, Alex attends an appointment with a medical officer and through his electronic health record it is identified that he has not had a recent mental health screen. The medical officer conducts the screen and based on Alex's level of distress, refers Alex to his local mental health service for an assessment of his current needs. As a result Alex receives early intervention for his mental health symptoms and the impact on his career and future is shorter and much lessened.

WELLBEING

At work, a peer support worker, from his Unit approaches Alex noting that he appears to be struggling at work. The peer support worker facilitates Alex to see a mental health professional, provides ongoing support at work and helps Alex to advise his supervisor of his situation. After a few weeks, Alex tells the peer support worker that he is engaged in regular counselling sessions and is feeling more confident about his future and career.



EMPLOYMENT

Alex's continued decline in work performance results in his commander referring him for a mental health and risk assessment. He is accompanied to the health centre for the assessment which provides the commander recommendations for how to manage Alex in the workplace. Alex fears this assessment will cause problems with his career and feels unsupported by the referral process.

FAMILY

Alex's parents become increasingly concerned at his withdrawal from his family and his apparent increase in alcohol consumption. They are not aware of what they can do to support him or who they can contact in Defence about their concerns. They feel unable to help Alex and angry towards Defence about being excluded. Chris also feels excluded and unsupported and believes there is little chance to reconcile their relationship.

MENTAL HEALTH AWARENESS

Alex continues to be socially withdrawn. One evening, he declines an invitation to go out with his work mates. Later that night, one of the mates receives an SMS from Alex that concerns him, but is unsure about what to do. Alex's mate goes to Alex's house and finds him unresponsive and surrounded by empty alcohol bottles. He calls 000 but is unsure if this was the right thing to do and fears for Alex's future.

EMPLOYMENT

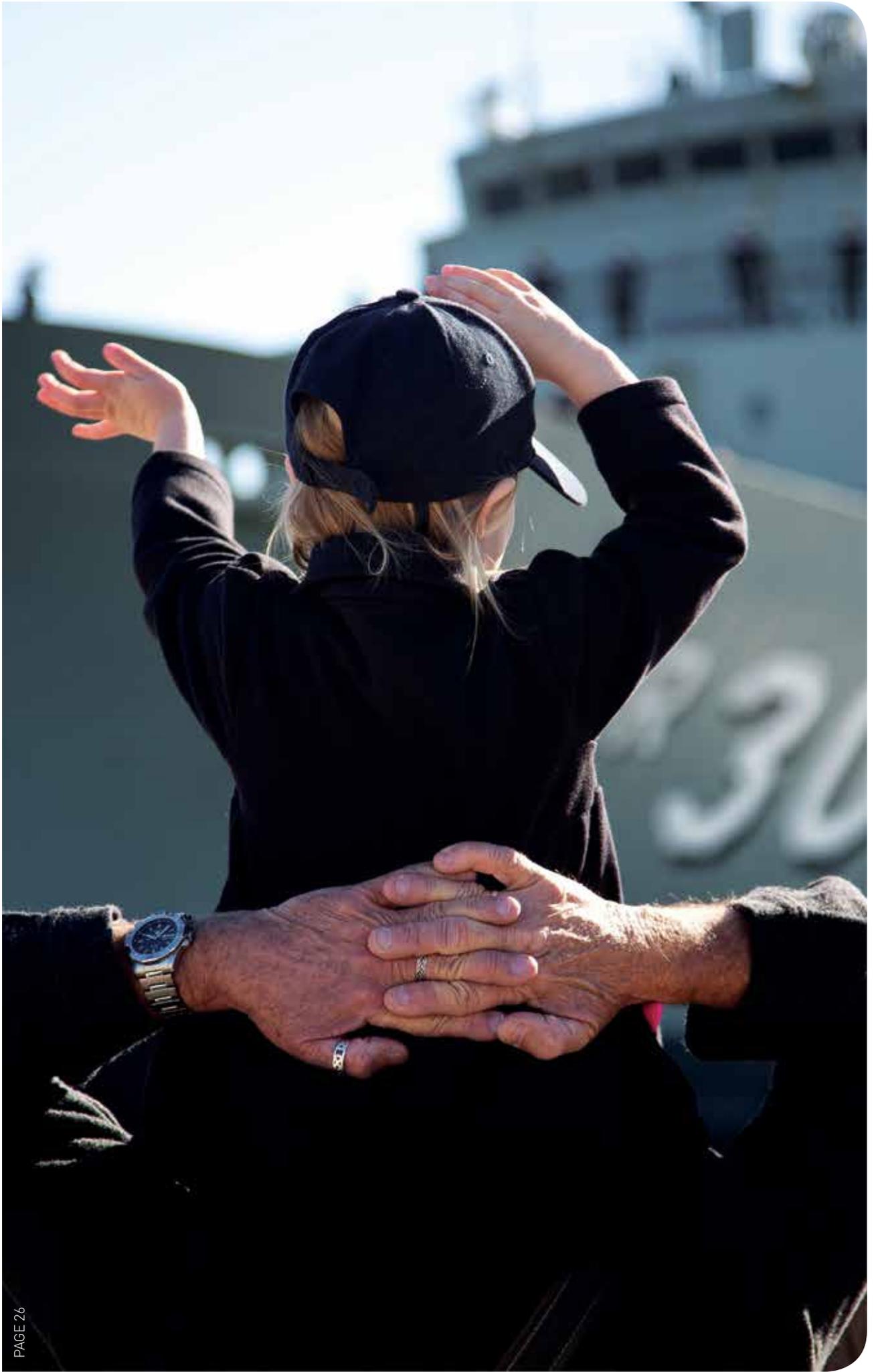
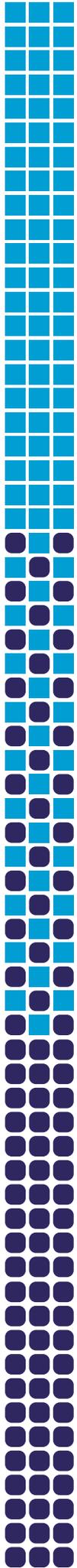
Alex's commander discusses options for supporting him in the workplace, including a mental health referral for specialist input.

FAMILY

Alex's mental health professional conducts his initial assessment and identifies that his parents are a potential support for his ongoing treatment. Alex gives his permission for his parents to be involved in his treatment plan and to have contact with his Commander. From talking to Alex, the mental health professional identifies that Chris may benefit from support through WCS and Alex gives permission for Chris to be contacted as well. Alex's parents and Chris are put in contact with the Defence Community Organisation to address their own concerns, and Alex's parents are encouraged to attend Alex's treatment sessions when appropriate. Alex's parents feel included and better able to support Alex, and Chris is more positive about their relationship future. As a result Alex feels more connected and positive about his own future.

MENTAL HEALTH AWARENESS

Alex's mates are leaving work for the evening and say "see you tomorrow" and he responds with "maybe". From their mental health awareness training, Alex's mates realise something is not right. They express their concern and after further exploration directly ask if he has plans to self-harm. Alex does not answer but is clearly upset so his mates stay with him and take him to the local health centre. After getting some support, Alex expresses his thanks to his mates for their support and they all feel more confident about the future.



“Transitioning to civilian life is a big shock, there is a lot to prepare for, a lot to organise and a large cultural shift”

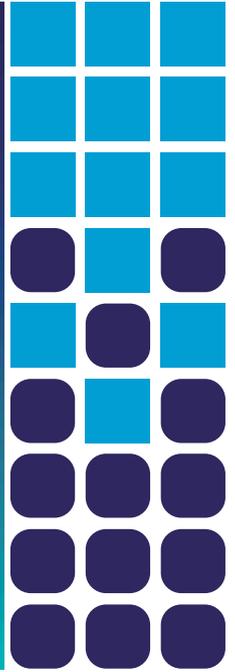
TRANSITIONING FROM THE ADF TO CIVILIAN LIFE

At some point in their career, all military members will transition out of the military and back into civilian life. Transitioning ADF members move from a highly regimented and directed environment to one where they become individually responsible for all aspects of their life. While most members make the transition with relative ease, others, particularly those who have developed mental health conditions or have significant physical disabilities, may struggle with the adjustment to civilian life. The Australian Government recognises that the transition from the services into civilian life can be very challenging for some members and in some cases, negatively impacts on the family supporting the defence member.

WHAT DOES TRANSITION LOOK LIKE?

Each year about 5,500 people transition out of the ADF and each individual's transition experience will be different including: the reasons for leaving; their willingness to leave; their length of service; and their level of preparation for civilian life. A large number of transitioning members do so voluntarily, however, some members do not, such as those separating for medical reasons (around 900-1000 each year); recruits who for a number of reasons do not complete their initial training (around 600-700 each year); as well as members separating through redundancy, reaching compulsory age retirement, for disciplinary reasons and administratively.

The process of transition is a key intersection point for Defence, CSC and DVA. Transition from a Defence perspective is largely a process by which members leave the ADF with support to assist their future lives. From a DVA perspective it is often the point at which responsibility starts for care and support of those who need it. From a CSC perspective it is a time of superannuation benefits to be calculated and finalised. DVA, Defence and CSC all recognise that transition can be a very challenging time for a small proportion of ADF members.





WHAT HAPPENS DURING TRANSITION?

Despite the uniqueness of each individual member's transition, there are common challenges faced by all members who leave the ADF. Following discharge, members and their families may be dealing with significant changes to many aspects of their lives. They may be moving to a new location, as well as needing to find civilian employment and find a General Practitioner as a new health care provider. They may also be facing change and disruption in family networks and social relationships.

Although most ADF members transition successfully, many members find the process challenging and some members experience significant difficulties. While there are difficulties for some in navigating the DVA claims process and the handover of health care from military provided health care to civilian based medical care, others seek assistance in areas such as finding fulfilling employment and more generally connecting with society and the community outside their former Defence service.

"I think for any Military personnel in a similar position, my advice would be to really think about what you want out of life and what makes you happy and make that a strength, try and build on that and see if you can build that into your occupation or into your own life."

Defence has a team of ADF Transition Officers located across 13 Transition Offices nationally to support and prepare ADF members for their transition. During transition, members are encouraged to bring their partner and/or a support person such as a chaplain, rehabilitation officer, or medical support coordinator to activities. This ensures that they are not overwhelmed with the level of information provided and that someone in their life, whether it be a family member or a support officer, also understands and can help with the multiple processes involved in transition.

SUPPORT SERVICES TO MEMBERS AS THEY TRANSITION

A more holistic view would see transition in terms of outcomes for the veteran, rather than successful completion of the transition process. Defence will increasingly target its efforts towards those most in need based on criteria such as continuity of healthcare, finding employment and social connectedness. Those criteria, while valid for all, are more critical for a smaller percentage of members, including those whose transition is significantly complicated by health considerations, including mental health difficulties and those who separate involuntarily. Also, successful transition should be considered to include success for the former member's family in the areas of spouse employment, children's education, housing and financial security.

HEALTH CARE AND COMPENSATION IN TRANSITION

During transition, Defence has the responsibility to provide health care up to the date of transition. Post transition this responsibility shifts to civilian health care services and if relevant, health services paid for by DVA. This can create uncertainty and worry for some Defence members. During transition, Defence in consultation with health providers, arranges civilian health care services if the member has ongoing health care needs. This includes identifying prior to transition a civilian general practitioner, a general dentist and any other specialist that is required in order to facilitate handover of health records and/or current health care.

In the six months prior to transition all ADF members attend a number of health examinations that aim to help the member to identify any potential current or future health care needs that can be communicated to civilian general practitioners to improve early interventions and assist continuity of care post transition. These examinations can help members being medically separated to provide the appropriate medical evidence to the CSC to assist to determine the member's level of capacity and corresponding benefits.

In order to access services from CSC and DVA, members are often required to undergo further medical assessments and provide additional medical information. This can cause frustration for separating members when they feel they have to undergo multiple medical assessments for the same conditions and provide the same information a number of times.

For ADF members who are seeking rehabilitation, compensation or health care through DVA at the time of transition there can be some complexity involved in obtaining medical evidence to support the claim. To streamline the process and assist the member, a complete copy of their health record can be provided to them at Transition or the Defence / DVA Single Access Mechanism (SAM) will act on behalf of the member and seek the required service or health records to support the claim.

The On-Base Advisory Service (OBAS) is also available to ADF members while transitioning to provide information on entitlements, help identify potential needs, facilitate access to DVA services and assist with lodging any claims. DVA is also working towards a national model to enhance the DVA OBAS to further promote and assist ADF members in accessing services and to work with ex-service organisations (ESOs) to support ADF members during transition.

These initiatives are important to help streamline and facilitate the claims determination process for members transitioning from the ADF with immediate health care and income support needs.

The Government has announced the extension of non-liability health care for all mental health conditions via a DVA White Card to all veterans and serving ADF members regardless of the length of service. This will enable early mental health care without the need for a compensation claim to have been lodged and this care is available for life.

"We don't want compensation straight up, what we want is access to mental health services for the rest of our lives."

EMPLOYMENT AND CAREER TRANSITION

"When I was ready to return to work I was looking at going into the mining industry. I did have Bobcat experience but never officially had a ticket, so I was supported by DVA to get my Bobcat license as part of my rehabilitation program. Back in the days when I was in a Bobcat you didn't need a ticket, you were just shown how to do it and away you went. Since then I've also got qualifications for using heavy vehicles like dump trucks and excavators as part of the DVA rehabilitation program."

The Government recognises the critical importance of transitioning ADF members having access to fulfilling and challenging career and employment opportunities to ensure a productive and successful transition to civilian life.

The Prime Minister's Veterans' Employment Program aims to raise awareness of the unique skills and experience that veterans can bring to organisations and promote greater employment opportunities in the business community. Under the program, an industry-led Industry Advisory Committee has been established to develop and provide advice on practical measures to embed veterans' employment strategies into the recruitment practices of Australian business. \$2.7 million over four years was announced in the 2017-18 Budget for the program. The Commission in its recommendations 3 and 8 highlighted the importance of labour force participation to health and wellbeing and this additional funding will help to create employment opportunities for veterans.





As part of the program, DVA is also establishing an ESO Industry Partnership Register to enable ESOs to register their interest in partnering with industry on projects to promote the employment of veterans. Industry will be able to access this information when they are seeking a partner to assist in the creation of employment opportunities for veterans. A website is being developed to consolidate information on veterans' employment, including links to resources such as the jobactive website. The Industry Advisory Committee on Veterans' Employment has a working group that is considering the issue of spousal employment for serving members. The outcomes from this working group will be included in a report from the Industry Advisory Committee to the Minister later in 2017.

Separately, DVA and Defence provide a number of support programs to assist transitioning members to secure civilian employment. DVA provides vocational rehabilitation as part of DVA's 'whole of person' rehabilitation program. In order to improve vocational rehabilitation, DVA has undertaken two phases of the Veterans Employment Assistance Initiative (VEAI) to identify opportunities to improve vocational rehabilitation.

The Defence Career Transition Assistance Scheme (CTAS) provides skills training, resume development, career coaching, approved leave to undertake job search activity and financial advice. Defence is currently reviewing the Scheme to make access to the program easier while redirecting resources more towards those members who are recognised as being at higher risk; even if a formal assessment has not been undertaken.

In the 2016 Defence White Paper funds were allocated to improve CTAS with a focus on support for members who are separating with less than twelve years' service. In response to this policy two initiatives were implemented – Job Search Preparation workshops and Transition for Employment.

Job Search Preparation workshops teach members valuable job seeking skills for the civilian market and provides career coaching sessions. Defence is working to make these workshops available in a virtual model to improve access for all members including those in rural and remote areas, recruits and those who have lost their

employment following separation. The goal is that all separating ADF members have the opportunity to attend a Job Search Preparation workshop and obtain a number of professional career counselling opportunities to supplement the coaching and mentoring available through the ADF Transition Centres.

Transition for Employment is a new program to assist people separating for medical reasons to overcome potential barriers to employment. This program will address the Commission's suggestions about early planning for transition and ensuring a greater role is available for peer workers and ESOs to support transition. While this program is still in the investigative stage, options being considered include: work familiarisation placements prior to separation; a post separation medical forum with a focus on overcoming barriers to employment; on the job and workplace mentoring for the initial employment phase for people separating medically; and job brokerage payments to place the most disadvantaged separating members into work. In addition, Defence will be looking at how to form better partnerships with ESOs and other government agencies. This program will be available for up to twelve months following separation and provides additional levels of support targeted to those members who are separating for medical reasons and aims to maximise employment opportunities.

These employment and career initiatives underpin the Government's priority to support veterans in their transition to civilian life, including assistance to find meaningful and sustainable civilian employment.

WHAT ARE WE DOING TO IMPROVE THE TRANSITION FROM MILITARY TO CIVILIAN LIFE?

The most recent results from the AIHW study on the incidence of suicide among serving and ex-serving ADF personnel indicate that the approach to suicide prevention in the ADF appears to be having a positive impact and is protecting individuals from suicide. However, once the protective factors of the ADF are lessened after transition, ex-serving men with one or more of the following characteristics; aged under 30 years, discharged involuntarily, having less than one year of service, and not holding a Commissioned Officer rank at discharge, appear to be more vulnerable.

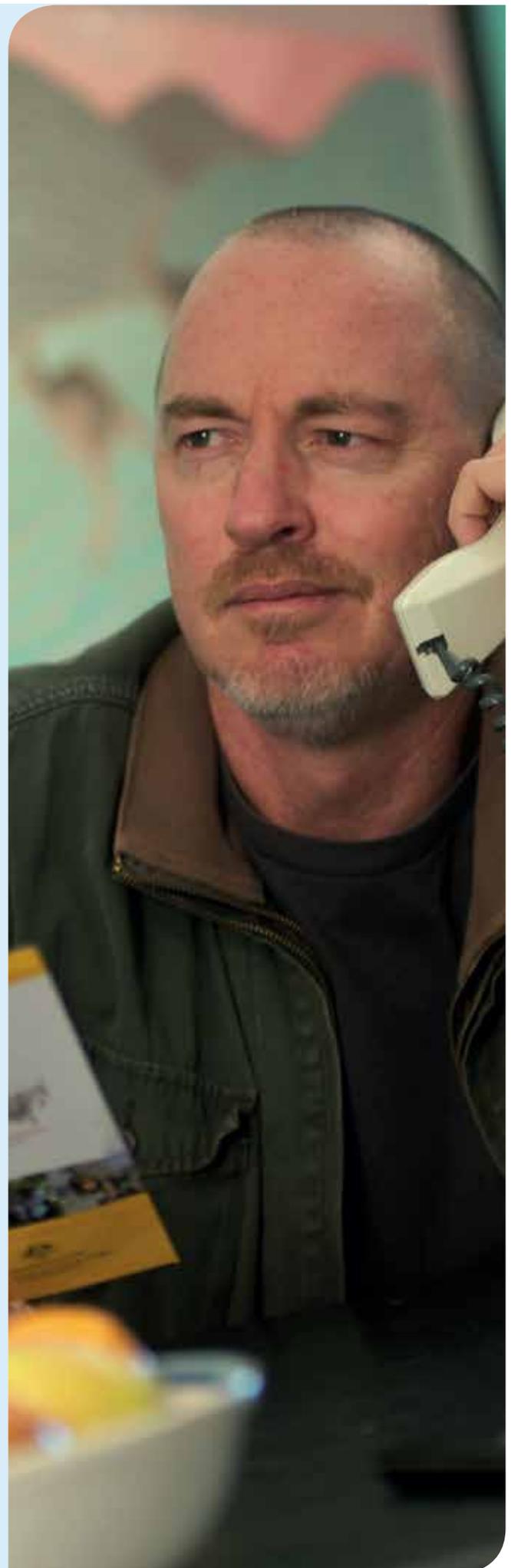
The Government is committed to making improvements to the transition process to deliver tailored support to meet the complex needs of transition and provide targeted interventions for those at risk of suicide. (See recommendation 8 by the Commission).

It is acknowledged that transition from military to civilian life needs to be as smooth as possible to reduce stress and give members and their families a launch pad to succeed at the next stage of their lives. DVA in partnership with Defence and CSC, is exploring all opportunities to reduce the challenges veterans and their families face during transition and to identify interventions that may reduce the risk of self-harm and suicide.

DVA is listening to the feedback from veterans and families of the challenges and struggles experienced during transition and is committed to making changes to improve the system and processes to make it seamless for transitioning members. DVA recognises that members transitioning today are largely of employable age, many have young families, and their future wellbeing rests on a successful transition from the ADF into employment and the community. DVA has found it difficult to meet the needs of these current and future clients due to DVA's administrative practices and systems being outdated. Change is urgent both for the younger clients and for all veterans and war widows/ers who rely on support from DVA.

The Government has been listening to the needs of veterans, particularly those that have recently transitioned from the ADF, about the need for more integrated, efficient and client-oriented services.

In last year's Budget 2016-17 the Government invested \$24.8 million to develop a comprehensive plan to transform DVA, known as the Veteran Centric Reform program, to address outdated administration practices and ICT systems to enable improved services for veterans and their families.



VETERAN CENTRIC REFORM

The goal is to change DVA's culture, operating model, and business processes and systems to provide veterans with the best possible services. Through this transformation, DVA will place veterans and their families at the centre of everything it does, by reducing the time taken to process claims, improving transition, improving communication, improving DVA's organisational culture and strengthening support to families, which have been identified as priorities by veterans, their families, ESOs, DVA staff and other stakeholders. These systemic issues have also been echoed in the Commission's Review that includes recommended changes to DVA systems, communication and support, and claims processing.

In recognition of the importance of transforming DVA, the Government provided an additional \$166.6 million in the 2017-18 Budget to implement the first stage of VCR, allowing DVA to begin work to deliver better support and services for veterans, underpinned by digital access, streamlined processes and modern technology.

STRATEGIC PILLARS

At the core of VCR is a commitment to improve the delivery of services to veterans through four strategic pillars, created to ensure program outcomes remain true to the principles underpinning VCR.

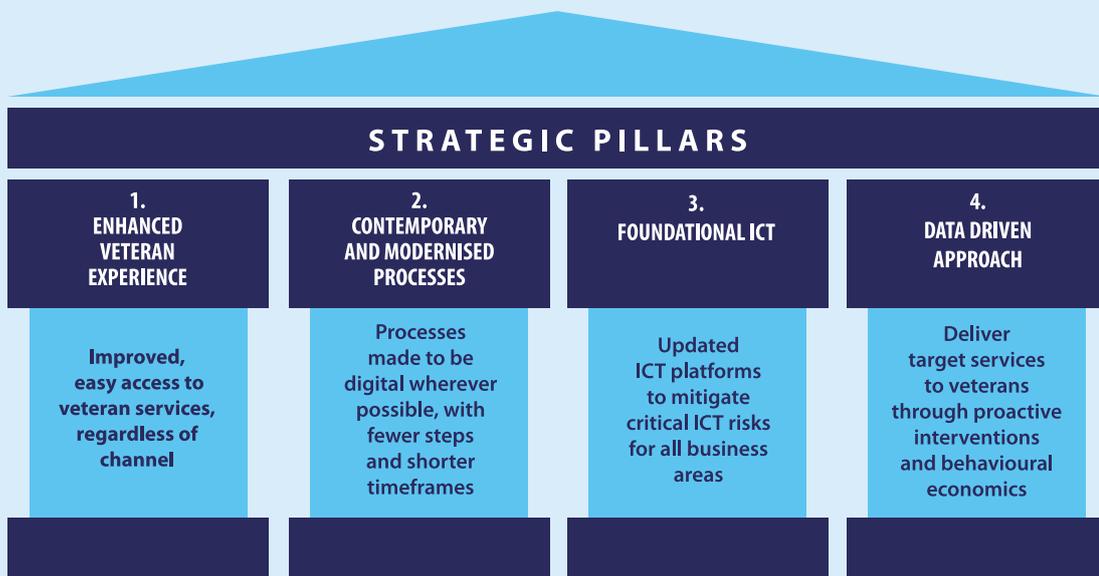


FIGURE #3: VETERAN CENTRIC REFORM (VCR) STRATEGIC PILLARS

The four VCR Strategic Pillars shown above ensure that the implementation of reforms aligns to the principles underpinning VCR.

- **Enhanced veteran experience** - implementing an improved, easy access to veteran services, regardless of channel
- **Contemporary and modernised processes** - processes will be digital wherever possible, with fewer steps and shorter timeframes
- **Foundational Information and Communications Technology (ICT)** - update ICT platforms to mitigate critical ICT risks for all business areas
- **Data driven approach** - provide services to veterans through proactive interventions and behavioural economics to deliver targeted assistance that will support veterans to lead healthy and productive lives.

DVA will continue to work in close collaboration with veterans, their families and other Government partners to design a future business operating model that puts the veteran at the centre. A wide range of activities have already commenced including workshops and direct in-depth engagement with current serving and former serving ADF members and their families, designed to provide DVA with a detailed understanding of their needs and service delivery experiences. This dedicated engagement work involving a wide range of DVA clients and stakeholders is an integral first step to implement co-design as recommended by the Commission (recommendation 2). Overall, the transformation initiatives underway will ensure DVA is best equipped to meet the challenges of the future, and provide veterans and their families with the best possible service.

COMPENSATION CLAIMS SYSTEMS

“My experience with DVA has actually been pretty good. I’ve had the liability accepted. I’m receiving treatment for my injuries. What wasn’t good was the paperwork. I have more experience with paperwork than the average soldier. It wasn’t intuitive”

Veterans and their families have expressed their concerns about the complexity of DVA’s claims system, the lengthy time to process claims for income support and compensation, and the requirements to provide evidence to support these claims. Members, veterans and their families have provided many examples of their personal experiences where the process of lodging claims with DVA has been frustrating, distressing and has negatively impacted on the health and wellbeing of the member and family members. DVA has been listening and recognises that the system needs to improve.

Sustained attention has been given to the Time Taken to Process (TTTP) for ‘initial liability’ claims, which has seen a reduction in TTTP across all of the relevant Acts. Initial liability is the time between a veteran submitting a claim for a condition and DVA accepting that this condition relates to the veteran’s military service, which can take a significant amount of time.

One of the reasons for extended TTTP is that DVA staff have to use multiple systems to process claims, most of which are antiquated and very manual in nature. To begin addressing this issue, in July 2016 DVA began the Improved Processing System Program which aims to redesign and rebuild DVA’s Rehabilitation & Compensation (R&C) systems. The Program was established as a result of a 2013 report by the Department of Finance which identified the age and instability of a number of DVA systems as a critical risk.

The Government provided \$23.9 million in the 2016-17 Budget to address this risk by replacing 18 of the most vulnerable R&C systems with a single, modern system designed to provide a more robust, supported and automated approach to R&C claims.

There are many benefits of moving to a single, modern system, but importantly, under this new system processing times for providing non-liability health care have already been reduced from 18 days to 1.3 days, and in some instances hours.

Another key project in this space is the joint DVA and the Department of Human Services (DHS) project ‘MyService’, an online service that allows clients who enlisted in the ADF after 30 June 2004 to submit a request for entitlements under the *Military Rehabilitation and Compensation Act 2004* (MRCA) online. Through MyService, the initial liability processing time for some claims has reduced from the key performance indicator of 120 days to only four days.

MyService is currently in a public Beta test, and serving and former members of the ADF have been, and continue to be engaged in the project to ensure initiatives are co-designed and the views of the veterans are taken into account.

While MyService only supports a small segment of the ADF and veteran population, it was developed to show that DVA can rapidly transform client services – now DVA and DHS are looking at ways to expand the service to help a wider range of clients. This includes exploring ways to use MyService for claims under the Veterans’ Entitlements Act 1986 (VEA) and the Safety, Rehabilitation & Compensation Act 1988 (SRCA), as well as looking into the automatic acceptance of certain physical conditions based on the expected impacts of meeting the ADF’s rigorous physical training requirements.

MyService represents a significant improvement to DVA’s ability to engage members and veterans online and provide an accessible, quick and technologically supported option for clients. These initiatives will assist DVA to process claims in a timely fashion as noted by the Commission in its report (recommendation 16).

While the Government is committed to reducing TTTP, the Government does not agree with the recommendation 16 by the NMHC to implement a default position in the event a decision is not made within the stipulated timeframe. DVA believes that this recommended process provides significant risk to the accuracy of the determination process which could have unintended major impacts on the member or veteran claiming compensation, for example, the risk that a deemed acceptance may result in an acceptance of liability for a claimant’s condition under the wrong Act, leading to incorrect benefits and entitlements that may disadvantage the member or veteran.



TRANSITION SERVICE REFORM

Defence is currently undergoing reform of its ADF Transition Support Service. The Transition Support Service reform will see the Transition Officers move to a model of coaching and mentoring with a focus on developing an individual post separation plan (particularly around employment). This new model is aimed at all ADF members who are transitioning and will be implemented nationally by August 2017. Transition Officers will be able to discuss with the transitioning member their family needs in order to assist the transition to be more holistically smooth, as well as focussing on the member's overall wellbeing.

This new model will also see the Transition Officers contacting each member one month after separation to check on the success of the post separation plan and whether any new issues have arisen. When fully implemented, it will assist ADF members to be more prepared for the journey after military service. It will equip them with skills for self-management and self-direction, as well as having knowledge of, and access to, a wide range of support services with the ability to self-refer or seek assistance to refer.

Defence, DVA and CSC are working together to improve the health examination process at the time of separation from the ADF. A Single Medical Assessment Process (SMAP) will be more member-centric, reduce the requirement for multiple medical assessments where possible, and avoid the requirement for the member to submit the same information more than once. This initiative supports the Commission's recommendation 1 of a unified system that breaks down the siloed approach experienced by current and former serving members.

DISCHARGE WITH DOCUMENTATION

Transition management is a priority issue for the Government and the Government's policy of Discharge (Separation) with Documentation will ensure that no ADF personnel are discharged without all their necessary documentation including a transition plan and all documentation such as a record of service, record of training and employment, and copies of medical records. Defence is implementing this policy, in the first instance by mandating Individual Transition Plans and Separation Checklists for all separating members. These mandated processes will ensure a consistent process and that all ADF members are preparing for their separation.

The implementation of this policy will be complete by the end of 2017 when all separating full-time members will be able to receive a digital copy of their medical records with priority order being medical discharge, involuntary separation, inactive reserve and active reserve.

EARLY ENGAGEMENT MODEL

In addition to this work, DVA and Defence are implementing the Early Engagement Model. When fully developed, the Early Engagement Model will allow DVA to establish a relationship with a member as early in their career as practical. Defence will support the Early Engagement Model by notifying DVA at agreed events during a member's career including events such as enlistment, involvement in a serious incident, medical separation, or retirement. Notifications include relevant personal details to allow DVA to contact the member and prepare any appropriate initial support.

"Submitting compensation claims early is my best advice. As early as you can and ask around and find a good Veterans' Advocate. It makes a big difference and minimises mistakes being made and decreases the chances of delays happening with your claims."

While it would be ideal for members to make claims for known medical conditions before they transition, under the Early Engagement Model, all members who separated from July 2016 will be automatically established as clients in DVA's client registration system together with all new ADF members who were recruited after 1 January 2016. This will allow DVA to expedite the claims process whenever a current or former member applies to DVA for assistance.

Registration with DVA will also be used to establish a relationship with members and former members. Importantly, the establishment of this relationship supports the Commission's recommendation 1 that DVA contacts current and former serving members periodically to inform them of services and other related information. DVA will also look to reduce time between an event and a claim by ensuring members are aware of the services and support DVA provides.

Defence and DVA are also working on technical solutions to further improve the way information is shared between the departments to assist in reducing the time taken to make a determination.

TRANSITION TASKFORCE

The Government has established the Transition Taskforce to examine the experiences of ADF members and their families as they leave the ADF and enter civilian life. The Transition Taskforce is made up of Defence, DVA and the CSC, as well as current and former members of the Australian Defence Force and ESOs. It was formed as a result of the Government's election commitment to create a better veterans' transition process.

The Transition Taskforce aims to identify barriers to effective transition and suggests actions to address those barriers. A variety of activities are being undertaken including workshops and interviews with current and former serving ADF members, and representatives of other organisations external to government that provide services or support during transition. The Transition Taskforce is also being informed by the work of AIHW and their analysis of suicide among the serving and ex-serving ADF personnel, which provides a strong evidence base from which we can target our efforts to those most at risk.

The Taskforce will look at a number of initiatives to improve transition including streamlining medical assessments and the development of a holistic approach to transition. The Taskforce will report to Government and provides a unique opportunity for stakeholders to focus discussions and analysis on improving different elements of the transition process and bringing together partners to implement improvements.

DVA has partnered with the ADF Special Operations Command Council to pilot an improved business model to support the transition of Special Forces personnel. Engagement with Special Forces personnel commenced by DVA in late 2016 to better understand their unique training requirements and the impact of mission deployment experiences. Ongoing engagement with the Special Operations Command Council is planned to enable DVA to better meet the unique needs and support requirements of this group. DVA plans to establish a pilot program to deliver an improved approach to transition for this group that will provide an evidence-base that can be expanded to all ADF members. This planned pilot will support the Commission's recommendations (1 and 8) that current serving ADF members be engaged earlier in the transition approach.

REHABILITATION REFORMS

"I was very isolated when I discharged and that's where the support from my DVA rehabilitation coordinator and service provider were important, because they helped me map out the process and set my goals. Having a clear goal is vital, having an idea of where you need to be, what you need to survive financially, all made my life a little bit better. My veterans' advocate was also very supportive, making sure I had all my paperwork in order and that took away a lot of the stress."





DVA and Defence are also working closely to make continuous improvements to their rehabilitation services to support transitioning members into the workforce. A key component of DVA's whole-of-person rehabilitation approach for ex-serving members is recognition of the importance of psychosocial rehabilitation to promoting recovery.

The Timely Engagement process, which provides a stronger focus on case conferencing and case management during a veteran's separation from the ADF, will enable early intervention psychosocial and other rehabilitation supports. This will help to establish important continuity of care for members who are discharging for medical reasons and are undergoing ADF rehabilitation treatment. Continuity of care was an issue raised by the Commission in its report (recommendation 1) and this process will work towards achieving that with the provision of rehabilitation services and supports.

CONSIDERING FEMALE VETERANS

"As a female veteran, people assume we didn't have an active role in the ADF, like we made coffee or something. We want national recognition and pride for veterans and veteran families."

As a nation we respect and honour the service and sacrifice of every man and woman who serves in defence of our nation, our freedoms and our values. Australian servicewomen now comprise over 16 per cent of the permanent full-time ADF and about 14 per cent of the total deployed force serving overseas are women. The proportion of women in the senior ranks of the ADF has increased with currently over 80 women in senior officer positions – colonel equivalent and above – compared to 48 in February 2012.

Female veterans and serving members can face very different health and wellbeing challenges to their male colleagues. The Australian Government has committed \$600,000 over four years for the establishment of a Female Veterans Policy Forum to help identify policy gaps and support initiatives to better support Australia's growing female veteran community. The inaugural Female Veterans Forum, held in December 2016, was conducted in conjunction with a Veterans' Families Forum. This Forum supports the Commission's recommendation 5 of co-designing support services with families and understanding the stress points for families. A range of issues were raised at the forum including:

- the difficulty of navigating complex systems and accessing support services generally
- limited access to suitable assistance for veterans' children, the need for programs that support resilience and healing
- support for homeless, vulnerable and disadvantaged women
- a lack of seamless and integrated transition support from the ADF to civilian life.

This Forum provides a platform for female veterans and veteran family members to raise issues directly with the Government and DVA, and create new channels of communication between DVA and the veteran community. The Forum gives participants the opportunity to discuss the unique experience of female veterans and the impact of service on them and their families.

DVA is already engaged in a number of activities to address the concerns raised at the forum, including collaborating with key representative organisations, investigating options for online networking and building this feedback into the work being undertaken to improve the transition to civilian life for ADF members through the Transition Taskforce. The next forum will be held later in 2017.

SUPPORTING YOUNGER VETERAN GRANTS

The Supporting Younger Veterans (SYV) grants program supports the needs of younger veterans as they leave the ADF and integrate back into civilian life, with all the challenges that accompany that unique transition.

The SYV grants program provides \$4.25 million over five years to ESOs to encourage partnerships that will deliver innovative and sustainable services for younger veterans and build community capacity to meet the needs of younger veterans. These programs such as mentoring, team building or self-improvement activities, will contribute to the Government's strategies to support those veterans at a higher risk of suicide (18-29 year olds) as highlighted in the Commission's recommendation 2.

This funding will be used to deliver projects and activities that support the development of tailored services for younger veterans, with a view to harnessing existing expertise and increasing collaboration amongst organisations to expand services to benefit veterans. The grants will also help raise awareness of the important issues faced by younger veterans. Funding rounds will open annually from 2017 until 2020.

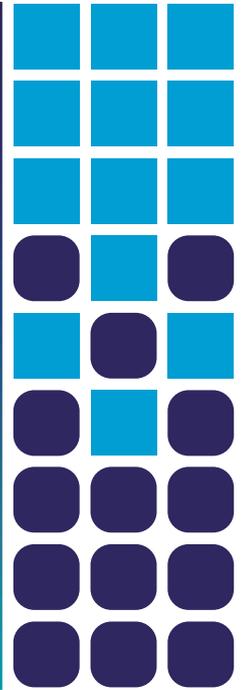


TRANSITION CASE STUDY



SCENARIO

KATIE WAS INVOLVED IN A WORKPLACE INCIDENT AND SUBSEQUENTLY SUFFERED A BACK INJURY. SHE THEN DEVELOPED A SECONDARY MENTAL HEALTH CONDITION. SHE IS NOW TRANSITIONING OUT OF THE ARMY ON A MEDICAL DISCHARGE.



CURRENT

CONTINUITY OF CARE

Since the incident, Katie has been concentrating on her recovery and rehabilitation. Over a period of two and a half years the ADF has provided ongoing specialist treatment and support for all her conditions, including a rehabilitation program and rehabilitation consultant. Before she leaves, Katie is involved in regular conferences with the ADF, her rehabilitation consultant and DVA to determine what health and wellbeing treatment is needed.

TRANSITION

Katie is referred to the ADF Transition Centre where she gets an individual Transition Plan and handbook but she puts them aside and doesn't look at them again. There's so much to do – move out of Defence Housing, find a job, work out her super, find a school for her child and get a Medicare card. She attends a Transition Seminar but it's all a blur. It's very confusing and Katie puts it all in the 'too hard' basket.

FUTURE

CONTINUITY OF CARE

As Katie transitions into civilian life she retains the same health professionals including the rehabilitation provider that she has with Defence who were providing treatment before her medical separation. Importantly, as part of her transition, Katie has been connected with a community based General Practitioner who can assist her to coordinate her future health care needs. This continuity of care has allowed Katie to concentrate on her future after ADF service without the stress of undergoing lengthy claims processes and medical assessments.

TRANSITION

Prior to discharge, a structured post-separation plan is developed and implemented. The plan covers administrative tasks that need to be undertaken when separating, as well as strategies to deal with key issues Katie may encounter when looking for work. Katie is provided with a Transition Coach who puts Katie in contact with specialists in Defence and the community that are best equipped to help Katie move forward. Whilst discharging is still a big change Katie feels supported.



COVER

Katie's rehabilitation consultant reminds her to submit her compensation claims and tells her to visit the On Base Advisory Service to start the process. Katie has lots of forms to fill out. Since Katie hasn't submitted DVA claims for either of her conditions, Army will hold her medical discharge in abeyance until DVA makes a determination. She also remembers hearing that she needs to lodge a claim or she won't get any further treatment.

FAMILY

Katie's son, Daniel, is not coping with the fact that his Mum has changed since her accident and he's not happy that he has to move schools. He's acting out and doesn't want to go to school or play with his friends. Katie's partner is trying hard to keep the family together and wants to help Katie and their son but doesn't know how.

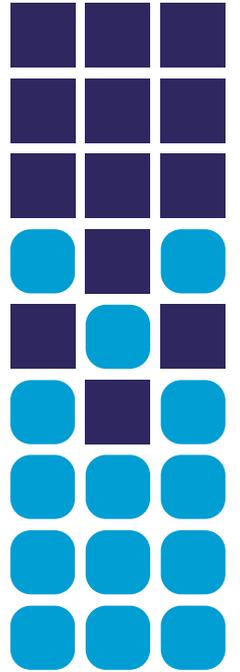
COVER

Prior to discharge, all Katie's relevant documentation is finalised. As the ADF, DVA and Commonwealth Superannuation Corporation share information and have only one medical assessment, Katie can easily lodge online claims through the MyService portal to ensure she has income support and can access ongoing treatment for her injuries.

FAMILY

Prior to her discharge, Katie's family is involved in co-designing her transition plan. Free counselling support through WCS is offered to Daniel to help him adjust to his Mum's injuries and the need to change schools. The family's needs are recognised and the transition process is seamless, allowing Katie and her family to adjust to civilian life.





WHAT HAPPENS AFTER ADF SERVICE?

DVA exists to serve those who have served Australia, and has done so for almost a century by providing a dedicated system of compensation, income support and health treatment for veterans and their families.

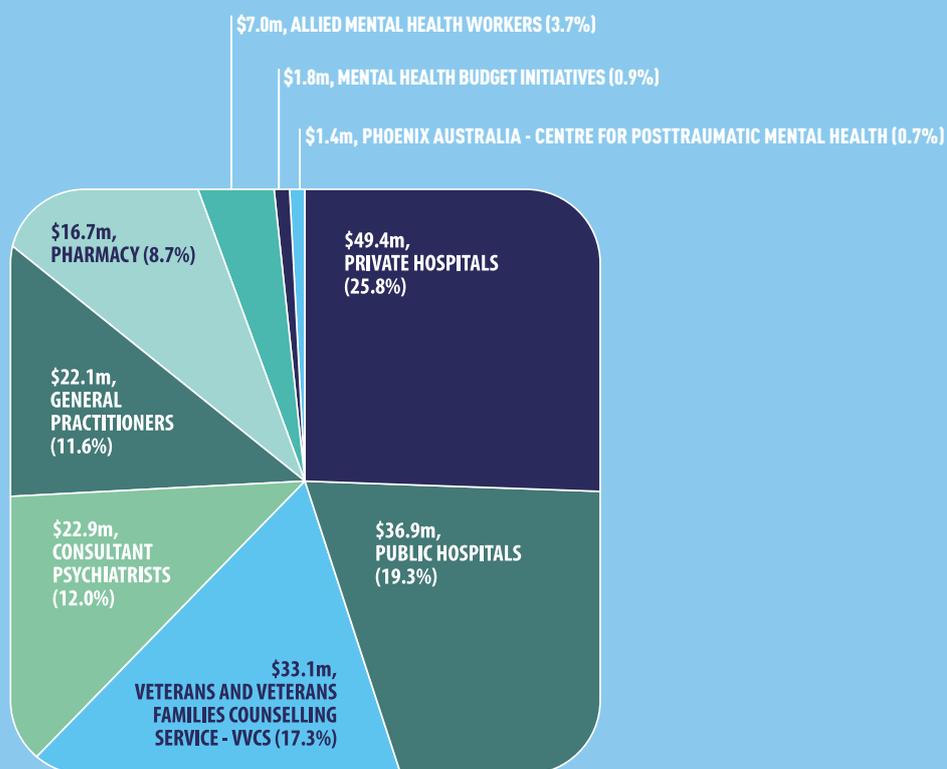
When someone leaves the ADF, they may already have a relationship with DVA, particularly if they are injured and have been medically discharged. However, a large number of discharged ADF members will have no immediate need for DVA. They will be fit, well and healthy with no need to seek help through DVA. This does not mean DVA is not here for them.

As set out in the *Veteran Mental Health Strategy 2013-2023* and the *Social Health Strategy 2015-2023 for the Veteran and Ex-service Community*, the Government seeks to maintain and enhance the health and wellbeing of ex-serving members and their dependants. To achieve this, DVA has in place a broad system of health care and social support services that promotes early intervention, prevention and treatment. Importantly, much of these mental health supports can be accessed without the need to have a claim for compensation determined by DVA.

MENTAL HEALTH SERVICES AND SUPPORT AVAILABLE TO THE EX-SERVICE COMMUNITY

DVA spends around \$191 million a year on a wide range of services and treatments to provide mental health support to current and ex-serving ADF members.

FIGURE #4: DVA MENTAL HEALTH EXPENDITURE 2015-16
\$191.3M



Funding for mental health treatment is demand driven, and is not capped – this means that if an eligible person requires treatment, it will be paid for. This includes funding across the stepped care continuum for:

- online mental health information and support
- general practitioner (GP), psychologist, psychiatric and social work services
- pharmaceuticals
- in-patient and out-patient hospital treatment
- services through the WVCS.

PREVENTION, EARLY INTERVENTION AND SELF-MANAGEMENT

For members of the serving and ex-serving community who have some mental health need, but not a current mental illness, or who may have previously had a mental illness and are at risk of relapse, prevention and early intervention through GPs, digital mental health and self-help services are the first step on the care continuum.

DVA understands the critical role of GPs in the success of prevention and early intervention of severe mental health concerns. GPs are typically the first point of clinical contact for people seeking help for mental health concerns and are the gatekeepers to other service providers. In addition to funding approximately \$22.1 million each year in GP services through DVA Health Card arrangements, any ex-serving ADF member is able to access a comprehensive physical and mental health assessment by a GP through Medicare.

DVA has also invested in a broad range of resources to increase mental health literacy, encourage early help-seeking, build resilience and direct those experiencing mental health concerns to the appropriate information and services. *At Ease* is DVA's mental health promotion portal, which provides simple and relevant self-help information and access to resources, such as DVA's four mobile apps specifically designed for current and ex-serving ADF members. Through *At Ease*, DVA encourages current and ex-serving ADF members and their families to recognise the signs and symptoms of poor mental health, and take the initiative to maintain and optimise their mental wellbeing.

In addition, the WCS has continued to evolve and adapt its online and social media presence to build a mental health aware and resilient community. Sharing posts about client eligibility, services and stigma reduction, is helping to increase community awareness about available support. Today, WCS has Facebook, Twitter and LinkedIn accounts as well as a website. Additionally, WCS is utilising videos on demand and webinars to increase community literacy, with a focus on building on the lived experience of clients to de-stigmatise help seeking behaviour.

SOCIAL HEALTH AND COMMUNITY CONNECTEDNESS

In addition to early intervention and self-help resources, DVA recognises the benefits of a healthy lifestyle and social connectedness in maintaining the health and wellbeing of the ex-service community. For those experiencing mental illness, social participation can also aid recovery. Research demonstrates that there is a correlation between good social health and good mental health. As a result, DVA continues to invest in a range of social health programs and initiatives to support health and wellbeing in the ex-service community.

DVA administers the Veteran and Community Grants Program, a program that supports activities and services that sustain and/or enhance health and wellbeing. The program is available for the benefit of all veterans, their spouses, partners, widows/widowers, carers, dependants and other members of the ex service community. Projects may be funded that also benefit the wider community.

This grants program provides seed funding for projects that promote a healthy, quality lifestyle for veteran community members and can also assist them to remain living independently in

their own homes. Importantly, these grants also provide funding for initiatives that reduce social isolation, support carers and improve access to community services.

Evidence also shows that individuals experiencing mental illness who are well supported by their community, have a sense of control in their illness management, and envisage a path to wellness, are more likely to complete recovery. As such, the Government has recognised the important role that ESOs can play in supporting members of the ex-service community and has designed and developed a Peer to Peer Support Network pilot program. As endorsed by the Commission in recommendations 11 and 18, this pilot provides a vehicle for ESOs to support those experiencing mental illness. It has been designed to facilitate the recovery of ex-serving members with a mental health problem by linking them with a trained volunteer Peer Mentor and supporting that relationship

CLINICAL SERVICES

For ex-serving ADF members with mild to moderate mental illnesses, DVA provides access to a range of low intensity clinical services, including face-to-face services from GPs and allied health practitioners, such as psychologists. These clinical services are supported, where necessary, by access to psychiatry services and pharmaceuticals.

DVA does this predominantly by purchasing treatment services through the broader Australian health system. DVA clients access this treatment through the Gold and White Health Card arrangements.

In addition to the range of clinical services available through DVA Health Card arrangements, members of the veteran and ex-serving community and their families who are experiencing service related mental health and wellbeing conditions can seek help from WCS.

A nationally accredited, military-aware, mental health counselling service, WCS offers a wide range of treatment options and programs for service-related mental health conditions. It makes up about 17% of DVA's annual spend on mental health services. WCS' free and confidential services are accessible nationally and are delivered through a flexible and agile 24/7 clinical service model comprising: counselling centres in every capital city and across a range of major regional centres, as well as satellite offices close to Defence bases or near veteran concentrations; a strong



outreach provider network with over 1,100 private clinicians; and video and online counselling and an after-hours phone counselling service.

WCS is committed to continually improving the service it provides, ensuring that the services are accessible and evidence-based. Collaboration, both within WCS and with external institutions, is core to the development and dissemination of knowledge across the organisation. It underpins the introduction of new interventions and ensures the application of clinical 'better practice' behaviours.

ACUTE MENTAL HEALTH SERVICES

For people with complex or episodic severe mental illness, DVA provides access to comprehensive treatment responses through inpatient and outpatient services provided through public and private hospitals nationwide. In 2015-16, DVA spent approximately \$86.3 million on mental health services through public and private hospitals.

Due to the higher incidence of PTSD among military populations, DVA also funds a number of private and public hospitals throughout Australia to provide evidence-based trauma recovery programs for PTSD on an outpatient basis. These programs are not intended to be stand-alone services that meet all the treatment needs of ex-serving members. Rather, they aim to provide highly specialised, time-limited, evidence-based treatment for PTSD and its common comorbidities.

REHABILITATION SERVICES

"My advice to others in my position is to take advantage of the support that DVA and the Rehabilitation Service Provider can offer you. It took me a long time to realise that they were there to help me and that I wasn't abandoned because I wasn't in the Army anymore. My support network was good, not only from DVA and my Service Provider, but also my family. Out of all that, my family are closer than ever and that is the best thing."

DVA also promotes the return to good physical and psychological health for injured personnel by providing rehabilitation assistance to entitled serving and former ADF members, reservists and cadets. This rehabilitation program aims to provide early and appropriate assistance to suit the needs of injured members. The rehabilitation program aims to help DVA clients identify areas of their life that they wish to improve and set out a plan and activities to help reach those goals. No two people are the same, which is why each rehabilitation plan is tailored to the individual.

WHAT ARE WE DOING TO IMPROVE MENTAL HEALTH SERVICES AND SUPPORT TO THE EX-SERVICE COMMUNITY?

STRENGTHENING SUICIDE PREVENTION EFFORTS

Results from the AIHW study on the incidence of suicide among serving and ex-serving ADF personnel indicate that ex-serving men are more vulnerable to suicide risk. The Government is committed to strengthening suicide prevention efforts for ex-serving ADF members, by identifying at risk populations and building protective factors around them.

DVA's multi-faceted strategy to prevent suicide, Operation Life, supports the ex-serving community to identify and support those at risk of suicide. This strategy includes three community workshops on the Applied Suicide Intervention Skills Training (ASIST) delivered through WCS to members of the ex-service community, so that they can identify and assist at-risk individuals, programs to build resilience, self-help and educational materials, a 24-hour support line, and access to mental health treatment. However, the Government acknowledges there is a gap in this service offering and is acting swiftly to strengthen our suicide prevention efforts for the ex-service community.

The 2017-18 Budget provides \$9.8 million to pilot two suicide prevention initiatives with new approaches to supporting vulnerable veterans and ex-service community members experiencing mental health concerns. These pilots will target two different cohorts of veterans – those with severe and complex mental health needs discharging from hospital, and those with chronic, but stable, mental and physical health issues.

A previous suicide attempt is the strongest risk factor for suicide. To reduce this risk and to help those with complex episodic mental health conditions, DVA will pilot a coordinated care approach that provides intensive, wrap around support for veterans with complex mental health and social needs when they discharge from a mental health hospital.

In addition, recognising that mental illness can be a risk factor for suicide, DVA will pilot the expansion of the successful CVC program to provide support to ex-serving members with chronic mental and physical conditions. These pilots will test new solutions to strengthen suicide prevention efforts and will be evaluated to inform future policy directions for veteran mental health services.

The intent of these pilots is for DVA to identify barriers and success factors, health outcomes and evidence for future expansion. In testing these models of support, DVA will also collect the evidence necessary to support a national scale-up of the programs, if either or both pilots are found to be successful. Planning for these pilots has already commenced and DVA will work with clinical and technical experts to design service delivery models and identify appropriate pilot sites.

The Government is investing in a national trial of suicide prevention activity through Primary Health Networks (PHNs). Twelve sites have been chosen for the trial, one of the trial sites is in Townsville and has a focus on the ex-service community. The trial sites will each receive \$3 million of funding over three years (2016-17 to 2018-19).

The Townsville trial is guided by a Community Advisory Group which will provide guidance on the development and implementation of the trial. This group will include a broad representation of individuals from the local Townsville community - health professionals, veterans and ex-serving members from all ages, ranks and service backgrounds as well as people with lived experience. The broad inclusion of the ex-service community and health professionals is crucial for the successful development and implementation of the trial and will help ensure the outcomes of the project remain focused and prioritised to the needs of ex-serving ADF members and their families at risk of self-harm or suicide.

The Townsville trial will provide evidence of how a systems-based approach can be undertaken at regional level to respond local veterans' needs and will provide information on what strategies were effective for preventing suicide and improving support for veterans. Findings from the Townsville trial will be made available to all PHNs to assist with supporting former members

of the Australian Defence Force who are part of their community and to inform Australian Government policy development.

The Australian Government has committed to an evaluation of the twelve national suicide prevention trial sites. The evaluation will primarily focus on the local planning and implementation stages of the trial, collecting input from PHNs, trial sites, and other local service providers and organisations on planning and service arrangements, as well as information on the effectiveness of strategies from service users, people with lived experience of suicide and community leaders.

Analysis will be undertaken across all sites in relation to service integration and common activities, and also within groups of sites that have focussed on the same target populations to determine the implications of the trial findings for future commissioning of services by PHNs, and Australian Government and national suicide prevention policy. It is anticipated that the evaluation will be completed by the end of 2019. More information on the National Suicide Prevention Trials can be found in the chapter titled 'Community Mental Health Services and Veterans'.

IMPROVING ACCESS TO SERVICES

Evidence shows that early intervention and easy access to treatment offers the best chance for recovery and leads to improved mental health outcomes. The Government has consequently been focused for a number of years now on increasing the ex-serving community's access to care.

The non-liability health care program allows DVA to provide serving and ex-serving ADF members with treatment for mental health conditions without needing to establish that the condition was caused by their ADF service. This treatment is delivered through the provision of a DVA White Card and allows ex-serving ADF members to access a range of treatments, including GPs, psychologists, psychiatrists, medication, public or private hospital, and WCS counselling services.

Since 1 July 2014, non-liability health care has covered treatment for five common mental health conditions: PTSD, depressive disorder, anxiety disorder, and alcohol and substance use disorders. The Government provided \$46.4 million in the 2016-17 Budget to extend and streamline eligibility for these arrangements to anyone who has ever served at least one day in the full-time ADF. In this year's Budget, the Government demonstrated its commitment to improving access to mental health treatment by





providing \$33.5 million to expand the non-liability health care program to cover all mental health conditions.

As a result of the previous expansions to non-liability health care, between 2014-15 and 2015-16 the number of veterans receiving mental health treatment grew by 48% and the number of services provided through the program increased by 68%. This achievement demonstrates that more veterans are not only able to access the care they need, but are seeking help.

The recent expansion of the non-liability health care has separated the provision of health care from compensation and liability processes and this addresses the concern raised by the Commission (recommendation 3) of the impact of linking mental health treatment access to the need for a compensation claim determination. The 2017-18 Budget provided funding for a pilot of the provision of rehabilitation services before liability is determined in an effort further improve access to services, and promote early intervention.

“It’s not about saying you’re broken –it’s also about rehabilitation, not just compensation.”

Streamlining access to incapacity payments is also a 2017-18 Budget measure that will provide additional support to certain veterans with mental health conditions who are vulnerable to moving in and out of employment due to their episodic mental health conditions. The measure provides for a specific veteran’s rehabilitation plan to remain open for twelve months after they return to employment. Keeping the rehabilitation plan open, and being monitored by a rehabilitation provider for twelve months, removes the requirement for the veteran to lodge a claim to have their incapacity payments reinstated if they need to leave their employment

Currently, once a veteran finds employment, any incapacity payments they receive may cease or be reduced due to their earnings from employment. Rehabilitation supports and services also cease. Veterans with episodic mental health conditions will sometimes be unable to continue to work for periods when their symptoms are acute. This requirement can create a barrier to clients with episodic mental health conditions being prepared to test their ability to participate in the workforce.

By keeping the rehabilitation plan open, incapacity payments can be reinstated as soon as possible after the veteran leaves their employment, without the need to provide a medical certificate. This measure also ensures that support from the rehabilitation provider is available to assist with resolving issues in the workplace if needed, and providing additional rehabilitation services to address the veteran’s changed circumstances. This measure extends the separation of access to rehabilitation and income support from compensation and liability to improve mental health and wellbeing and enhancing labour force participation.

This measure recognises that veterans with entitlements under the *Military Rehabilitation and Compensation Act 2004* (MRCA) are generally younger than other DVA clients and they are likely to have a longer worker life ahead of them. The ability to access the health benefits of safe and meaningful work, whenever it is possible to do so, is therefore very important for these veterans. This initiative will provide support to all veterans of employment age including those the Commission highlighted at recommendation 2 as possibly being at higher risk of suicide (18-29 year olds).

Given the increasing separation of health care and rehabilitation care from compensation and liability, the Government would not support the economic study recommended by the Review. An economic study would be of limited value given that the estimated projected expenditure on health care, compensation and income support for current and former members is already undertaken through estimates of the liabilities under SRCA and MRCA by the Australian Government Actuary.

Since 2014 the Government has also been progressively increasing access to mental health treatment by expanding eligibility to WCS. While under its duty of care, WCS will never turn anyone in the veteran and ex-service community who is in distress or crisis away, there are a number of eligibility categories for those who can access WCS services on an ongoing basis. In recent years the cohorts of ex-serving members who can access WCS has been extended to include current and former ADF members who served in domestic or international disaster relief operations; served in border protection operations; served as a submariner; medically discharged; or were involved in a serious training accident.

In 2016, the Government committed to further expand client eligibility. This change came into effect on 1 April 2017 and extended access to: family members of current and former ADF members who die by suicide or reported suicide; siblings of ADF members killed in service related incidents; Defence Abuse Response Taskforce (DART) complainants and their families; and the adult sons and daughters (over 26) of post-Vietnam War veterans. When combined with the 2017 expansion to the families of DVA Repatriation Health Care Card holders and the ex-partners of current and former ADF members, WCS is now more accessible than ever before.

DO WE HAVE THE MIX OF MENTAL HEALTH SERVICES RIGHT?

The Government is committed to ensuring current and ex-serving ADF members have access to the right kind of mental health support, at the right time. This commitment was echoed in the Commission's report at recommendation 10 which encouraged Defence and DVA to continue to build on the stepped care model each health system has in place.

In fulfilling this commitment to the current and ex-serving community, Defence and DVA are undertaking a mapping exercise of all mental and social health services against the stepped care model. This mapping exercise will seek to identify weaknesses or gaps in stepped care treatment options available at each service level, and will provide an evidence base for agencies to strengthen the range and mix of services available to current and ex-serving members. This exercise will go a long way to ensuring that current and ex-serving ADF members are accessing the right mental health support, at the right time.





BREAKING DOWN BARRIERS AND BUILDING PATHWAYS TO CARE

While there is an extensive system of support available to the ex-service community, the Government wants to understand what stops people from seeking the help, to put in place strategies to improve pathways to care. In response, the Government is working hard to build the evidence base.

The Transition and Wellbeing Research Programme, a joint research initiative of DVA and Defence, is the largest and most comprehensive study undertaken in Australia. This study is examining the impact of contemporary military service on the mental, physical and social health of serving and ex-serving ADF personnel, and their families.

When final reports from the Programme begin to be delivered in late 2017, the Programme will provide a comprehensive picture of the mental health and wellbeing status of serving and ex-serving ADF personnel (including reservists), but also the trajectory of disorder and pathways to care for people diagnosed with a mental disorder. These reports will also provide valuable insights that will allow the Government to identify at-risk cohorts who may have a diagnosed mental disorder, but who are not accessing treatment, or who appear to be accessing inadequate or inappropriate types of treatment.

By building our understanding of how and why people choose or not choose to seek help, the Government will in the future be able to specifically design services and programs for the ex-serving community that build strong pathways to care.

INNOVATION AND EMERGING TREATMENTS

The Government is also continuing to invest in initiatives that seek to broaden our understanding of best-practice veteran mental health services, treatments and interventions. This work aligns strongly with the recommendation 14 of the Commission to develop specialist mental health centres of excellence.

Under the 2016 Election commitment, the Coalition committed to providing \$6 million over four years from 2016-17 to Phoenix Australia – Centre for Posttraumatic Mental Health to develop the Centenary of Anzac Centre. The Centre will provide expert advice, consultation and supervision through a network of national specialists to guide practitioners who are supporting veterans with complex mental health conditions. When the Centre is operational, it will function as the nation's leading centre of research in veteran and military mental health addressing the Commission's suggestion for a specialist mental health centre of excellence. It will integrate and translate research findings from Australia and around the world to generate policy, program, and treatment improvements in veteran and military mental health services.

Defence, DVA and WACS have also partnered with Phoenix Australia to conduct the Rapid Exposure Supporting Trauma Recovery (RESTORE) Trial to investigate whether an intensive delivery of prolonged exposure therapy, involving 10 sessions over a two-week period, will deliver outcomes which are comparable to the gold standard prolonged exposure treatment protocol. If successful, this intensive form of prolonged exposure therapy could remove barriers to accessing treatment for both serving and ex-serving personnel and enable recovery sooner.

USING TECHNOLOGY TO SUPPORT GOOD MENTAL HEALTH

Using digital technology to address barriers to care and allowing ex-serving personnel and their families to access information, advice and treatment when and where ever they feel comfortable, is one way in which the Government is improving pathways to care.

The *At Ease* mental health portal and VVCS website are presently the primary digital entry points for information on mental health, and how to access professional support. The VVCS website and Facebook page provide detailed information on VVCS services and encourage active engagement through social media. While leading-edge when released in 2012, DVA is exploring options to make *At Ease* more effective in enabling veterans and their families to self-manage their mental health through veteran-specific and community-based digital interventions. This work complements that being undertaken by Health which is delivering the Government's wider e-mental health agenda.

The Government has allocated \$30 million over three years to Project Synergy, which will develop a single platform for the delivery of digital mental health tools to those in need of support, including young people, veterans and those at risk of suicide. Health is working with VVCS to develop Synergy trials that will improve access to mental health services for the veteran community. More information is provided in the chapter titled 'Community Mental Health Services and Veterans'.

CONTINUING OUR RESEARCH AND DATA IMPROVEMENT ACTIONS

Defence and DVA are committed to improving our understanding of the incidence of suicide in the serving and ex-serving community. While the incidence of suicide among current serving full-time ADF members has long been known, it is regrettable that up until recently there has been limited information available about ex-serving ADF members.

Our understanding has been significantly improved by the release of further results from the ongoing AIHW study on the incidence of suicide among serving and ex-serving ADF members. This study is the most statistically robust data we have ever had on the incidence of suicide in the serving and ex-serving community and the Government recognises the importance of now maintaining and building on this evidence base. Consequently, DVA will work with AIHW and Defence to periodically update this study, as recommended by the Commission in its report (recommendation 22).

By continuing to build this statistical knowledge, Defence and DVA will strengthen our understanding of suicide in the serving and ex-serving population and also be able to tailor future policy and services to support serving and ex-serving ADF personnel.

DVA has historically only collected and stored information on personnel who had accepted service-related conditions or are claiming income support and compensation payments. Therefore, the Department does not have or maintain a complete record of all personnel who have served in the ADF.

The Commonwealth Veteran Indicator Interdepartmental Committee (IDC) has been established to identify what data is collected by Commonwealth agencies, what additional data could be collected, and how the data can be used to inform veteran-related policy and program development more generally across government.

Through these various initiatives the Government will improve its knowledge of ex-serving members beyond the DVA's current 'client group' and maintain visibility of service usage by all ex-serving members as a means of identifying service needs and opportunities.





These initiatives support the Commission's recommendation 20 of improving data collection on current and former serving members and the development of a health identifier.

In relation to the Commission's recommendation 19 for continued research and two potential areas of research, the Government has recognised the need for collaboration for issues that cross Commonwealth and State responsibilities, such as homelessness. DVA is working to ensure that when identified, those who are homeless, or at risk of homelessness, have access to services and support. A partnership between DVA and the Australian Housing and Urban Research Institute will deliver research about homelessness in the veteran community. This important research will allow Government to better integrate support services available to homeless veterans with those offered by mainstream specialist homelessness service providers. The research will be completed by the end of 2017 and complements work being done by DVA and the AIHW to include veteran identifiers in the data collected about the use of specialist homelessness services in the Australian community.

A meeting of state and territory Ministers responsible for veterans' affairs was held on 24 and 25 November 2016. At this meeting Ministers agreed to share details of their local homelessness initiatives, to meet with state-based and national ESOs to discuss better coordinating efforts addressing homelessness and other services and to cooperate with the Commonwealth Government to include an ADF service indicator in data collections. These data improvement efforts will assist in a coordinated national approach to veteran homelessness to ensure the provision of appropriate assistance to all former members of the ADF.

At a separate meeting of state and territory Ministers, an agreement was held to work more closely with the Commonwealth to improve understanding of the prevalence of incarceration among former members of the ADF. Improved data at national and state and territory levels on these issues will allow governments to better design and tailor policies and programs to assist at-risk veterans, particularly initiatives that focus on prevention and early intervention.

Defence and DVA also work closely in the development of strategic research to support the development of robust, evidence-informed policy to meet the needs of the serving and ex-serving community. In particular, both agencies continue to seek ways to better understand self-harm and suicide and to improve our mental health response, including key joint research initiatives such as the Transition and Wellbeing Research Programme. The Programme will help us gain a better understanding of those who have transitioned from the ADF, with particular focus on the impact of military service on the mental, physical and social health of serving and ex-serving ADF personnel and their families.

The Government is also committed to ensuring the range of rehabilitation services provided to the ex-serving community are appropriate and meeting the needs of DVA clients. The MRCA Rehabilitation Long-Term Study is a joint DVA-Defence research project that will examine the effectiveness of rehabilitation arrangements under the MRCA within both the ADF and DVA, over the long term.

The study will provide DVA and Defence with a clear understanding of the effectiveness of current rehabilitation programs and services. Importantly, there will not be a reduction in benefits based on study outcomes, rather the study is directed towards gathering data over the long term so that both departments can continue to provide quality rehabilitation programs and support the serving and ex-serving community into the future.

The WCS also employs and promotes the use of research, research literature and dialogue to develop the skills and knowledge of both staff and outreach providers in the support and treatment of veterans and their families. WCS clinicians participate in research projects, within the resources of WCS or in collaboration with DVA or external agencies. For example, WCS has partnered with Swinburne University to examine whether online video counselling is as effective as face-to-face counselling.

To address the Commission's recommendation 19 relating to using research findings to inform program development, these important research projects will identify new learnings in relation to suicide prevention strategies for at-risk populations and will contribute to our capacity to effectively tackle challenges like suicide, as well as incarceration and homelessness in the veteran community.

COMMEMORATING DEFENCE SERVICE AND SACRIFICE

"We want to see community recognition, value and acknowledgement of the unique role being fulfilled by military families. We want respect for service – it has an impact."

The Australian community respects and honours those who serve in the Australian Defence Forces. Every year on Anzac Day, thousands of Australians come together to commemorate the sacrifices made by Australian servicemen and servicewomen in every theatre of war and operational service. One of DVA's key roles is acknowledging and commemorating the service and sacrifice of all those who served Australia and its allies in wars, conflicts and peace operations through commemorations, memorials, war graves and research.

Australia recognises the sacrifice of service men and women through major commemorative events, such as Anzac Day and Remembrance Day and anniversaries, such as Merchant Navy Day, Battle for Australia Day and the Battle of Long Tan. These commemorations play an integral part in protecting the mental health of current and former serving ADF personnel by knowing that the nation appreciates their commitment and service and pauses to reflect on the sacrifice made by ADF members in defence service for Australia.

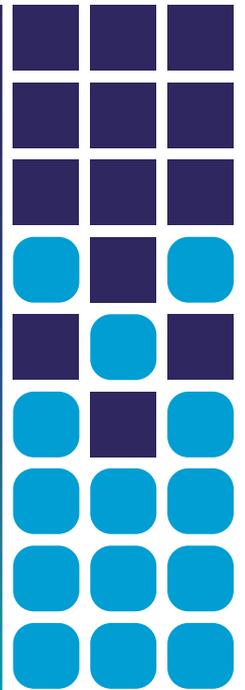


EX-SERVING CASE STUDY



SCENARIO

SAM SEPARATED FROM THE ADF TWO YEARS AGO. AFTER TRANSITIONING, HE WAS EMPLOYED AS AN ELECTRICIAN. RECENTLY, SAM HAS STARTED EXPERIENCING PAIN FROM AN OLD KNEE INJURY HE SUSTAINED WHILE IN THE ADF.



CURRENT

HEALTH

Sam's not sleeping much and his family notices that he is irritable and easily angered by minor things. He isn't aware of DVA's services and doesn't have a regular GP. Eventually Sam visits his local medical clinic and the doctor talks about the need to do a mental health assessment at the next appointment and gives him a medical certificate for some time off work and prescriptions for painkillers and sleeping tablets.

WELLBEING

Weeks later, Sam is not feeling better. His symptoms, both physical and mental health related, have not eased and are now impacting his ability to do his job and he starts taking lots of time off. Sam's relationship with his employer breaks down and he is let go. Sam is devastated and feeling increasingly isolated. He starts to drink more alcohol and his sleeping patterns and irritability get worse.

FUTURE

HEALTH

DVA has been in regular contact with Sam since discharge and he applied for and received a White Card for mental health conditions. The White Card allows Sam to access immediate mental health support if he needs it. For other conditions, he can text or log in online to engage directly with DVA. DVA is already aware of Sam's past service and has electronic access to his ADF medical records which will simplify and speed up the claims process.

WELLBEING

Sam is contacted by DVA through its DVA Reconnects program. The DVA officer discusses Sam's needs with him and begins to set in train help for Sam. DVA's sophisticated data trend analysis indicates that Sam will need complex case management to provide further support to help him and his family.



COVER

Sam notices he is steadily getting worse and he is struggling to pay for ongoing doctor's visits. His mate tells him that the DVA process is too complicated and that the claims process can take some time to get finalised. Sam doesn't know where to start and he's anxious about his financial situation in the meantime. Sam approached a compensation lawyer who offers no win no fee, but is worried about how it will impact any compensation he receives.

FAMILY

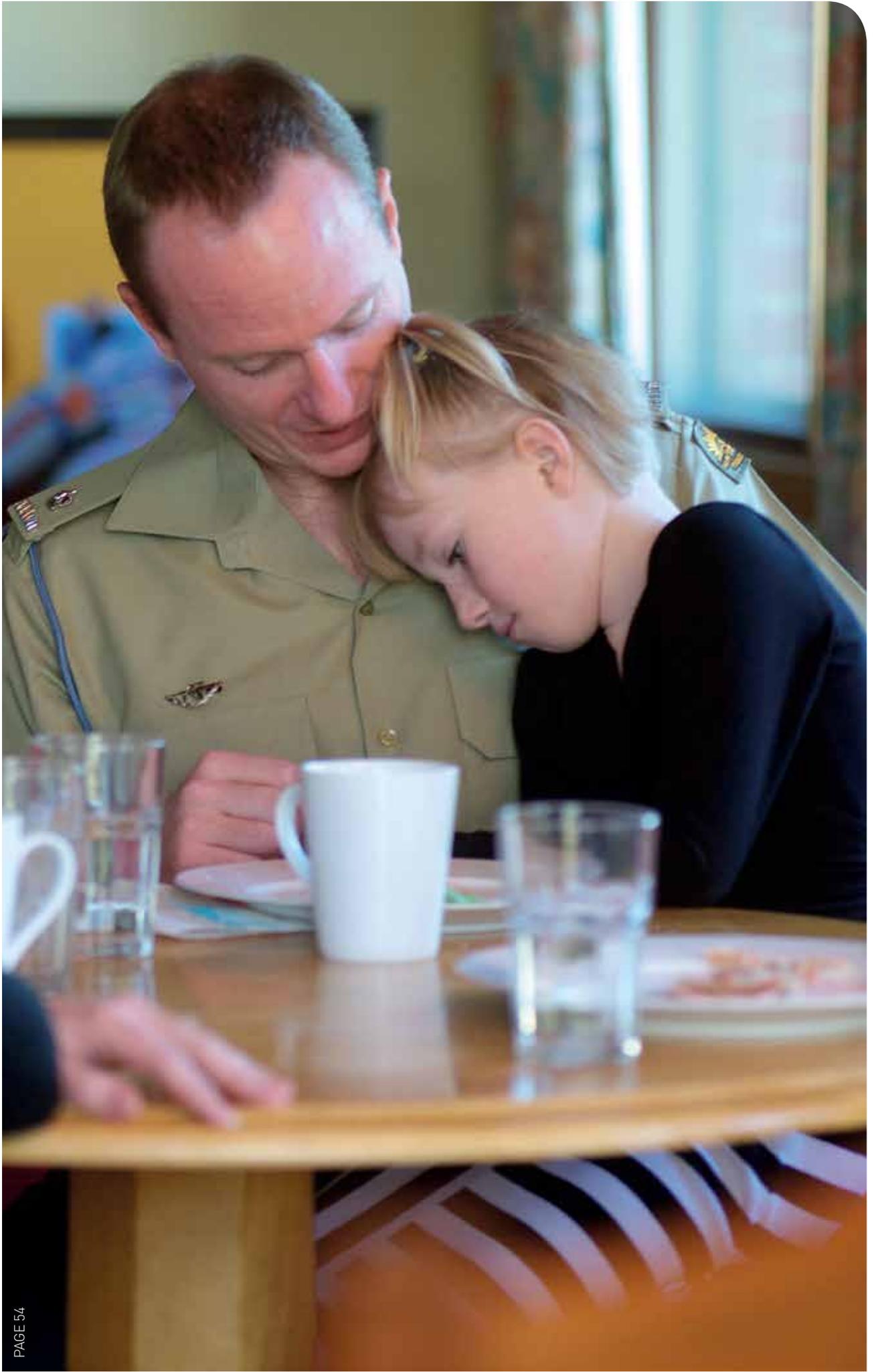
Sam's family has become increasingly concerned about his safety because he seems really down after losing his job and has started drinking heavily. Three days ago, he walked out of the house after an argument and his wife hasn't heard from him. His family don't know who to turn to for help. It's no longer just his knee, Sam's family are worried about his mental health and they know he needs help but they don't know who to go to.

COVER

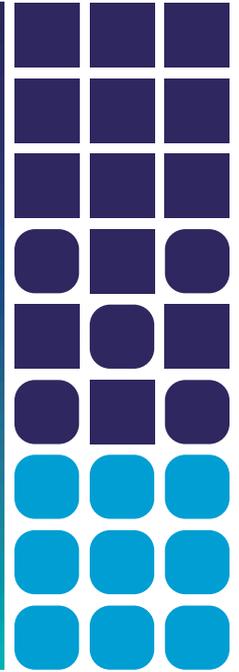
Sam lodges a claim online through the MyService portal and is accepted in one day for his knee. Sam is then connected to a rehabilitation provider and provided a medical care plan through a GP. The rehabilitation provider works with Sam and his family on mental health support strategies and new employment opportunities. Sam obtains a new role as an electrician and his knee is treated by a specialist.

FAMILY

Sam's family are involved in co-designing his rehabilitation plan and are regular participants in the case management process. The family's needs have been identified as well as Sam's individual needs and free individual and family counselling through WVCS has been offered. Sam's partner saw a video on social media and knows that in the event of a crisis, the family can contact the 24 hour helpline for assistance.



"If you focus on family,
you are helping the member.
If you are looking after the family
when a member goes away,
you're relieving the anxiety.
It's fixing a problem
before it happens."



FAMILIES

The Government recognises the importance that families, whether they include partners, children or parents, play in supporting the wellbeing of the serving member, and especially the need to better engage with family members to assist in the treatment and recovery of ill and injured members. ADF members are actively encouraged to involve their families or other support networks in their treatment and recovery.

The inclusion of family members is also fundamental to the veteran's re-integration following separation from military service. Involvement of families in the transition process maximises understanding by, and opportunities for, the separating member. To that end ADF members are encouraged to bring partners, family and support people to all transition events, including transition seminars, planning interviews and transition coaching sessions.

The Government also recognises not only the critical role families play in the health and wellbeing of current and former ADF personnel, but also the impact this role can have on the health of families. However, there are unique challenges to supporting current and former ADF families. For example, DVA has no legislative basis to provide mental health services for families of ex-serving ADF members other than those provided by WCS, unlike Defence who provides services and support for the families of current serving members.

SUPPORTING FAMILIES DURING ADF SERVICE

"We want to get to the place where no families feel isolated, there is real support for families, everything is welcome and feedback is not just positive but negative too. We want to see community recognition, value and acknowledgement of the unique role being fulfilled by military families. We want respect for service – it has an impact."



Family members of serving Defence members are able to access a range of information and support services through JHC, Defence Chaplaincy, DCO and the WVCS depending on their needs, their situation and the support they require.

Recognising that members and families may prefer information in a range of formats, JHC has developed an electronic guide to health and recovery services. The ADF Health and Recovery Member and Family Guide is designed to inform members and families of the availability of health care and other support programs by providing electronic links to specific information and services. The Guide is available on both the Defence Restricted Network and Defence Internet site through the ADF Health and Wellbeing Portal 'Fighting Fit' on the JHC homepage.

Family members can also access self-help web-based information and smart phone applications, such as High Res and the PTSD Coach Australia, which were jointly developed by Defence and DVA to help current serving and ex-serving ADF members and their families be more aware of the signs of mental distress in themselves and others and when and where to seek help as early as possible.

DCO's Defence Family Helpline provides 24/7 support and crisis intervention for families, members and ex-members for a range of issues including mental health issues and family and domestic violence. In addition, DCO's regionally based social workers are available to provide brief interventions (including psychological first aid), support and referrals of families in relation to mental health issues. Defence Chaplains provide personal, 24/7 pastoral care for members and families across a range of issues including mental health and wellbeing.

While DCO staff are not mental health professionals, and therefore do not provide mental health care services, DCO's regionally based social workers and Defence Family Helpline staff, are trained in assessing risk, in safety planning and in the provision of brief psychosocial interventions to ADF members and their families. DCO social workers provide a range of briefings to ADF members relating to homecoming and readjustment, family issues and the support services available through DCO and the broader community. DCO regionally based social workers deliver briefs to families about a broad range of family support options (outside mental health) and make use of functions and activities to engage with families and promote social connections. In addition, they frequently participate in Welfare Boards for members where they are able to provide a psychosocial perspective.

During periods of absence from home, DCO supports Command to meet its Defence member and family welfare responsibilities. This includes the families of Reservists who are employed on CFTS. This requirement is primarily met through the provision of support services, the Emergency Support for Families Scheme, and psycho educational programs. Deployment support calls delivered to partners or parents also provide the opportunity for family members to raise concerns and to have these addressed.

FAMILY ENGAGEMENT

Defence has done much in recent years to facilitate better engagement of families during treatment and rehabilitation of complex illnesses, including mental health problems.

Better engagement with families in the future will comprise a model of assessment, brief intervention and/or referral to address the informational, psycho educational and support needs of families. The model will focus on early intervention and will include DCO and JHC staff, medical and mental health professionals and rehabilitation consultants, collaborating on opportunities for assessment, brief intervention and/or referral and reporting processes with the ill or injured or at-risk serving member and their family. This will include identification of a family's needs (including their support needs), and address these through the provision of appropriate brief interventions by DCO staff, and/or referrals to other services relevant to families of members undergoing treatment of complex illness and injuries.

Engagement of families will be further enhanced through the provision of clear and targeted information using specific psychosocial information from formerly piloted residential workshops. This is to be provided to members and families through discrete modules delivered in group settings in short sessions.

In order to progress the delivery of family sensitive practice, JHC and the DCO are currently working on improving the processes and governance around the early identification of family needs and better defining the appropriate pathways for family interventions available by Defence mental health professionals. A pilot of an improved family engagement model will be conducted in 2017. This will address the Commission's recommendation 6 about reviewing approaches to family sensitive practices.

MENTAL HEALTH TREATMENT

Defence does not provide treatment directly to family members through JHC, however family sensitive practice is a core element of the mental health and psychology service delivery model. Defence health professionals may, where appropriate, engage with families during the treatment of members to provide the opportunity to be involved in the mental health support of ADF members. Where families may require support, recommendations may be made for counselling and ongoing support through the WCS and DCO.

The DCO offers a range of programs and services to help Defence families manage the military way of life. These include information, assistance and support in relation to mobility (postings), absence from home, readjustment and reintegration and transition from the ADF, as well as for the accidental and incidental crises that occur in military family life.

The National ADF Family Health Program was introduced in January 2014 to help reimburse the gap expenses for medical services provided to the dependants of ADF members through Medicare. The program funds 100% of all gap expenses for general practice services with a Medicare Benefits Schedule item number, and provides a capped amount per annum for non-cosmetic allied health services or to offset gap expenses for specialist referrals. For those dependents with Private Health Insurance the program benefits can be used in addition to the private health insurance benefits. The program is available for all identified dependents of permanent ADF members and Reservists on Continuous Full Time Service (CFTS).

FAMILY AND DOMESTIC VIOLENCE

Family and domestic violence is an issue for Australian society. As a microcosm of Australian society, Defence wishes to ensure that it is part of the national response to addressing and reducing family and domestic violence. Defence is actively engaged in the national response to reducing family and domestic violence. The Minister for Defence launched the Defence Family and Domestic Violence Strategy on 16 March 2017. The principles outlined in the Strategy will provide the foundation for the development of further policies, programs and practices across Defence.

Defence has established a Family and Domestic Violence Working Group that is examining current strategies, communications, policies and training through a domestic and family violence lens. Defence has a range of support mechanisms in place to assist ADF members and partners who experience family and domestic violence. Help is also available to eligible ex-members and their families through WCS.

Support for ADF members and/or families experiencing family and domestic violence is delivered through the Command/Supervisory chain, DCO, JHC, Defence Chaplains, mental health professionals and medical practitioners. Members and families are referred to external expert services for further support.

WCS programs, in addition to individual, couple and family counselling, that support effective family functioning, include the Crisis Assistance Program that provides temporary accommodation (up to five days) and respite for veterans who are experiencing a family crisis. Program eligibility is technically limited to Vietnam veterans, however, it has been accessed by veterans of other conflicts in circumstances where it would be an abrogation of WCS's duty of care to turn them away.





PARTNER EMPLOYMENT ASSISTANCE PROGRAM

The Partner Employment Assistance Program (PEAP) will commence on 1 July 2017. Its intent is to provide partners with up to \$1,500 funding per posting for curriculum vitae preparation, interview coaching, and career counselling and job search elements. Under PEAP, ADF partners will be able to apply to access professional employment assistance and professional re-registration costs. Professional employment assistance can include: development of a personalised resume and/or resume coaching; identification of transferable skills; employment options and job placement advice; job search strategies and techniques; development of an online employment profile (e.g. LinkedIn); application and selection criteria preparation; and preparation and presentation for interview.

Further support is available through an element of the Prime Minister's Veterans' Employment Program as previously mentioned in the chapter titled 'Transitioning from the ADF to Civilian Life'.

SERVICES TO SUPPORT FAMILIES DURING TRANSITION

The DCO offers a range of programs and services to help Defence families manage the military way of life including during transition from the ADF. To assist in addressing the Commission's recommendation to better promote services to current and former members and their families, DCO continues to enhance its strategies for communicating with families regarding the support that is available. Included as a current strategy is the use of the DCO website, Defence Family Helpline (24/7 availability), Facebook, Defence Family Matters magazine, Twitter, Service newspapers, transition seminars and briefs.

The Stepping Out program, delivered through WCS, is a free two-day, face to face program available to ADF members and their families, who are in the process of separation from the ADF or have separated in the last twelve months. The program aims to increase awareness of psychosocial skills and behaviours that may assist in the transition from military to civilian life.

WCS group programs provide clients with a structured, safe and supportive environment in which to learn about issues impacting on their mental health, acquire self-management techniques, connect with others with similar experiences and enhance resilience. As part of a continuum of care, participation in group programs can be an effective early intervention, either as a stand-alone service or as a pathway to other WCS or external clinical services. Group programs are available to assist family members through the transition process which as outlined previously can result in significant changes to the lives of the families of current and former serving ADF members. This could include relocation, accessing a new health care provider (a General Practitioner) and possible disruption to existing support networks and social relationships.

In 2015–16, WCS facilitated 148 group treatment and psycho-educational programs, to 1,182 clients nationally. This includes programs for families and partners, as well as veterans, for example:

- Health and wellbeing (including anxiety, depression and sleep programs)
- Residential lifestyle
- Relationships and communication
- Couples Programs
- Other (including grief and loss, parenting and resilience groups)

SUPPORT SERVICES AVAILABLE TO EX-SERVING FAMILIES

"I am lucky that I have great support from my family, especially my wife. I have two boys who are 23 and 25 years old and when it came to my injuries there are things that they have had to do for me and they understand that. They also like to remind me about it as well. I wish I could get them to help me paint the house... but they know I'm alright to do that now."

The Government provides direct mental health treatment to the families of ex-serving ADF members through WCS.

The WCS clinical service delivery model recognises that military trauma rarely impacts on an individual in isolation. As such, eligibility to WCS programs generally extends to the current or former ADF member's partner and immediate children. In the case of some client cohorts (for example, when a member has died by suicide or suspected suicide or been killed in a service related incident) eligibility extends beyond the immediate family to siblings and parents.

This family inclusive approach enables therapeutic interventions to address the broader mental health impacts on the family that can stem from ADF service and supports positive family functioning. As it is often family issues and engagement that will bring a veteran into care, this inclusive approach to service delivery also reduces barriers to care, such as stigma, which can limit the willingness of current and former ADF members to seek mental health care.

Families can also find advice on how to keep their family healthy while caring for someone with a mental health condition, including information on mental health first aid, through DVA's dedicated mental health portal, *At Ease*.

Complementing these clinical and non-clinical services, the Government is also providing \$2.1 million over two years to the Australian Kookaburra Kids Foundation (Kookaburra Kids) to provide support to the children of current and former serving ADF members who have been affected by mental illness. This program will give children an opportunity to take part in fun activities and allow them to bond with peers who are facing similar challenges, and their build resilience skills.

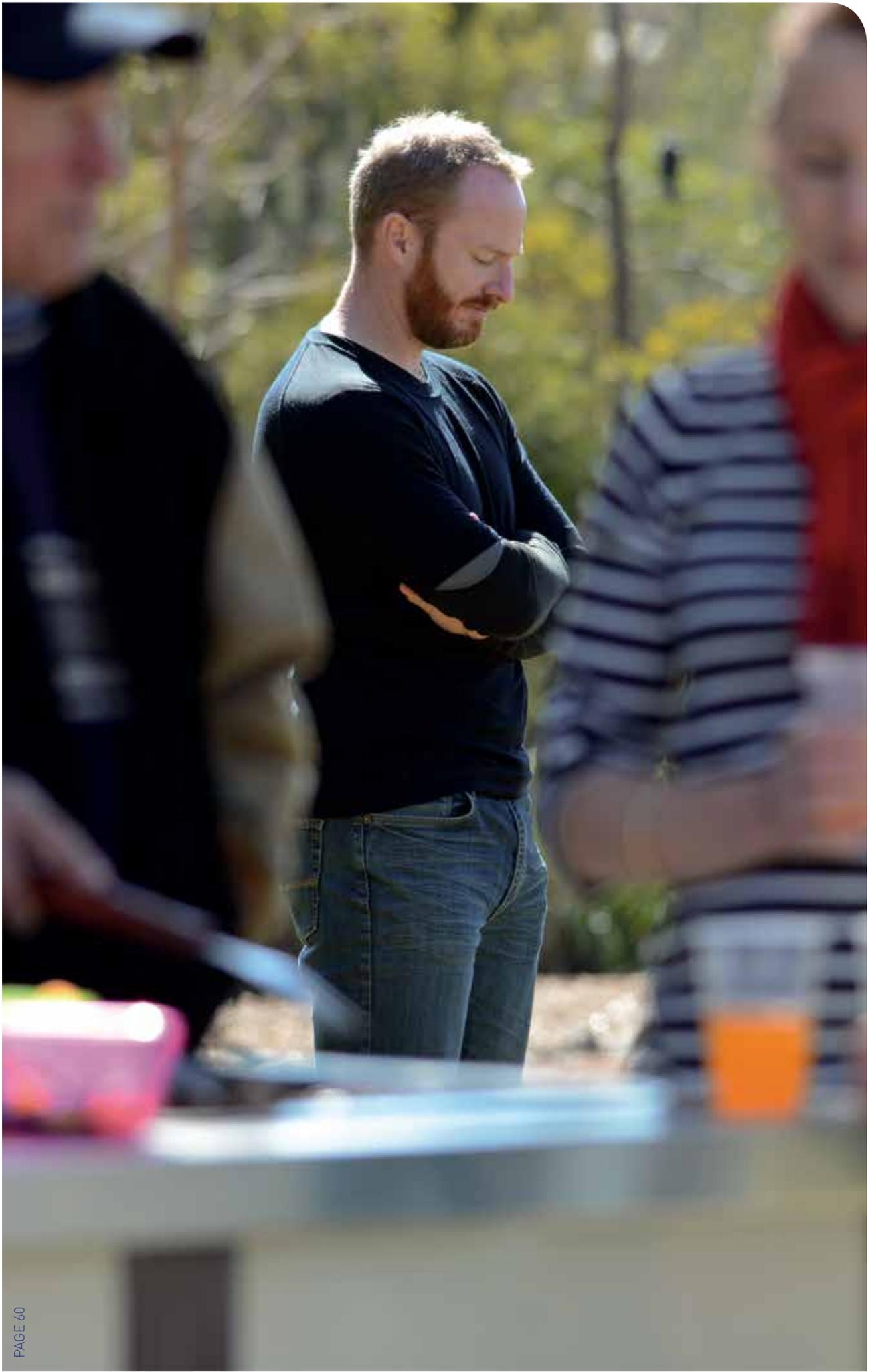
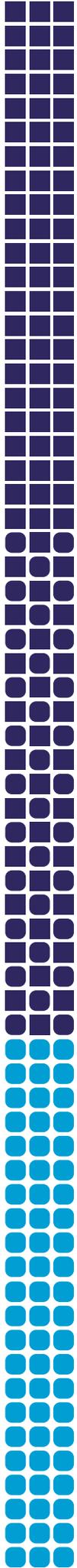
DVA has also established the First Responders Reference Group (FRRG) to link DVA with individuals and organisations providing direct services to veterans in need of immediate assistance. Often this assistance is provided in response to adverse events such as homelessness, substance abuse or mental health emergencies often involving and impacting not only the veteran but also their families. DVA has engaged formally with members using contracts for services including advice and contribution to DVA's user design. This Group has unique knowledge and first hand exposure to veterans and their families, in particular need and at times, crisis.

DVA will be able to use this Group's insights to learn about any gaps in the service available for these veterans and their families and also influence the co-design of DVA's veteran centric reform business processes.

As previously mentioned, DVA has set up a Veterans Families Forum which is a means of understanding families' needs and co-designing support for veterans' families. DVA provides support to current and former serving member's families and is committed to learning from their experiences and using their personal insights to co-design improvements to DVA's support offered to families.

As mentioned previously, the Transition and Wellbeing Research Programme, a joint research initiative of DVA and Defence, is the largest and most comprehensive study undertaken in Australia. This study is examining the impact of contemporary military service on the mental, physical and social health of serving and ex-serving ADF personnel, and their families. The information provided through the Family Wellbeing Study, a key part of the Programme, will be used to improve services for families and to design effective prevention and early intervention programs for families of current serving and ex-serving personnel.





COMMUNITY MENTAL HEALTH SERVICES AND VETERANS

The Australian Government invests in a broad range of mainstream mental health and suicide prevention services and/or programs that aim to improve mental health and reduce psychological distress, self-harm and suicide rates of all Australians. Whilst Defence and DVA offer a wide range of treatment and support services to serving and ex-serving members and their families, there are additional mental health support services available within the wider community. These non-Defence and DVA services are available to those in the serving and ex-serving communities and contribute to the prevention of self-harm and suicide as well as provide support in the transition to civilian life and later in civilian life.

The health services offered to the wider community have evolved and improved based on consumer perception. Systems are established to regularly capture information on the perspectives of consumers and carers about the health care they receive. Over the last seven years, the Department of Health has created a number of measures to enable the measurement of consumers' and carers' experience in Australian mental health services. These measures include the Your Experience of Service (YES) survey and the Mental Health Carer Experience Survey (CES).

NATIONAL SUICIDE PREVENTION TRIALS

As part of the Australian Government's broader investment in suicide prevention, innovative and collaborative approaches to suicide prevention are also being piloted. In 12 different locations across the country, the National Suicide Prevention Trials aim to provide evidence of how a systems-based approach to suicide prevention might be best undertaken at a regional level to better respond to local needs, and to identify new learnings in relation to suicide prevention strategies for at risk populations. All planning and coordination for these trials is through local Primary Health Networks (PHNs).

Townsville, home to a large veteran community, is one of these sites and has a particular focus on veteran suicide prevention. Townsville has a high population of both serving and ex-serving ADF members which makes it an ideal location to trial and evaluate specific interventions designed for the veteran population.

This project is about building an understanding of suicide in the Townsville community, and developing a local solution that strengthens existing services, builds collaboration between existing service providers, provides visibility to consumers of those services and considers innovative approaches to suicide prevention. For this reason, the project is being led by the Townsville community, through the North Queensland PHN.

Findings from the Townsville project will be made available to all PHNs to guide and strengthen future suicide prevention activities, and will inform future policy development.

To support this trial, the WCS is piloting a Community Coordination and Support Team comprising a mental health provider and lived experience mental health peer who will work with the veteran community to create stronger links and to facilitate coordinated care between veteran community, ESOs and the broader health care system.

DIGITAL SERVICES

The Department of Health is supporting the Government's mental health reform agenda by delivering and optimising consumer-friendly digital mental health services. The development of digital services continues to build and strengthen the stepped care model as outlined in the Commission's recommendation 10.

The Government has committed to delivering a cross-government digital mental health gateway for all Australians. Head to Health will provide a website, social media and telephone service that will help people more easily access information, advice and digital mental health treatment options that are most relevant to them (and non-digital options if considered more appropriate to need).

These services will particularly benefit people who face barriers in accessing face-to-face support services. Online chat forums moderated by beyondblue will provide support on topics such as depression and anxiety, suicidal thoughts and self-harm as well as PTSD and trauma.

Head to Health will also help people access a range of digital mental health interventions, and will provide a number of benefits to the veteran and ex-service community, including increasing the reach of Defence's and DVA's mental health assistance (i.e. more serving and ex-serving members and their families may be able to access resources through another entry point other than Defence, DVA or WACS) and expanding online choice and assistance options (i.e. other trusted mental health resources and tools will be accessible to the veteran community).

The Government has allocated \$30 million to Project Synergy for three years (2016-17 to 2018-19) for a range of settings and population groups, including young people, the veteran community and those at risk of suicide. Project Synergy is a capacity building project, trialling customised IT solutions for mental health service providers seeking to better help clients 24/7 through IT based service improvement. The Department of Health is working with WACS to develop Synergy trials that will improve access to mental health services for the veteran community.

Additionally, \$2.5 million is being provided over two years (2016-17) to Lifeline Australia to support their trial of a new crisis text service, Text4Good, which provides crisis support and suicide prevention for all Australians.

HOMELESSNESS

Under the 2015-17 National Partnership Agreement on Homelessness (NPAH), the Commonwealth Government is providing \$230 million over two years, which all states and territories have agreed to match, to fund frontline homelessness services. States and territories retain responsibility for determining where services are located, which service providers are contracted, and the amount of funding each service provider receives.

In addition to the NPAH funding, approximately \$1.3 billion per annum is provided by the Commonwealth to states and territories through the National Affordable Housing Agreement (NAHA), which includes around \$260 million for homelessness services. The Department of Social Services has primary responsibility for housing and homelessness in the Commonwealth.

Commonwealth, state and territory housing and homelessness Ministers met in Brisbane on 31 March 2016. Ministers discussed the need for a better understanding of the scope of homelessness issues for veterans and the possible responses to address this by the Commonwealth, with the support of states and territories.

Recommendations made by Ministers relating to the need for research, better data and transition management are being considered or implemented by DVA.

DATA COLLECTION

The Department of Health acknowledges there are limitations in terms of understanding the extent to which mainstream mental health and/or suicide prevention services are used, the effectiveness of these services and barriers to access. In relation to e-health records, a self-identifying 'Veteran and Australian Defence Force Status' indicator has been available in the My Health Record system since 30 November 2014 should veterans choose to participate.

To address the Commission's recommendation 21 regarding PHNs being able to consider the needs of former ADF members, the Primary Mental Health Care Minimum Data Set (PMHC MDS) will provide the basis for PHNs and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government. Opportunities to include a self-identifying 'Veteran and ADF Status' indicator in the PMHC MDS will be scoped by the Department of Health.

Whilst many of these initiatives listed in this section do not specifically target veterans, members of the ADF or their families, they remain available for these groups to access just as they are to the broader Australian community.

CONCLUSION

The National Mental Health Commission's Review into the Suicide and Self Harm Prevention Services available to current and former serving ADF members and their families (the Review) heard many stories from people expressing strong views on the improvements needed to systems, services, beliefs and culture in relation to suicide and mental health in the serving and ex-serving ADF communities.

The Review found the Australian Government, through the Departments of Defence, Veterans' Affairs, Health and the WACS, has implemented many actions to improve services and outcomes in relation to suicide prevention and mental health amongst current and former serving ADF members and their families. However, the Commission found that key issues persist

The Review provided an important opportunity to listen and hear about the need for change and reminds us of a number of key considerations:

- Suicide prevention is a complex issue with no single solution and it requires a multi-faceted service response placing the person at the centre of a system of care, within the community in which they live
- ADF members, veterans and their families are central in our focus and need to be effectively engaged to ensure they can shape the support they need throughout the entire journey from enlistment through transition and on to civilian life
- The range of risk and protective factors operating in the military environment must be recognised and better understood
- Research and data linkage must continue to improve the evidence base available to Government to inform future development of innovative suicide prevention and mental health treatment initiatives

- Engaging with members and their families, particularly those with lived experience, is critical in the development of a common understanding as to how to address this issue
- Continuing efforts are required to promote an ADF culture that enables a positive response to the stigma of mental illness and suicide
- While improvements in the services provided by Defence, DVA, Health and WACS have been evident and, on the whole, they are valued as being evidenced based and of high quality, there is further work to be done
- Ongoing evaluation and quality improvement of our services and programs is necessary to ensure serving members, veterans and their families are provided the right support at the right time.

The Government greatly appreciates the work of the Commission in its review of the suicide and self-harm prevention services available to current and former serving ADF members, veterans and their families.

It is clear from the breadth of information and initiatives provided in the response that the Government has for some time been making significant investments into this very important issue.

The Government notes progress is ongoing to address the systemic issues identified within the report. It is clear that the health of ADF members, veterans and their families remains a high priority for the Government, now and into the future.

APPENDIX A

SUMMARY OF THE AUSTRALIAN GOVERNMENT RESPONSE TO RECOMMENDATIONS OF THE NATIONAL MENTAL HEALTH COMMISSION REVIEW

REC. NO.

RECOMMENDATION

GOVERNMENT RESPONSE

1

The Minister for Veterans' Affairs and Defence Personnel should further examine how ADF and DVA can best develop a unified system that breaks down the siloed approach experienced by current and former serving members and their families. The goal should be to deliver instead a service offering that meets the needs of individuals in a seamless and person-centred way. Included in the work of this expert panel should be models for commissioning health services across ADF and DVA so that continuity of care for individuals moving from ADF to DVA funded services is maximised; agreeing a process that provides for automatic notification to DVA when a current ADF member suffers a work-related injury (to remove any later requirement to substantiate a work-related injury claim); and implementing processes that ensure contact is made periodically with former members of the ADF and their families to inform them of relevant services and other related information. Any administrative and/or legislative barriers to a unified service offering should be addressed as a priority.

Defence and DVA are currently working closely together on a number of initiatives to create continuity and seamless transition where possible. A cross-agency Transition Taskforce (comprised of DVA, Defence and Commonwealth Superannuation Corporation representatives) is reviewing the transition process with the aim of a significant reform that meets the needs of transitioning members and families. See also Recommendation 8.

2

As a matter of priority, the Minister for Veterans' Affairs and Defence Personnel should liaise with the Minister for Health to oversee the development of strategies, utilising a co-design process, to engage and support former members of the ADF aged 18 – 29 years, who have left the service in the last 5 years and who could be at risk of suicide or self-harm.

The Government continues to invest in support for young people aged 18-29 at risk. The Minister for Veterans' Affairs and Defence Personnel will work with the Minister for Health to develop programs and services to build protective factors around this at-risk group. The Government recently allocated \$30 million to develop digital mental health initiatives as part of Project Synergy, including an internet-based platform for mental health tools primarily targeted at young people. As part of this investment, a trial with WVCS clients will be conducted.

The North Queensland Primary Health Network has been funded by the Department of Health to conduct a suicide prevention trial in Townsville with a focus on developing strategies to support former members of the ADF who may be at risk of suicide or self-harm. Findings from the trial site will be shared across all 31 Primary Health Networks (PHNs).

The Transition Taskforce will report to Government shortly on improved transition support for at-risk populations.

Government funding of \$9.8 million for two new suicide prevention pilot initiatives targeting veterans with severe and complex mental health needs discharging from hospital and for those with chronic mental and physical health issues.

The Australian Government funds the headspace network, which provides free or low cost access to youth specific mental health services for young people aged 12-25 years. headspace services are also available to young veterans, defence personnel and their families across Australia. headspace takes a holistic approach to mental health by also providing support for related physical health, drug and alcohol problems, and social and vocational support. Where headspace is not the best service for a young person, headspace will use established clinical pathways to connect young people to appropriate services.

Government is partnering with Lifeline Australia to support the \$2.5 million trial of a new crisis text service, Text4Good, for all Australians in need.

REC. NO.	RECOMMENDATION	GOVERNMENT RESPONSE
3	<p>The Australian Government should commission an economic study of the current expenditure (within Defence, Veterans' Affairs, Health, Human Services and Social Services) on health, welfare and disability support for current and former Defence personnel and their families, and consider whether there are superior models for supporting optimal health and wellbeing of current and former members and their families, including models that separate compensation, liability and health care provision. The potential return on investment from achieving improved mental health and wellbeing, and enhanced community and labour force participation, should inform this work.</p>	<p>The link between compensation and health care for mental health conditions has already been separated through the provision of non-liability health care under DVA arrangements. Given this separation and other Budget 2017 initiatives of pro-active intervention, the proposed economic study would have limited value. DVA and Defence are focussing on wellbeing and participation models that are acknowledged as leading to better outcomes for members and veterans.</p> <p>The Australian Government Actuary annually estimates the liability of the SRCA and MRCA schemes.</p>
4	<p>The ADF should continue to invest in leadership training and ongoing cultural change to eradicate any behaviour from within the chain of command that stigmatises mental illness and deters help-seeking behaviour. Dedicated welfare officers and/or peer support workers should be established within each unit to assist the cultural change process and support those who may be at risk as a result of mental health issues or suicidal behaviour.</p>	<p>Defence currently has in place leadership training on mental health issues and will continue to develop this. Defence has promoted peer support activities and is now considering options for further development of a peer support workforce within single Services units.</p>
5	<p>The ADF and DVA should rethink the strategy and range of initiatives to support families. A Family Engagement and Support Strategy should be co-designed with families, and focus on known stress points for families, including transition points. The strategy should also recognise and cater for the diversity of family structures in the ADF and in ex-serving communities.</p>	<p>A number of initiatives are currently being implemented in support of families. Defence has a family engagement model currently under development that includes engagement with WCS.</p> <p>As part of its election commitments, the Government has initiated the Female Veterans and Families Forum.</p> <p>Support has also been provided for services for children of veterans with mental health conditions through the Kookaburra Kids Foundation.</p>
6	<p>The ADF should review its current approach to implementing family sensitive practices, and implement any necessary changes in policy, practice and training to ensure that services are truly inclusive and family sensitive, particularly in relation to engaging with families when there is a report or incident of self-harm or suicidal behaviour. Any approach that denies involvement of families on superficial privacy and/or security grounds should be vigorously challenged, with a robust process implemented to regularly assess the experience of families in being engaged and participating in health services.</p>	<p>While acknowledging requirements under the privacy legislation, Defence will continue to develop its family sensitive approach. Defence, (through Joint Health Command and DCO) will implement a family engagement model in the treatment of ill and injured ADF members supported by improvement in family sensitive practice amongst Defence health providers. To ensure a family-inclusive approach, co-design will be a priority in the development of these new support programs and initiatives. Work is also being undertaken to improve the support programs available to families to increase awareness levels and to provide advice on how to access these programs.</p>
7	<p>The widespread perception that deficiencies exist in the recruitment processes for Defence should be further examined utilising a rigorous methodology to ascertain whether there are points of weakness in the current processes that may lead to unsuitable candidates being accepted for service. In the interests of transparency, both the methodology and the results should be made publicly available and communicated appropriately within the ADF.</p>	<p>The quality of processes and decision making within Defence Force Recruiting is of a high standard and is regularly assessed. The Services reaffirmed in 2016 and 2017 that the risk tolerance in recruiting with respect to mental health assessment was appropriate and should be maintained. The processes and decision making within Defence Force Recruiting will continue to be reviewed regularly, to confirm they remain appropriate and align with requirements and expectations of the Services. A targeted communication strategy is being developed to inform key Defence personnel regarding Defence Force Recruiting, the contract framework, the delivery of recruiting services and the level of Commonwealth oversight in place.</p>
8	<p>The current efforts by the Transition Taskforce focusing on supporting the transition of personnel out of the defence forces should continue and aim to deliver an approach to transition that enables all departing personnel to leave with dignity, hope and some certainty about their future, regardless of the circumstances of their discharge. The process of planning for transition should begin on commencement with the ADF, with greater consideration given to the processes that could be implemented during service that would better prepare members for civilian life after their military career. A greater role for peer workers and ESOs to support transition would be desirable, but the ultimate process should be informed by a co-design approach.</p>	<p>The outcomes of the Transition Taskforce will focus on addressing any barriers to successful transition, and with a clear goal of assisting ADF members to prepare for their lives post their permanent Service. The work of the Taskforce is being informed through a co-design process and will deliver an approach that will particularly target improved transition support to at-risk populations such as young men.</p>
9	<p>The ADF and DVA should consider how to better promote the services that are available to current and former serving members and their families so that awareness of the range of services and how to access them is increased.</p>	<p>DVA and Defence have a number of mechanisms in place to promote their services and will continue to utilise and expand on these mechanisms.</p> <p>An advertising campaign is underway to promote access to mental health services for veterans without the need to submit a claim for compensation through non-liability health care arrangements. This campaign will include online media to particularly target at-risk young men.</p>

REC. NO.

RECOMMENDATION

GOVERNMENT RESPONSE

10

The ADF and DVA should continue to build on the stepped mental health care model in place and ensure that a range of early intervention options are available that can maximise early help-seeking and minimise the impact that mental illness may have (e.g. on career progression or deployment or post-military employment). Such options could include self-management, low intensity services, digital services, peer support services or on-base walk-in centres, in addition to specialist clinical services and psychosocial support.

DVA and Defence have stepped models of care and have identified several mechanisms to expand and develop the model further and help veterans navigate the system. Similarly, the Department of Health through PHNs and national programs is increasing the availability of low intensity services including digital services which will be able to support both current and former members of the ADF. These digital services, including the \$30M investment in the Synergy IT platform, will particularly respond to the help-seeking behaviours of at-risk young men.

11

The ADF mandatory training on mental health awareness and suicide prevention should be reviewed and strengthened via a co-design process, with the aim of developing training that appropriately contextualises the occurrence of mental illness and educates service personnel on risk and protective factors, the concept of recovery and the benefits of early intervention. Consideration could also be given to training being delivered by peer workers with lived experience of military service and mental health issues or suicidality, possibly in association with an ESO.

Defence agrees to complete a review of current mandatory training to consider methods of increased engagement and strengthening of the training.

12

Independent evaluation of suicide prevention and self-harm services within ADF and DVA is good practice and should be embedded, with the results used to inform further service development. Any new program to reduce the incidence of suicide and self-harm in the ADF or DVA, including services commissioned through ESOs, must be evidence based and have a clearly defined program of evaluation before the program commences.

New programs should be evidence based with evaluation frameworks in place. External independent reviews may be required, however this will be determined following implementation of the continuous improvement framework for mental health programs for the ADF.

Defence and DVA already adopt an evidence-based approach to inform service development. They are also working closely on research priorities to enhance their capacity to produce and use evidence-based applied research to meet the needs of serving and ex-serving personnel and their families.

The Department of Health also recognises the importance of improving the evidence base and evaluation arrangements for suicide prevention services. The Department of Health is funding Suicide Prevention Australia to administer the \$12 million Suicide Prevention Research Fund and Best Practice Hub. The Best Practice Hub will facilitate the sharing of evidence-based interventions.

13

Further enhancement of specialist mental health expertise within the ADF is recommended, with options including a greater number of military psychiatrists, engagement of mental health nurse practitioners, and more allied health practitioners with clinical mental health expertise (e.g. clinical psychologists). The cost of this enhancement could potentially be off-set by a reduction in outsourced mental health specialist services. Utilising mental health peer workers could complement the expanded clinical professional roles.

Defence has a number of current actions in place to expand specialist mental health expertise within Defence Health Services supported by an expansion of the role of the ADF Centre for Mental Health. (see Recommendation 14).

14

Consideration could also be given by the Australian Government to funding and developing further specialist mental health centres of excellence within all major defence service regions, providing local capability and knowledge as well as the opportunity to form partnerships and build the evidence base through high quality research and service evaluation. Such centres would see consultant psychiatrists working within specialist multi-disciplinary teams which include mental health nurses, allied health practitioners and peer workers, and could potentially offer services to current and former serving personnel, and their families.

Defence has a proposal to expand the existing ADF Centre for Mental Health as the centre of excellence within Defence, to create a bespoke model for supporting access to clinical expertise across Defence regional health services and develop partnerships with other external national centres of excellence.

As part of the 2016 Election commitments, the Government committed to providing \$6 million over four years from 2016-17 to develop the Centenary of Anzac Centre in partnership with Phoenix Australia. The Centre will perform two primary functions, of providing practitioner support and treatment research.

Through its national, integrated, 24-hour service delivery system, WVCs provides counselling for individuals, couples and families, and support for those with more complex needs. WVCs also provides information, education and self-help resources; and referrals to other services or specialist treatment programs as appropriate.

15

The ADF and DVA should continue to implement a robust continuous quality improvement framework across all mental health and suicide prevention services, with an annual report to Ministers noting significant achievements in service improvement as well as any challenges. Defence and DVA will continue to implement a robust continuous improvement framework.

Defence and DVA will continue to implement a robust continuous improvement framework.

As part of the Government's election commitments, an annual Ministerial statement will be made on key issues affecting veterans. This annual statement will include a focus on developments and challenges in mental health care for current and former ADF members and their families.

16

As DVA has mapped the process between lodging a DVA claim, acceptance of a claim, and first payment being made, and established key performance indicators for the time to decision and payment, it should implement a default position, in the event that a decision is not made within the stipulated timeframe, to pay a claimant until such time as a definitive decision is made. This provides an impetus for DVA to ensure that claims are processed in a timely fashion and that claimants are not unreasonably disadvantaged by delays in DVA administrative processes.

While the Government is committed to reducing Time Taken to Process claims and improvements have already been made in recent years, the Government does not support a default position in the event a decision is not made within a stipulated timeframe. Legislated timeframes for the processing of initial liability claims under the *Military Rehabilitation and Compensation Act 2004* were the subject of the Review of Statutory Timeframes report tabled in Parliament in June 2014. The report recommended against the introduction of legislated timeframes because they increased the risk of poor, incomplete or incorrect outcomes for claimants.

In any case, a number of major initiatives through the Veteran Centric Reform project will result in reduced time taken to process claims.

Veterans can access treatment for any mental health condition without the need for a compensation claim through Non-Liability Health Care arrangements.

REC. NO.	RECOMMENDATION	GOVERNMENT RESPONSE
17	The ADF should review its approach to serving members whose current mental health issues necessitate a period of alternate duties, and ensure that appropriate and meaningful duties are available that support the well-being and dignity of the member and their recovery.	Defence has in place several mechanisms to provide alternative duties and meaningful engagement for members that require alternative work arrangements that are subject of continuous improvement.
18	The Minister for Veterans' Affairs should continue to promote the benefit of self-regulation by ESOs offering peer to peer services, utilising a framework that sets out minimum standards. Self-assessment by ESOs against the framework could inform their own quality improvement program and could also form the basis of an approach towards ESOs promoting an enhanced level of evaluation.	DVA's Advocacy Training and Development Program (ATDP) provides Ex-Service Organisations (ESOs) with national accredited training for their advocates to meet competency standards before providing advice on entitlements and support services. The ATDP also has a code of conduct for advocates. DVA is currently piloting a Peer to Peer Support Network program. This program has been designed to facilitate recovery of ex-serving members with a mental health problem by linking them with a trained volunteer Peer Mentor and supporting that relationship.
19	Continued research is required to develop a comprehensive understanding of suicide and self-harm within current and former members of the ADF, and their families. A long-term research program focussed on mental health and wellbeing, and the prevention of suicide and self-harm should be developed, in conjunction with academics and other research bodies e.g. the National Health and Medical Research Council, the Medical Research Future Fund and the Suicide Prevention Research Fund. This program should be informed by the findings from the Transition and Wellbeing Research Programme and the final report from the AIHW on the Estimation of incidence of suicide in ex-serving Australian Defence Force personnel. Two potential areas for research that were raised but not addressed within this review include the veteran prison population and the veteran homeless population.	DVA and Defence are working closely to develop mutually beneficial joint research projects to meet the needs of serving and ex-serving personnel and their families. Research will continue to be undertaken on key issues including prevalence of suicide, homelessness, incarceration and families. The Government is working with State and Territory governments to address these issues via multi-faceted solutions.
20	A strategy for further data development and information priorities within the ADF/veterans context should be developed to improve tracking and visibility of the need for, uptake and effectiveness of services for current and former serving ADF members and their families, as well as the experience and outcomes of these services. As part of this strategy, the Australian Government should consider developing a health data identifier for use in health data sets to identify when an individual is a current or former member of the ADF. This would assist in health services planning as well as better targeted service delivery and in research endeavours.	The Commonwealth Veteran Indicator Interdepartmental Committee (IDC) has been established to identify what data is collected by Commonwealth agencies, what additional data could be collected, how the data can be used to inform veteran-related policy and program development more generally across government, and understand the constraints of introducing a veteran identifier in identified data collections.
21	De-identified data and other relevant information relating to former ADF members should be provided via the Department of the Health to Primary Health Networks to assist them to consider the needs of former ADF members in the planning and delivery of effective and efficient health services within their regions.	The Primary Mental Health Care Minimum Data Set (PMHC MDS) will provide the basis for PHNs and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government. Opportunities to include a self-identifying 'Veteran and Australian Defence Force Status' indicator in the PMHC MDS will be scoped by the Department of Health.
22	The Department of Defence should periodically commission (e.g. every 2 – 5 years) repetition of the data-linking study undertaken by the AIHW that examined the risk of suicide in current and former serving members. It is only in this way that a more accurate picture of the true risk of suicide can be built up over the next generation of military service.	The Government intends that AIHW provide regular updates on the suicide data linkage study to improve the understanding of the true risk of suicide. DVA and Defence is currently in discussion with AIHW for the continuation and regular updating of this study.
23	Regular reporting on progress in the implementation of the recommendations in this report is required. It is recommended that within six months of receiving this report, and annually thereafter, the Minister for Veterans' Affairs and Defence Personnel table a report in the Parliament of Australia, addressing the actions taken in support of implementing the recommendations, and the progress achieved. It should also include the key issues to be addressed in the next twelve months, and the outcomes expected, as well as the results of key indicators that address the mental health and wellbeing of current and former serving members of the ADF.	The Minister for Veterans' Affairs and Defence Personnel will deliver an annual Ministerial statement on key issues for current and former serving ADF members and their families. This will include progress on actions to address the supported recommendations in the report. The first Ministerial statement is scheduled to be made in August 2017.

ABBREVIATIONS

ADF	Australian Defence Force	NAHA	National Affordable Housing Agreement
ADFHS	ADF Health Services	NMHC	National Mental Health Commission
AIHW	Australian Institute of Health and Welfare	NPAH	National Partnership Agreement on Homelessness
ASIST	Applied Suicide Intervention Skills Training	OBAS	On-Base Advisory Service
ATDP	Advocacy Training and Development Program	PEAP	Partner Employment Assistance Program
CDF	Chief of the Defence Force	PHNs	Primary Health Networks
CES	Carer Experience Survey	PMHS	Periodic Mental Health Screen
CFTS	Continuous Full-Time Service	PTSD	Posttraumatic Stress Disorder
CIF	Continuous Improvement Framework	PMHC MDS	Primary Mental Health Care Minimum Data Set
CSC	Commonwealth Superannuation Corporation	R&C	Rehabilitation and Compensation
CTAS	Career Transition Assistance Scheme	RESTORE	Rapid Exposure Supporting Trauma Recovery
CVC	Coordinated Veterans' Care	SAM	Defence/DVA Single Access Mechanism
DART	Defence Abuse Response Taskforce	SMAP	Single Medical Assessment Process
DCO	Defence Community Organisation	SRCA	Safety, Rehabilitation and Compensation Act 1988
DFR	Defence Force Recruiting	SVV	Supporting Younger Veterans
DHS	Department of Human Services	TTTP	Time Taken to Process
DVA	Department of Veterans' Affairs	VCDF	Vice Chief of the Defence Force
ESOs	Ex-Service Organisations	VCR	Veteran Centric Reform
GP	General Practitioner	VEA	Veterans' Entitlements Act 1986
ICT	Information and Communications Technology	VEAI	Veterans' Employment Assistance Initiative
IDC	Interdepartmental Committee	VEP	Veterans' Employment Program
JHC	Joint Health Command	VVCS	Veterans and Veterans Families Counselling Service
LASER	Longitudinal ADF Study Evaluating Resilience	YES	Your Experience of Service
MEC	Medical Employment Classification		
MHSC	Mental Health Screening Continuum		
MH&WB	Mental Health and Wellbeing		
MRCA	Military Rehabilitation and Compensation Act 2004		

E M E R G E N C Y C O N T A C T S

IF YOU, YOUR FAMILY OR FRIENDS ARE WORRIED ABOUT HOW YOU ARE COPING OR FEELING, THEN PLEASE SEEK HELP EARLY.

BOTH DVA AND DEFENCE OFFER COMPREHENSIVE SYSTEMS OF SUPPORT THAT CAN HELP YOU AND YOUR FAMILY, WHEN AND WHERE IT IS NEEDED.

IN AN EMERGENCY CALL - 000

JOINT HEALTH COMMAND – FOR ALL ADF MEMBERS

Contact your local on base Health Centre
If you are away from base or for after hours assistance

PHONE 1800 IMSICK

ADF MENTAL HEALTH ALL-HOURS SUPPORT LINE (ASL)

Available 24/7 to ADF members and their families

PHONE 1800 628 036

WEBSITE ADF HEALTH AND WELLBEING PORTAL – FIGHTING FIT

<http://www.defence.gov.au/Health/HealthPortal/>

VVCS – VETERANS AND VETERANS FAMILIES COUNSELLING SERVICE

PHONE 1800 011 046

WEBSITE <http://www.vvcs.gov.au/index.htm>

During business hours 1800 011 046 connects you to the nearest VVCS centre.
After hours, 1800 011 046 connects to the Veterans Line after hours telephone crisis counselling service.

DEFENCE FAMILY HELPLINE

PHONE 1800 624 608

WEBSITE <http://www.defence.gov.au/DCO/Defence-Helpline.asp>

24-7 and is staffed by qualified human services professionals including social workers and psychologists.

SUICIDE CALL BACK SERVICE

PHONE 1300 659 467

WEBSITE <https://www.suicidecallbackservice.org.au/>

Free counselling 24 hours a day 7 days a week across Australia

