# A Guide to the Veterans' Health Check

Prepared for the Department of Veterans' Affairs by Flinders University

The ADF Post-discharge Health Assessment resources have been official recognised as Accepted Clinical Resources by the Australian College of General Practitioners

The Australian Practice Nurses Association have endorsed this material

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Australian Defence Force (ADF) Post-discharge GP Health Assessment Guide



July 2015

Version 1.0

Reed R, Masters S, Shelby-James T on behalf of the Department of Veterans' Affairs (2015). *A Guide to the Australian Defence Force (ADF) Post-discharge General Practitioner Health Assessment*. Canberra: DVA.

**Funding**

Flinders University (Discipline of General Practice) received funding from the Department of Veterans Affairs to develop the ADF Post-discharge GP Health Assessment, now known as the Veterans' Health Check. The developers of the health assessment at Flinders University reported that they do not believe that they have any conflicts of interest (financial or otherwise) that should be declared in relation to this project.

**Acknowledgments**

We thank staff from the Australian Government Department of Veterans' Affairs and the Australian Government Department of Defence for their input and support. Reviewers from the Royal Australian College of General Practitioners and the Australian Primary Health Care Nurses Association provided valuable feedback on earlier drafts of the Guide to the Veterans' Health Assessment and accompanying Quick Reference Guide.



**Hyperlinks**

Please note that URLs link to a specific webpage or resource but have been truncated to improve readability.

# Contents

# Acronyms

| | |
|---|---|
| ACPMH | Australian Centre for Posttraumatic Mental Health |
| ADF | Australian Defence Force |
| ADHD | Attention Deficit Hyperactivity Disorder |
| APS | Australian Psychological Society |
| AUDIT-C | Alcohol Use Disorders Identification Test (AUDIT) C scale |
| BMI | Body Mass Index |
| CAPS | Clinician Administered Posttraumatic Stress Disorder Scale |
| CBT | Cognitive Behavioural Therapy |
| CNCS | Complex Needs Client Support |
| CPT | Cognitive Processing Therapy |
| DAST | Drug Abuse Screening Test |
| DSM 5 | Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition |
| DVA | Department of Veterans' Affairs |
| EMDR | Eye Movement Desensitisation and Reprocessing |
| IIEF-5 | 5-item International Index of Erectile Function |
| ISI | Insomnia Severity Index |
| K10 | Kessler Psychological Distress Scale |
| MEAO | Middle East Area of Operations (MEAO) |
| MBS | Medicare Benefits Schedule |
| MSD | Musculoskeletal Disorder |
| MST | Military Sexual Trauma |
| mTBI | mild Traumatic Brain Injury |
| NHMRC | National Health and Medical Research Council |
| Open Arms | Open Arms – Veterans & Families Counselling |
| OR | Odds Ratio |
| PBS | Pharmaceutical Benefits Scheme |
| PCL | PTSD Checklist |
| PC-PTSD | Primary Care Posttraumatic Stress Disorder screen |
| PSIS | Prescription Shopping Information Service |
| PTSD | Posttraumatic Stress Disorder |
| RACGP | Royal Australian College of General Practitioners |
| RANZCP | Royal Australian and New Zealand College of Psychiatrists |
| RPBS | Repatriation Pharmaceutical Benefits Schedule |
| STI | Sexually Transmitted Infection |
| SUD | Substance Use Disorder |
| TF-CBT | Trauma-Focused Cognitive Behavioural Therapy |
| TGA | Therapeutic Goods Administration |
| USVA/DoD | United States Department of Veterans Affairs/Department of Defence |
| VMHC | Veteran Mental Health Consultation Companion |

# 1 Overview

The Veterans' Health Check is designed to assist general practitioner (GPs) identify and diagnose the early onset of physical and/or mental health problems among former serving members of the Australian Defence Force (ADF). The assessment is based on well validated screening measures which target:

- Levels of physical activity
- Chronic pain
- Sleep
- Alcohol and substance use
- Post-traumatic stress disorder
- Psychological health and sexual health

The assessment will usually take between 20-75 minutes to complete depending on the number and complexity of issues identified. The assessment is available in paper form and also through the *Best Practice* and *MedicalDirector* software packages.

The assessment should be undertaken by the patient's usual treating medical practitioner who can be assisted by a suitably qualified health professional (e.g., a practice nurse). Following the assessment advice is provided for issues requiring follow-up.

# 2 Rationale for the Veterans' Health Check

More than 72,000 men and women have served in the ADF since 1999 and a substantial number of military personnel have been involved in overseas deployments. Service in the ADF is a unique experience bringing with it a strong sense of camaraderie, identity and purpose. It can also be physically and mentally demanding, and expose members to stress and risk. Military operations can also involve personnel being put in harm's way through the course of duty.

People who have served in the ADF may have been exposed to a range of physical and mental stressors through the course of their duties, including on overseas operations (1). These exposures include noise (vehicles, gunfire, aircraft, industry), musculoskeletal injuries (infantry training, rigorous training for fitness requirements, trauma) and environmental and chemical irritants. Veterans may also experience medical conditions associated with ageing and smoking (e.g., diabetes, cardiovascular disease).

The assessment includes a targeted physical examination that is particularly appropriate for younger former service men and women, however all former ADF personnel (no matter their age) can benefit from the assessment. Anxiety, depression, Posttraumatic Stress Disorder (PTSD) and alcohol use disorders may also be evident for veterans including younger veterans (2). Mental health symptoms may increase in severity following discharge from service (3, 4) and former ADF members may benefit from a proactive approach to engage with primary care (5).

At the completion of the assessment tool there is information on referral options and how to access DVA services that former members of the ADF may be eligible for.

**A Quick Reference Guide is available**

A quick reference guide is available for clinicians that summarises key actions and considerations for former ADF members who screen positive on one or more of the assessment items in the D9388 – Veterans' Health Check Assessment tool. The quick reference guide provides hyperlinks to some of the resources that are cited in this document. Available at **www.dva.gov.au/veteranshealthcheckproviders**

# 3 Eligibility and reimbursement

All former serving members of the ADF including former members of the permanent force or reserves can access a one-off Veterans' Health Check from their GP, which can be performed at any time after the patient's discharge from the ADF. While all former serving members of the ADF including former members of the permanent force or reserves that transitioned on or after 1 July 2019 are eligible to the Annual Veteran Health Check, which can be accessed once a year for the first five years after transition.

Using the Medicare items listed below, DVA will pay for the One-off Veterans' Health Check for a former serving member of the ADF if they have a Gold card or a White card.

If the former ADF member does not have a DVA entitlement (e.g. Gold or White card), then the Government will pay a rebate for the assessment under general community Medicare arrangements using the time-based health assessment items 701, 703, 705 and 707. The Annual Veterans' Health Check is covered using similar DVA time-based health assessment items MT701, MT703, MT705 and MT707.

GPs are encouraged to bulk bill for providing the assessment but this is at GP discretion. If the GP does not bulk bill then the patient will need to pay the gap if they do not have a DVA entitlement.

Current serving members of the ADF are not eligible for this assessment even if they have a Medicare Card. Current serving members of the Reserves are also not eligible unless they have been discharged from the Permanent Forces.

If a current or former serving member has been diagnosed with PTSD, anxiety, depression, alcohol use or substance use disorder, DVA may pay for their treatment, even if the condition is not related to their Defence service. This treatment is available for anyone who has deployed on operations overseas, and many who have served more than three years peacetime service.

These arrangements are often known as non-liability health care. Further information is available on the DVA website at **www.dva.gov.au** or by contacting DVA on 133 254.

Diagnosis of these conditions can be made by a vocationally registered GP. Form D9213: Application for Health Care for Certain Mental Health Conditions needs to be completed. See **www.dva.gov.au**

# 4 How to perform an ADF Post-discharge GP Health Assessment?

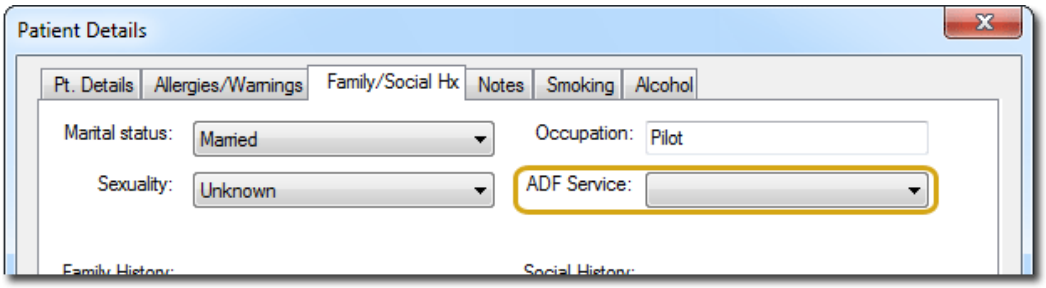
The patient must be provided with an explanation of the health assessment process and its likely benefits and consent to the health assessment being performed. Consent must be noted in the patient's records. The patient should be assured that the information they provide will be treated as confidential and shared only with those health professionals involved directly in their care.

There is no requirement to use this assessment tool as long as the requirements for the ADF Post-discharge GP Health Assessment are met as defined by the Medicare Benefits Schedule (MBS) (6). However, the assessment tool includes clinically recommended screening measures for ex-serving military personnel, which may help guide further assessment and referral.

The health assessment must be performed by the patient's usual doctor (6). Suitably qualified health professionals, such as practice nurses or Aboriginal and Torres Strait Islander health practitioners, may assist medical practitioners in performing the health assessment. Such assistance must be provided in accordance with accepted medical practice and under the supervision of the medical practitioner. This may include activities such as collecting information from patients and providing patient education literature about recommended interventions. The medical practitioner should be satisfied that the assisting health professional has the necessary skills, expertise and training to collect the information required for the assessment (7).

The Veterans' Health Assessment tool has been incorporated into the *Best Practice* and *MedicalDirector* software packages. PDF and Microsoft Word versions are also available at the DVA website:. The *Best Practice* and *MedicalDirector* software packages include a field to record ADF service for patients (shown below).

**In *MedicalDirector*,** a patient's ADF service history is recorded via the **Family/Social Hx** tab of the Patient Details window as shown below.

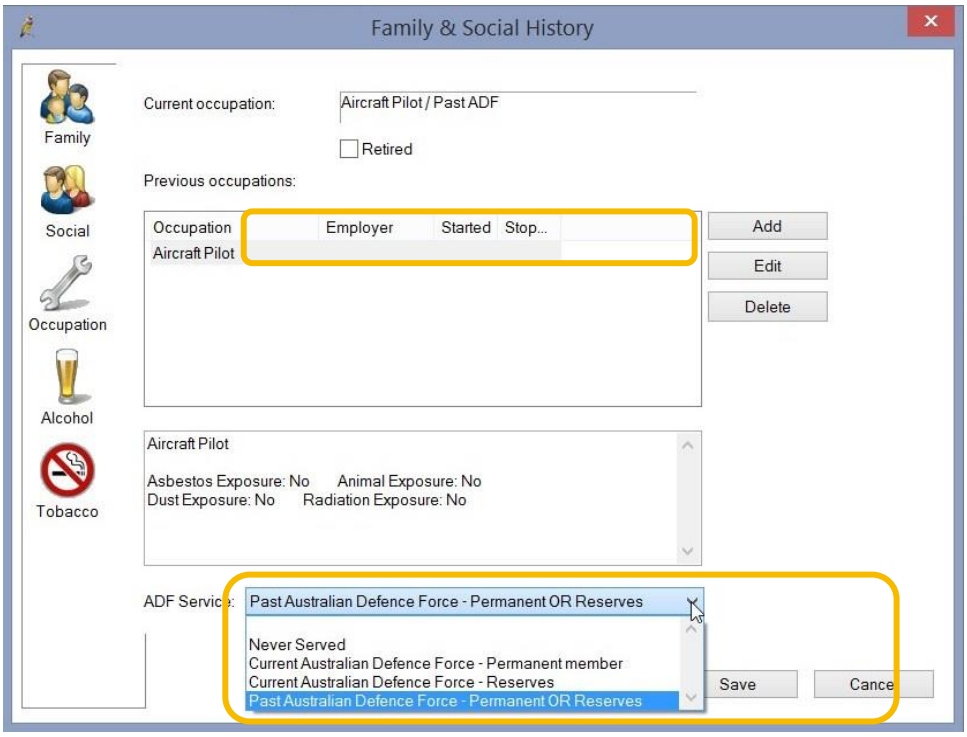



Options include:

- Never served
- Current Australian Defence Force—Permanent Member
- Current Australian Defence Force—Reserves
- Past Australian Defence Force—Permanent OR Reserves
- Unknown

The selection is reflected in the **Occupation** field on the Clinical window as shown below.

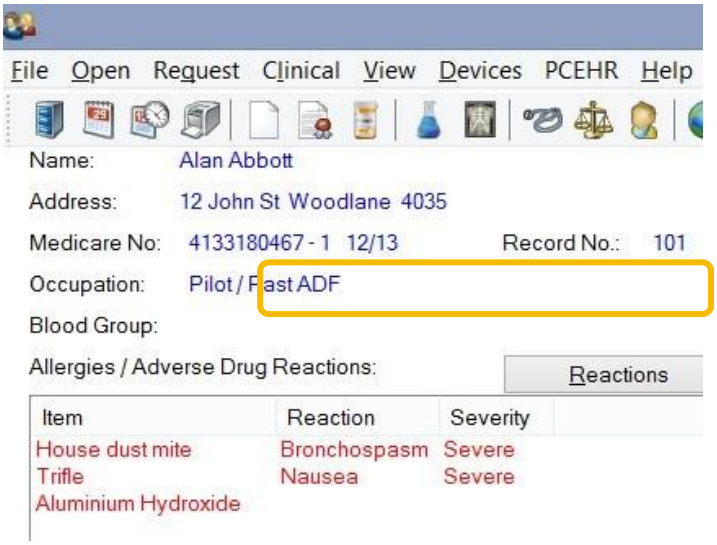

**In *Best Practice*,** a patient's ADF service history will be recorded in the Family and Social History window, as shown below.




The options include:

- Never served
- Current Australian Defence Force—Permanent member
- Current Australian Defence Force—Reserves
- Past Australian Defence Force—Permanent OR Reserves
- Unknown

The selection is reflected in the **Occupation** field on the Patient Details window, as shown below.



# 5 Resources for health professionals and their clients

## Veteran Mental Health Advice Book

The Veteran Mental Health Advice Book is a free resource that assists health practitioners to deliver the most effective mental health treatments for veterans. The Book draws on the latest Australian and international best practice treatment of mental health issues and is designed to help practitioners apply their existing mental health knowledge and expertise to both younger and older veterans. Available from www.dva.gov.au(8).

## The Veteran Mental Health Consultation Companion (VMHC$^2$)

This is a free app for iOS and Android tablet devices that offers interactive assessment measures which can be printed and emailed for your records. The app also offers a mental status examination and risk assessment, recommended treatment options, treatment planning tools, and printable patient handouts. Further information about this app, which is available free of charge from the App Store and Google Play, can be found on the *DVA* website: www.dva.gov.au

## gplearning—Working with veterans with mental health problems

This is a free GP education programme available to Fellows of the Royal Australian College of General Practitioners (RACGP), the development of which was funded by DVA. This one-hour learning activity provides information and practical strategies to assist GPs in engaging with veterans and to provide early and effective mental health interventions. Available from **gplearning.racgp.org.au**

## Understanding the Military Experience

This is a free online course produced by DVA that provides information about the military experience, treatment eligibility and basic information about common mental health presentations and their impact on family and carers. This resource can be accessed via the *DVA* website www.dva.gov.au

Veterans' MATES

The Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) provides up-to-date health and medicine information for health professionals and veterans. A team of clinical experts contribute to the writing of this information which is specifically tailored for veterans and their health professionals. Modules are available at **www.veteransmates.net.au**.

A comprehensive list of DVA mental health services for health providers and their clients is available from the **www.dva.gov.au**

# 6 Discharge summary from the ADF

Many former ADF members will have a copy of the Clinical Summary Transfer of Health Care form ('discharge summary') provided to them upon separation from the military. This document is a record of past and present diagnoses and other health problems, allergies and reactions, medications, health care requirements and ongoing treatment needs. This information will be particularly relevant for those who have left ADF service in recent years. Former ADF members may also have been given a copy of their Defence health record.

Discharge summaries may soon be able to be accessed online by former ADF personnel (9). In the interim, former members or their authorised representative (e.g. GP) can request their Defence health record from:

Defence Health Records
GPO Box 1932
Melbourne VIC 3001
Ph. (03) 5258 0675
**adf.persrecordenquiries@defence.gov.au**

Psychology records may be archived separately. More information about how to request a copy of former members' health or psychological records is available at **www.defence.gov.au/foi**.

# 7 ADF history

Responses to questions regarding ADF history provide a context that may assist the health professional to tailor subsequent questions and the type of information they provide to patients.

## Service

Determining which branch of the military a patient has served in is highly relevant as exposures and consequences of service vary between and within the Army, Navy and Air Force.

## Years of service

Information about the period of military service, and when the person left the ADF, provides insight into the level of risk associated with occupational exposures and the chances that these exposures may lead to the development of serious health issues. Leaving the military, even if by choice, can be stressful. People who have served for long periods in the military may find transition to civilian life difficult.

## Resources for veterans

If your patient has separated from the ADF within the last 12 months they may benefit from the *Stepping Out* transition programme run by the Open Arms - Veterans & Families Counselling. *Stepping Out* is a two-day group programme developed for ADF members and their partners that explores what it means to go from military life to civilian life in both practical and emotional terms. Further information is available at **www.openarms.gov.au**. **www.openarms.gov.au/get-support/treatment-programs-and-workshops**

## Field of work

Information about a patient's field of work also guides the assessment. For example, personnel in specific fields of work, including combat and combat support roles, may have high rates of exposure to specific risks such as trauma (3). Examples of combat roles include Infantry Rifleman or Special Forces Trooper. Examples of combat support roles include engineers involved in minefield clearance and aviation personnel deployed to Iraq and/or Afghanistan.

## Deployments

In the past few years, there have been a number of ADF deployments to Afghanistan, Iraq, East Timor, and the Solomon Islands. There have also been numerous operations involved with the United Nations and peacekeeping. In 2010, the *ADF Mental Health Prevalence and Wellbeing Study* reported that the majority of the ADF population had been on operational deployment at least once (62%), with 43% having deployed multiple times, and 37% having deployed to Afghanistan or Iraq at some point in their ADF career (3).

Understandably, much effort concerning the mental health of ADF members has focused on the individuals who have deployed, and particular concern has been raised regarding the effects of multiple deployments on mental health. It is important to note that results from the 2010 ADF Mental Health Prevalence and Wellbeing Study (3) did not indicate that multiple deployments resulted in members experiencing more symptoms of psychological distress. Additionally, there was very little difference in the prevalence of mental disorders between personnel who had been on deployment and those who had never been deployed. This suggests a need for consideration

of a broader occupational health model that takes into account a range of trauma that non-deployed individuals may be exposed to as a consequence of their military service.

## History of concussion or other head injury

A specific question relevant to military service relates to a history of concussion or other head injury, which can lead to mild Traumatic Brain Injury (mTBI). Research suggests that vehicle accidents and falls account for most lifetime mTBI, while deployment-related blasts or explosions are the most common injury mechanisms for new mTBI (10).

There is a significant overlap between symptoms presenting from mTBI, PTSD and persistent post-concussive symptoms (11). Examples of persistent, nonspecific symptoms that might be reported following mTBI include:

- Somatic symptoms such as headache, dizziness, hearing problems, visual disturbances, sensitivity to noise or light, sleep disturbance, and emotional or mental fatigue
- Cognitive symptoms, including problems with thinking, making decisions, memory, attention and concentration, abstract reasoning, and information processing
- Psychological symptoms, for example depression, anxiety, mood swings, irritability, impulsiveness, loss of interest, agitation, and relationship difficulties (12).

**What to do if the history suggests mTBI?**

When a patient gives a history of mTBI, ask about the mechanism of injury, treatment, follow-up care and persistent symptoms. This information will help determine the need for further assessment.

General recommendations include normalising symptoms, reassurance about expected positive recovery and gradual return to activities and life roles. A clinical algorithm provides further advice about assessment and management of patients with persistent symptoms of mTBI.

Significant, prolonged complaints of mTBI should lead primary care providers to consider that many factors may contribute to the persistence of post-concussive symptoms. All potential contributing factors should be investigated and a management strategy considered.

Key recommendations for patients with persistent cognitive difficulties include: consideration and evaluation of possible co-morbid conditions (e.g. Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities, anxiety or mood disorders, pain, fatigue, sleep disturbance, neuroendocrine dysfunction, or substance abuse) and referral for neuropsychological assessment.

Reference (13)

## Clinical Practice Guidelines

There are currently no Australian guidelines for mTBI, but guidelines have been developed in Canada, which may be relevant.

Canadian guidelines for the management of concussion and mTBI in adults were updated in September 2013 (13). The guidelines were developed to enable health care practitioners to diagnose and manage concussion and mTBI in adults and treat symptoms that persist over time. Available from **onf.org**.

## Voluntary or non-voluntary exit from the ADF

Non-voluntary discharge from the ADF refers to discharge for medical reasons as well as administrative discharge due to prohibited activity. People who have had a non-voluntary discharge have a greater risk of mental health problems (14), physical illness and unemployment (15). For those who have served for long periods in the military, even voluntary separation can be stressful and they may have difficulty re-adjusting to civilian life.

# 8 Social history

The social history domain includes information about a patient's family and current occupation. Partners and other family members often play a key role in health and wellbeing. Knowing information about a patient's family may provide an indication of the amount of personal support a patient has, or alert primary care providers to a recent breakdown in a significant relationship. A partner may have provided the impetus for the former ADF member's presentation to primary care.

Mental health conditions frequently impact on social and occupational roles. The affected person may avoid social situations and become increasingly isolated. In responding to a question about current occupation, the former ADF member may disclose difficulties in gaining employment in a preferred occupation or difficulties adapting to a new workplace.

A veteran's mental health condition can significantly impact upon their partner and increase isolation from friends and community (16). Vietnam veterans with chronic PTSD and their partners report high levels of relationship distress (17). In addition, partners of Vietnam veterans experience higher rates of mental health disorder (particularly anxiety disorders and severe recurrent depression) compared with the general population (18).

Operational service can also impact on the health of children. For instance, the Vietnam Veterans' Family Study found that the majority of sons and daughters born to Vietnam veterans are leading healthy and productive lives. The study also found that the children of Australia's Vietnam veterans are more likely to be diagnosed with or treated for depression, anxiety or PTSD; have suicidal thoughts or plans/actions; or have skin conditions, migraines or experience sleep disturbances when compared to children of those who served in that era but did not deploy to Vietnam (19).

If health problems are impacting on family function, it may be helpful to involve a partner in care planning (subject to consent of the former ADF member).

**What to do if social problems are identified?**

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide counselling and group treatment programs for issues such as PTSD/trauma, anxiety, depression, sleep and anger. The Residential Lifestyle Management Program is designed for veterans and their partners who want to enhance their wellbeing and relationships.

Open Arms also provides relationship and family counselling to address issues that can arise due to the unique nature of military service.

Open Arms support services are available for eligible veterans, peacekeepers, and family members. For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au. www.openarms.gov.au/get-support/treatment-programs-and-workshops**

# 9 Medical conditions

Reviewing a patient's current health problems or medical conditions is a standard component of a health assessment. The word processor templates in *Best Practice* and *MedicalDirector* import any previously entered information about past or present medical conditions, so entering any new information in the software prior to using the template will save time and avoid double entry of clinical information.

# 10 Hearing

As part of the medical history, it is important to ask former ADF members about hearing. High impact noise from weapons, vehicles, and aircraft can result in acoustic injury (20). Both hearing loss and tinnitus are common among serving and former serving ADF members and are among the most frequently claimed conditions under military rehabilitation and compensation legislation (21).

Self-reported hearing loss is associated with perceived exposure to loud and prolonged noise without hearing protection, as well as sources of non-ionising radiation (i.e. mostly from communication equipment, radar and counter improvised explosive device measures). Exposure to noise without hearing protection is also associated with increased sensitivity to noise, tinnitus, vertigo and compensation claims for hearing loss (14).

**What to do if the screen for hearing is positive**

Post-deployment health assessments (which are generally conducted three months post-deployment) include audiometry for ADF personnel on land-based deployments. Check the ADF medical summary for further information if your patient reports tinnitus or hearing loss. Veteran specific information about hearing services, including the DVA Tinnitus Programme, is available at **hearingservices.gov.au**.

Reference (22)

## Clinical Practice Guidelines

- Clinical Practice Guideline: Tinnitus (2014), American Academy of Otolaryngology Head and Neck Surgery Foundation (23, 24). Available from **www.entnet.org**

Referral for comprehensive audiology assessment is recommended to document the type, laterality, and severity of hearing loss and to determine whether additional investigations should be considered and if intervention is required to manage tinnitus and/or hearing loss (24).

# 11 Medications

Dependence on pain medication, sleeping pills, and certain types of anti-anxiety medication is possible even among seemingly healthy patients. Some patients may use drugs to block out painful memories or past trauma (25). Misuse of prescription medication, especially pain medication, appears to be a growing problem (16). It is therefore appropriate to ask about inappropriate or over-use of medication.

**What to do if a medication problem is detected?**

Engaging patients in a harm-reduction treatment programme if medication misuse is detected is one recommended approach. Consider also establishing ground rules for future prescribing and the involvement of other services in the treatment plan.

The Prescription Shopping Information Service (PSIS) is available to registered prescribers 24 hours a day, seven days a week. It provides information on the prescription history of people whom the PSIS has identified as falling into a risk category, and is accurate up to the last 24 hours. Registered prescribers do not require patient consent to access this service, which is available on 1800 631 181.

If there are concerns about medication problems among DVA health card holders who obtain pharmaceuticals under the Repatriation Pharmaceutical Benefits Schedule (RPBS), please contact the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.

Reference (26)

## Clinical Practice Guidelines

- Prescribing Drugs of Dependence in General Practice (2015), RACGP. Available from **www.racgp.org.au**
- Prescription Opioid Policy: Improving Management of Chronic Non-Malignant Pain and Prevention of Problems Associated with Prescription Opioid Use (2009), The Royal Australasian College of Physicians. Endorsed by the RACGP and available at **www.racgp.org.au** (see 2009 endorsements).

# 12 Smoking

Smoking is an important risk factor for a range of health problems. The Middle East Area of Operations (MEAO) Census Study which included current and ex-serving, regular and reserve members (*n* = 14,032) who deployed to MEAO between 2001 and 2009 found that smoking was more prevalent among 18-24 year old male respondents (34%) and 18-24 year old female respondents (29%) than among the same sex/age groups in the Australian population (24% and 22%, respectively) (14).

The question in the health assessment tool about smoking was taken from the Patient Practice Prevention Survey (27).

**What to do if the patient is a smoker?**

If your patient is a smoker, offer help based on the person's readiness to change. This principle applies equally to alcohol and other substance use, nutrition and physical activity.

The RACGP's publication, *Supporting Smoking Cessation: A Guide for Health Professionals* was updated in July 2014 and incorporates the '5As' of smoking cessation: Ask, Assess, Advise, Assist, and Arrange follow up. The guide includes a pharmacotherapy treatment algorithm.

Reference (28)

## Clinical Practice Guidelines

- Guidelines for preventive activities in general practice, 8th edn (2012), RACGP. Available at **www.racgp.org.au**
- Supporting smoking cessation: a guide for health professionals (2011, updated July 2014), RACGP. Available at **www.racgp.org.au**

# 13 Alcohol use

The *2010 ADF Mental Health Prevalence and Wellbeing Study* found levels of alcohol use in the ADF to be similar to a matched community sample but with lower levels of harmful alcohol use and dependence than the general population. (3). In this study, 14.8% of ADF members with an alcohol disorder reported receiving professional treatment in the previous 12 months, compared with 50.2% of members with a diagnosis of PTSD and 65.2% of members with a diagnosis of depressive episodes (3). The Study indicates that ADF personnel are reluctant to access treatment for alcohol problems because of concerns about the risk to their career prospects (29).

The MEAO Census Study examined the prevalence of alcohol misuse — defined as a score of ≥20 on the Alcohol Use Disorders Identification Test (AUDIT) — in currently serving members (1.3%), active reserves (3.2%), inactive reserves (4.3%) and ex-serving members (11.4%). Ex-serving members were more than nine times as likely to report alcohol misuse compared to currently serving members (14).

Alcohol problems often remain undetected in primary care. A recent study (30) examined the sensitivity, specificity, and predictive value of clinicians' instincts as compared with screening instruments. The study showed that physicians were quite good at identifying patients who did not have an alcohol problem, and when physicians were concerned that a patient had a hazardous drinking pattern, they were usually right. On the other hand, the study showed that physicians had poor intuition compared with validated screening tools; clinicians missed most (more than 70%) of the patients with a potential alcohol problem. The results of this, and similar studies, provide support for alcohol screening as part of routine care.

## The alcohol consumption screening test

The Veterans' Health Check Assessment tool uses the Alcohol Use Disorders Identification Test (AUDIT-C) which was validated by Bush and colleagues (31). In men, a score of four or more is considered positive for potential risk of hazardous drinking or active alcohol use disorders. In women, a score of 3 or more is considered positive. The higher the score, the more likely the patient's drinking is affecting his or her safety.

One or two alcohol-free days per week are suggested after a study on Australian men by McLaughlin and colleagues (32) found that this was associated with a lower rate of mortality.

**What to do if the alcohol screen is positive**

It is recommended that patients with positive AUDIT-C scores have further testing. A recommended follow-up is the full AUDIT which is available on the DVA *At Ease Professional* website: **at-ease.dva.gov.au/professionals**. Simple completion of the AUDIT questionnaire has been shown to result in a reported 15-20% reduction in alcohol consumption at follow-up.

Former ADF members with comorbid mental health problems may require referral to specialist services.

**Referral options for alcohol use disorder**

If a current or former serving member has diagnosed alcohol use disorder DVA may pay for their treatment, even if the condition is not related to their Defence service. This arrangement is known as non-liability health care. This treatment is available for anyone who has deployed on operations overseas, and many who have served more than three years peace time service. The diagnosis may be provided by a vocationally registered GP, a clinical psychologist, or a psychiatrist. Further information is available on the DVA website: **www.dva.gov.au**

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide counselling and group treatment programs for issues such as PTSD/trauma, anxiety, depression, sleep, relationships and anger. Open Arms also provides relationship and family counselling to address issues that can arise due to the unique nature of military service. For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au. www.openarms.gov.au/get-support/treatment-programs-and-workshops**

GP referrals to psychiatry, psychology and allied health professionals can be made under Medicare arrangements which may include completion of a mental health care plan.

A comprehensive listing of mental health referral options is available on the Open Arms – Veterans & Families Counselling website: **openarms.gov.au/health-professionals/referral-options/mental-health-and-hospital-referrals**

*The Right Mix* website at **www.therightmix.gov.au** contains information on reducing health risks from drinking alcohol, including an interactive drinking measure. DVA has also produced an application for iOS and Android phones called *On Track,* which allows users to track their drinking and the impact of their drinking on their wellbeing and fitness levels. Information about the *On Track* application can found on *The Right Mix* website. The application itself can be downloaded from the Apple App Store or via Google play.

References (33, 34)

## Clinical Practice Guidelines

- Guidelines for preventive activities in general practice, 8th edn. (2012), RACGP. Available at **www.racgp.org.au**

# 14 Substance use

Around one third of Australians use illicit drugs at some point in their lives. Cannabis is the most commonly used drug, followed by ecstasy, amphetamines and cocaine. Non-medical use of performance and image enhancing drugs, including anabolic-androgenic steroids, is also of concern. Co-morbid mental health problems are common with illicit drug use, particularly depression, alcohol abuse, anxiety and PTSD (34).

Use of substances other than alcohol is prohibited in the ADF and detection of drug use can lead to dismissal; **www.defence.gov.au**. The probability of obtaining accurate prevalence estimates in serving members is therefore low and use of substances other than alcohol has not been measured in Australian studies (3).

Studies of American veterans deployed to Iraq and Afghanistan indicate that 5% have received the diagnosis of drug use disorder and 3% have been diagnosed with both alcohol and drug use disorders (35). The rate of drug use disorder among Australian veterans deployed to Iraq and Afghanistan is not known.

**What to do if the screen for substance use is positive**

Further assessment tools, including the Drug Abuse Screening Test (DAST), and information about treatment options are available on the DVA website: **dva.gov.au**

**Referral options for substance use disorder**

If a current or former serving member has diagnosed substance use disorder DVA may pay for their treatment, even if the condition is not related to their Defence service. This arrangement is known as non-liability health care. This treatment is available for anyone who has deployed on operations overseas, and many who have served for more than three years at home. The diagnosis may be provided by a vocationally registered GP, a clinical psychologist, or a psychiatrist. Further information is available on the DVA website: **www.dva.gov.au**

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide counselling and group treatment programs for issues such as PTSD/trauma, anxiety, depression, sleep and anger. Open Arms also provides relationship and family counselling to address issues that can arise due to the unique nature of military service. For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au. www.openarms.gov.au/get-support/treatment-programs-and-workshops**

GP referrals to psychiatry, psychology and allied health professionals can be made under Medicare arrangements which may include completion of a mental health care plan. A comprehensive listing of mental health referral options is available on the *DVA* website: **dva.gov.au/professionals**

Reference (34)

## Clinical Practice Guidelines

- Good Practice Guide: Drugs of Dependence in General Practice (2015), RACGP. Available at **www.racgp.org.au**
- Guidelines for preventive activities in general practice, 8th edn. (2012), RACGP. Available at **www.racgp.org.au**

- Prescription Opioid Policy: Improving Management of Chronic Non-Malignant Pain and Prevention of Problems Associated with Prescription Opioid Use (2009), The Royal Australasian College of Physicians. Endorsed by RACGP and available at **www.racgp.org.au** (see 2009 endorsements)

# 15 Physical activity

Regular physical activity has important benefits for physical and mental health. It reduces the risk of many health problems, such as cardiovascular disease, type 2 diabetes, anxiety, depression, musculoskeletal problems, some cancers, and unhealthy weight gain. *Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults* (18-64 years) recommends 2 ½ to 5 hours of moderate intensity physical activity or 1 ¼ to 2 ½ hours of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week. Muscle strengthening activities on at least two days each week is also recommended. Prolonged sitting is also to be avoided when possible (36).

The physical activity screening question used in this assessment tool was evaluated in general practice by Smith and colleagues (37).

**What to do if the screen for physical activity is positive**

Increased physical activity may be one of the recommendations that arise from the health assessment. As with all health-related behaviours, an assessment of the patient's preferences and readiness to act are key steps towards developing an effective intervention. An assessment of the person's ability to safely engage in increased exercise is also required.

The Veterans' Heart Health Programme is a free programme for eligible veterans and peacekeepers around Australia. It includes personalised fitness and nutrition programmes and 12 months of mentoring and support to help your patient achieve their health goals. Topics include chronic conditions, quitting smoking, responsible alcohol consumption, back care and stress management as well as cardiovascular health. Group and individual programmes are available. More information is available from **www.veteranshearthealth.com.au**. Patients can also call 1300 246 262 to speak to a member of the veteran's health management team.

## Clinical Practice Guidelines

- Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults (2014), Australian Government Department of Health, available from **www.health.gov.au**

# 16 Pain

ADF personnel routinely place high physical demands on their bodies, such as intense physical training regimes and carrying heavy body armour and equipment. Both types of activity increase the risk of musculoskeletal injury.

An Australian study found that 24.5% of a sample of 1,381 male Gulf War veterans who served from 1990-1991 reported at least one pain-related, doctor-diagnosed musculoskeletal disorder (MSD) in the previous 12 months. The study also found a significant association between MSD and depression, PTSD and reduced physical and mental wellbeing (38).

PTSD, mTBI and pain are frequently comorbid. Polytrauma and mental health morbidity complicate pain assessment and intervention efforts (39).

**What to do if the screen for pain is positive**

If moderate, severe or very severe pain is reported, consider a more in-depth assessment. The Brief Pain Inventory assesses pain intensity and associated disability and is available at **www.aci.health.nsw.gov.au**

Once chronic pain is identified, the cause of the pain needs to be diagnosed. Treatment of pain can be tailored to the cause, which does not always require analgesic medications.

Patients with complex pain conditions may benefit from referral to a tertiary pain centre or other specialists (e.g. rheumatologists or neurologists).

References (40-42)

## Clinical Practice Guidelines

- Assessment and management of chronic pain (2013), Institute for Clinical Systems Improvement. Available from **www.guideline.gov**
- US VA/DoD clinical practice guideline for management of opioid therapy for chronic pain (2010), United States Department of Veterans Affairs and Department of Defense, Available from **www.guideline.gov**

## Resources for health professionals

gplearning—Effective pain management in general practice is a learning module for GPs developed by the RACGP and the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists. It is available from **gplearning.racgp.org.au**

Veterans Mates Topic 35: Neuropathic Pain (2013) and Veterans Mates Topic 38: Chronic musculoskeletal pain: Changing the way we think about pain. (2014) Veterans' Medicines Advice and Therapeutics Education Services, available at **www.veteransmates.net.au** (43). This resource includes 'Principles for prescribing opioids' and a stepwise approach to managing neuropathic pain. There are accompanying brochures for veterans.

A list of pain clinics in Australia is available at **www.painaustralia.org.au**.

Continuing education opportunities are provided by the Pain Management Research Institute at the University of Sydney (44).

Pain assessment measures are available from the NSW Agency for Clinical Innovation Pain Management Network website at **www.aci.health.nsw.gov.au** (41).

## Resources for patients

Web-based resources for patients are available from the NSW Agency for Clinical Innovation Pain Management Network (41) and the Western Australian Government Department of Health's pain*HEALTH* website (45).

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide group treatment program ***Managing Pain*** for eligible veterans with a clinical need for the management of chronic pain with a focus on military experience.

For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **openarms.gov.au/get-support/treatment-programs-and-workshops**

# 17 Sleep

Sleep problems can be caused by illness, stress or poor sleep habits and can also be related to mental health problems.

There is a strong relationship between sleep problems and poor psychological and physical health (46). People with insomnia are at increased risk of developing depression with recent findings suggesting that insomnia is comorbid with, rather than secondary to, depression (47). Some veterans may have frequent nightmares related to military experiences. Hyper-vigilance may also have a negative impact on sleep (16). Sleep disturbance has been shown to be a core feature, rather than a consequence, of PTSD (48).

**What to do if the sleep screen is positive**

If the screen for sleep problems is positive, you should investigate likely causes including medications, medical conditions such as sleep apnoea and restless legs syndrome, and mental health conditions, particularly depression, anxiety, PTSD and alcohol misuse. The Insomnia Severity Index (ISI) is a seven-item questionnaire that can assist in clarifying the impact of insomnia on quality of life. The ISI is available via Myhealth*e*Vet website at **www.myhealth.va.gov**

References (8, 49)

## Clinical Practice Guidelines

- Brief behavioural therapy: insomnia in adults (2014), RACGP. Available from **www.racgp.org.au** (50).

## Other resources for GPs

Mental Health Advice Book for Practitioners: Helping Veterans with Common Mental Health Problems (2012), DVA. Available from **dva.gov.au** (8). See section on insomnia (Part 3, Chapter 7)

## Resources for veterans

Open Arms *Sleeping Better* is a two day program based on the Cognitive Behavioural Therapy (CBT) model. The educational and skills based group programme that assists participants to understand the sleep process and learn habits, skills and strategies to improve their sleep.

For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au/get-support/treatment-programs-and-workshops**

# 18 Distress

In the *2010 ADF Mental Health Prevalence and Wellbeing Study,* researchers found that younger serving ADF members were particularly at risk of emotional distress including depression and anxiety when compared with those who were older and had been in the military longer. The study also examined barriers to seeking help for stress and emotional/mental health problems and concluded that some young ADF members had left the ADF without seeking assistance (3). The *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder* indicate that the loss of identity associated with leaving the ADF can lead to the progressive emergence of PTSD symptoms (4).

The *2010 ADF Mental Health Prevalence and Wellbeing Study* found that 22% of the ADF population had experienced a mental disorder in the previous 12 months reporting rates of affective, anxiety and alcohol disorder as 9.5%, 14.8% and 5.2%, respectively (3).

The most common mental disorders in the ADF are anxiety disorders. While the overall prevalence of anxiety disorders is not significantly different to that of the civilian community, the profile is different. PTSD is the most prevalent anxiety disorder in the ADF and is significantly more prevalent than in the general population.

In 2010, rates of depression in the ADF were 6.4% compared with 3.1% in a matched community sample and the rate of PTSD was 8.3% compared with 5.2% in a matched community sample (3). These rates could be attributed to the fact that ADF personnel are exposed to a higher number of traumatic events at home and overseas compared to the general population. ADF members, particularly younger males, have also reported significantly higher rates of depressive episodes and other affective disorders when compared with the civilian community (3).

The Middle East Area of Operations (MEAO) Census Study found that 4.2% of MEAO veterans scored above 30 on the K10 psychological distress scale, compared with 3.5% of the Australian population (14).

## The K10

The K10 provides a global measure of psychological distress based on ten questions about anxiety and depressive symptoms that a person has experienced in the last four weeks. The K10 was developed as a screening tool for serious mental illness in the US National Health Interviews Survey (51).

Each item is scored from one, which is used to indicate ‘none of the time’, to five, which is used to indicate ‘all of the time’. Scores of the ten items are added together, yielding a minimum score of ten and a maximum score of 50. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress. Questions 3 and 6 are not asked if the answer to the preceding question was ‘none of the time’, in which case questions 3 and 6 automatically receive a score of 1.

## ADF cut-points for the K10

The scoring guidelines used for the K10 by the Australian Centre for Posttraumatic Mental Health (ACPMH) (16) are widely used in primary care.

More recently, ADF cut-offs for the K10 have been published. In the ADF population, the optimal screening cut-off on the K10 is 17, below which people are believed to have no or low

psychological distress. However a cut-off of 25 provides the most accurate estimate of the number of personnel with either a current ICD-10 anxiety or current ICD-10 affective disorder (3).

**What to do if the screen for distress is positive**

The K10 is a screening instrument and practitioners should make a clinical judgment as to whether a person needs treatment.

As a guide, when former ADF members score 17 or above on the K10, further clinical assessment should be undertaken to identify, more precisely, the nature of the psychological distress they are experiencing and to assess the risk of self-harm and suicide. In particular, a score over 17 could be indicative of either an anxiety or depressive disorder. Scores below 17 may also require review particularly if they are just below this level or there is other evidence of psychological distress. The DVA website has links to a range of assessment measures for specific mental health disorders experienced by veterans and former serving members: **dva.gov.au/professionals**

If responses to the screening questions indicate the possible presence of one or more mental health disorders, a diagnostic assessment for that disorder(s) should be undertaken, guided by the DSM-V (APA 2013) or ICD-10 (WHO 1992) diagnostic criteria.

**Referral options for distress**

If a current or former serving member has diagnosed PTSD, depressive disorder, anxiety disorder, alcohol use disorder or substance use disorder DVA may pay for their treatment, even if the condition is not related to their Defence service. Further information is available on the DVA website: **www.dva.gov.au**.

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide counselling and support as well as free mental health literacy training workshops to veterans and their families. The mental health literacy training available is;

Applied Suicide Intervention Skills Training (ASIST) – two day training
Suicide Alertness for Everybody (safe) TALK – half day training
Mental Health First Aid – two day training
Blended Mental Health First Aid – self-paced and instructor led

Open Arms also provides relationship and family counselling to address issues that can arise due to the unique nature of military service. For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au.**

GP referrals to psychiatry, psychology and allied health professionals can be made under Medicare arrangements which may include completion of a mental health care plan. A comprehensive listing of mental health referral options is available on the DVA website at **dva.gov.au/professionals**.

Mental health resources for veterans and their families are available from the DVA website: **.dva.gov.au**. The website contains self-assessment and self-help modules for mental health (see the 'Wellbeing Toolbox' at **www.wellbeingtoolbox.net.au**), and information about safe alcohol consumption (see 'The Right Mix' at **www.therightmix.gov.au**).

For help, to learn more about the training call Open Arms on 1800 011 046 or visit **www.openarms.gov.au/get-support/treatment-programs-and-workshops/suicide-intervention-and-mental-health-literacy-workshops**

References (52-56)

# 19 Posttraumatic stress disorder

Over a quarter of a million Australians experience Posttraumatic stress disorder (PTSD) in any one year (57). Without effective treatment, PTSD can be a chronic and debilitating condition and is associated with an increased incidence of prior attempted suicide and prior and current suicidal ideation (58). Military personnel and veterans are at increased risk of PTSD.

The *2010 ADF Mental Health Prevalence and Wellbeing Study* found higher rates of PTSD in serving ADF personnel (8.3%) compared to the general community (5.2%), and a trend towards greater levels of trauma symptoms with each trauma or combat exposure on deployments (3).

Among Australia's Vietnam veterans, the six-month and lifetime prevalence of PTSD has been reported as 11.6% and 20.9% respectively (59). Veterans also have high rates of *chronic* PTSD with about half of those reporting a diagnosis of PTSD at some point in their lifetime, still having the disorder decades later (59). Chronic PTSD symptoms and trauma exposure can have a significant negative impact on other family members.

## Sub-syndromal PTSD

ADF personnel may experience trauma symptoms during military service but not meet the criteria for a diagnosis of PTSD; this symptomatology is commonly referred to as partial or sub-syndromal PTSD. There can be a significant delay following return to civilian life before trauma symptoms become fully manifest. Key points to be aware of include:

- Veterans with sub-syndromal PTSD are at risk of delayed onset PTSD (60, 61).
- In veterans from the MEAO, the prevalence of sub-syndromal PTSD symptoms is similar to the prevalence of diagnosable PTSD (62).
- Veterans with sub-syndromal PTSD have significant degrees of role impairment and relationship problems (63).
- The apparent close response relationship between PTSD symptoms and impairment suggests that veterans with sub-syndromal PTSD could benefit from intervention (3).

## The Primary Care PTSD (PC-PTSD) screen

The PC-PTSD was designed as a screening tool for use in primary care (64, 65) and has been included in the *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder* (4) and was approved by the National Health and Medical Research Council (NHMRC) and endorsed by the Royal Australian College of General Practitioners (RACGP), Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the Australian Psychological Society (APS).

**What to do if the PC-PTSD screen is positive**

In primary care settings, patients with a score of 2 or higher should be further assessed.

Assessment measures for PTSD in adults include:

- The PTSD Checklist (PCL) has been modified for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The PCL-5 assesses the severity of each of the 20 PTSD symptoms listed in the DSM-5 and takes approximately 5-10 minutes to complete.
- The Clinician Administered PTSD Scale (CAPS) is considered the 'gold standard' in PTSD assessment. The CAPS-5 is a 30-item structured interview for diagnosis of current and lifetime PTSD as well as rating the intensity and frequency of the 20 DSM-5 PTSD symptoms. The CAPS-5 can take up to two hours to complete.

Administration and scoring guidelines for the PCL-5 and CAPS-5 are available from the National Center for PTSD at **www.ptsd.va.gov.** Both assessment measures can be obtained by completing an online request form from this site.

**Referral options for PTSD**

If a current or former serving member has diagnosed PTSD, depressive disorder, anxiety disorder, alcohol use disorder or substance use disorder DVA may pay for their treatment, even if the condition is not related to their Defence service. Further information is available on the DVA website: **www.dva.gov.au**.

Open Arms - Veterans & Families Counselling provides free, confidential, nation-wide counselling and group treatment programs for mental health and wellbeing conditions, such as PTSD, anxiety, depression, sleep, and anger.

Open Arms also provides relationship and family counselling to address issues that can arise due to the unique nature of military service. For help, to learn more or to check eligibility call Open Arms on 1800 011 046 or visit **www.openarms.gov.au.**

GP referrals to psychiatry, psychology and allied health professionals can be made under Medicare arrangements which may include completion of a mental health care plan. A comprehensive listing of mental health referral options is available on the DVA website: **dva.gov.au/professionals.** DVA funds Trauma Recovery Programmes for clients with PTSD in a number of private and public hospitals. Further information can be obtained by calling DVA on 133 254.

References (57, 64, 66-68)

## Clinical Practice Guidelines

- *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder (2013),* Australian Centre for Posttraumatic Mental Health (ACPMH), endorsed by the RACGP and available from **www.racgp.org.au** (See 2013 endorsements).

## Evidence-based therapies

When referring for psychological interventions, DVA promotes referral to practitioners trained in trauma-focused interventions. Trauma-focused cognitive behavioural therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR) are the most effective treatments for

veterans with PTSD (4). Cognitive processing therapy (CPT) is a promising new treatment approach to PTSD (4).

## Resources for veterans

*PTSD Coach Australia* is a free mobile phone app available for Apple and Android products which includes CBT strategies to help patients manage PTSD symptoms. *PTSD Coach Australia* is not designed as a stand-alone treatment or self-diagnosis tool, but is designed to be one part of a larger treatment plan for people managing PTSD. For more information, including a Clinician Guide, visit the *At Ease* website: **at-ease.dva.gov.au**

# 20 Risk of harm to self or others

Evidence to support the inclusion of questions about the risk of harm to self (suicidality) has been presented separately from evidence to support the risk of harm to others (violence).

## Risk of harm to self (suicidality)

The *2010 Mental Health Prevalence and Wellbeing Study* found that the prevalence of suicidal ideation and suicide plans was significantly higher in the ADF compared to the community (3.9 vs 1.7% for suicidal ideation; 1.1 vs 0.4% for making a plan). However, while the prevalence of suicidal ideation may be higher in the ADF than in the general community, ADF personnel are only as likely to attempt suicide as members of the general public. In fact they are less likely to complete suicide than members of the general community (3).

## Risk of harm to others

In a large cohort of regular UK Armed Forces personnel who deployed to Iraq in 2003 (n=4928), the prevalence of self-reported violence (physical fights outside the family or physical violence towards a family member) in the weeks after returning home was 12.6%. Violence outside the family was most often reported (85%), followed by violence towards a family member (32%), or both (17%) (69).

In the UK study, violence was strongly associated with pre-enlistment antisocial behaviour [adjusted odds ratio (OR) 3.6). After controlling for pre-enlistment antisocial behaviour, socio-demographics and military factors, violence was still strongly associated with holding a combat role (OR 2.0) and having experienced multiple traumatic events on deployment (OR 3.7). Violence on homecoming was also associated with mental health problems such as PTSD (OR 4.8) and alcohol misuse (OR 3.1) (69).

**What to do if the screens for self-harm or violence are positive**

- If a patient responds yes to any of the screening questions for self-harm or violence, ***check for recency and intent to act on these thoughts***. Practice nurses and health workers should immediately inform the GP if the patient responds 'yes' to either question.
- In the case of a patient who has intent to suicide or harm others, GPs should consult the RACGP Guidelines for Preventive Activities in General Practice. See **www.racgp.org.au**.

Reference (16)

## Resources for health professionals

### *Local arrangements*

Contact your local mental health crisis team or public hospital psychiatry for patients with acute mental health needs.

## Resources for veterans

### *Group programmes*

Open Arms offers a range of group programmes that provide a safe and supportive environment in which patients can learn about issues impacting on mental health and wellbeing. Programmes are offered across Australia each month and are free to eligible participants.

Further information on Open Arms programmes can be found at **www.openarms.gov.au. www.openarms.gov.au/get-support/treatment-programs-and-workshops**

Open Arms offers mental health literacy training to veterans, their families and the veteran community. The training is offered in a face to face format or an on-line option.

Further information on the Open Arms mental health literacy training can be found at

**www.openarms.gov.au/get-support/treatment-programs-and-workshops/suicide-intervention-and-mental-health-literacy-workshops**

### *Outreach Program Counsellors*

Open Arms maintains a strong network of private practice mental health clinicians known as Outreach Program Counsellors (OPC). OPCs are located throughout Australia, providing veterans and their families unable to attend an Open Arms Counselling Centre with access to local support. Like Open Arms staff counsellors, OPCs are selected for their knowledge, skills, and experience working with the veteran community. See **www.openarms.gov.au**

### *Complex Needs Client Support (case management)*

Complex Needs Client Support (CNCS) is the Open Arms case management service. It can help to ensure coordinated and targeted care is provided to clients with complex and/or multiple needs. CNCS is suitable for clients and their families who have multiple issues impacting on their mental health and who need help to manage different health and social support services. These can include medical, pharmaceutical, psychological, psychiatric, social, family, vocational and financial services. They can also include advocacy services with State and Commonwealth government departments and local community and legal organisations. Patients may self-refer or Open Arms can accept referrals from GPs, psychiatrists, psychologists or mental health accredited social workers. Further information is available from **www.openarms.gov.au**

## Clinical Practice Guidelines

- Guidelines for preventive activities in general practice, 8th edn. (2012), RACGP. Available at **www.racgp.org.au** (See section on Suicide)
- Abuse and violence: Working with our patients in general practice (2014). RACGP. Available from **www.racgp.org.au**
- USVA/DoD Clinical practice guideline for assessment and management of patients at risk for suicide (2013), United States Department of Veterans Affairs and Department of Defense. Available from **www.guideline.gov**

# 21 Anger

Positive combat stress behaviours include heightened alertness, strength, endurance, and tolerance to discomfort which the 'fight or flight' stress response and the stage of resistance can produce when properly in tune. Soldiers are trained in the use of 'controlled aggression' which is highly adaptive in combat (70). This same skill, however, is not adaptive within normal routine within Australia.

A recent study investigated potential mechanisms of action for symptom reductions among combat veterans with PTSD who participated in a group anger management treatment programme. Findings suggest development of skills in calming physiological arousal contribute to symptom reduction (71).

## Anger and PTSD

In both serving and ex-serving personnel, dysregulated anger has been shown to be significantly associated with the hyperarousal symptoms of PTSD (72, 73).

A retrospective study of 117 Iraq and Afghanistan War combat veterans found that veterans who screened positive for PTSD reported significantly greater anger and hostility than those in sub-threshold and non-PTSD groups (74).

**What to do if the screen for anger is positive**

*The Mental Health Advice Book for Practitioners: Helping Veterans with Common Mental Health Problems* (2012) provides a useful guide to a more complete assessment of anger, part of which is reproduced below:

- identify key triggers and cues to anger and the extent of the veteran's anger responses
- investigate the chronicity and pattern of poorly controlled anger
- identify vulnerabilities to anger, including: intoxication and withdrawal from alcohol and/or drugs; acquired head injury from physical trauma; alcohol dependence or overdose
- identify key people related to anger (i.e. who is the anger directed towards, or who is present when anger occurs)
- assess a veteran's social network to help identify people who are likely to play an important role in treatment
- take a history of all forms of violence, including injuries to others and road rage, and make an appraisal of the veteran's potential to engage in violence
- explore the veteran's legal position, including existing orders and charges pending
- assess the veteran's ability to keep his or her partner and family safe from physical violence
- seek the veteran's agreement to ongoing monitoring of progress and practitioner contact with family members.

Reference (16)

## Resources for health professionals

Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems (2012), DVA (16). Available from **dva.gov.au/professionals**

## Resources for veterans

*Doing Anger Differently* is an Open Arms group treatment program based on the CBT model and assists participants in understanding anger and better manage provocation situations. It provides participants with strategies to manage thoughts and feelings which may contribute to anger. Veterans who are experiencing clinically significant anger determined by frequency, intensity and/or duration of anger reactions would benefit from attending the program.

*Recovery From Trauma* is a treatment program using the CBT model. The group is not PTSD specific, however the strategies included are core components of evidence-based PTSD and trauma treatment programs.

For more information, telephone Open Arms on 1800 011 046. The Open Arms website has further information for veterans about Doing Anger Differently and Recovery from Trauma **at www.openarms.gov.au/get-support/treatment-programs-and-workshops**

# 22 Sexual health

The inclusion of a question about sexual health provides an opportunity for the former ADF member to discuss any concerns they may have about sexually transmitted infection (STI), sexual trauma or sexual dysfunction. Questions regarding reproduction may also be raised. If there is a high level of anxiety that results from traumatic exposure this may contribute to sexual problems for ex-military personnel (77).

## STI

Sexually transmitted diseases are a frequent presentation in general practice and the RACGP recommends screening for chlamydia and other STIs for all sexually active people aged 15–29 years because of increased prevalence and risk of complications (78).

## Sexual trauma

Sexual harassment prevalence rates for women in the ADF have been found to be similar to those in other Australian workplaces, while for men in the ADF, they are lower. One in four women and one in ten men experienced sexual harassment in the ADF in the five years preceding 2012 (79).

Incidents of sexual misconduct and sexual assault may go unreported due to fear of victimisation from peers or supervisors, concerns about negative impact on career progression and personal trauma related to the experience (79). In patients who report mental health or somatic symptoms, the possibility of sexual trauma should be considered.

## Sexual dysfunction

There are many risk factors for sexual dysfunction, including age, low levels of physical activity, obesity, smoking, hypertension or treatment for hypertension, diabetes, heart or vascular disease, neurological disorders, kidney or liver failure, history of alcohol or drug abuse, exposure to solvents or lead, hormonal imbalance, several medications and prostate surgery or treatment (80). Psychological factors associated with sexual dysfunction include stress and anxiety, depression, marital or relationship problems, concern about sexual performance and feelings of guilt.

Most studies on sexual dysfunction among veterans with PTSD have looked at Vietnam veterans. In those studies, rates of sexual dysfunction were as high as 80% (81, 82). PTSD independently contributes to sexual dysfunction (83) and selective serotonin reuptake inhibitor (SSRI) medications can further reduce sexual desire (84, 85).

Amongst Iraq and Afghanistan veterans aged over 40 years, PTSD and hypertension have been shown to significantly correlate with sexual dysfunction (86). Additionally, aircraft maintenance staff involved in F-111 fuel tank deseal/reseal programmes have shown to have an increased risk of sexual dysfunction (87).

One reason that sexual dysfunction is often neglected in health care settings is that patients are unlikely to discuss it with their health care providers unless asked. Simple questions about sexual function can be useful in helping patients discuss the problem and may signal the need for further evaluation.

**What to do if the screen for sexual health is positive**

If concerns about STI or sexual function are raised, a comprehensive sexual health check is indicated. An adult who discloses sexual trauma should be asked about their preferences for follow-up care.

## Clinical Practice Guidelines

- Guidelines for preventive activities in general practice, 8th edn. (2012), RACGP. Available at **www.racgp.org.au** (See section on STIs)
- Abuse and violence: working with our patients in general practice (2014). RACGP. Available from **www.racgp.org.au** (See sections on sexual assault and interpersonal abuse and violence.)
- Australian guidelines for the treatment of acute stress disorder and PTSD (2013), Australian Centre for Posttraumatic Mental Health (ACPMH), Endorsed by the RACGP in 2013 and available at **www.racgp.org.au** (See sections on military and ex-military personnel and sexual assault.)

# 23 Other concerns

This section allows other issues that have been identified during the course of the assessment to be recorded.

# 24 Body Mass Index, waist circumference, blood pressure and weight change

The RACGP *Guidelines for preventive activities in general practice, 8th edition,* include a small number of recommendations for younger adults who are the primary target group for this assessment. However ex-serving ADF members of all ages are eligible for this assessment and the physical examination needs to be tailored to the individual. Current recommendations include:

- Body Mass Index (BMI) and waist circumference should be measured every two years.
- Blood pressure should be measured in all adults from age 18 years at least every two years. (78)
- Additional preventive activities are recommended for low-risk patients in the 45–64 years age group, as described in the RACGP guidelines (78).

## BMI and waist circumference

BMI and waist circumference can be indicators of obesity and being overweight. BMI can be calculated in most medical software packages from height and weight and BMI calculators are also available online. Waist circumference is a strong predictor of health problems (88, 89) while BMI on its own can be misleading (78). People with high muscle mass may have a lower proportion of body fat than less muscular people resulting in higher BMI which may require higher thresholds for the attribution of being overweight or obese. Different BMI thresholds may also need to be adjusted for South Asian, Middle Eastern, Maori, Aboriginal or Pacific Islander descent population groups (90).

## Blood pressure

Much of the risk of cardiovascular diseases can be attributed to smoking, hypertension, dyslipidaemia, obesity, physical inactivity and poor diet (91). Depression, social isolation and lack of social support are additional risk factors for coronary heart disease (92).

## Weight change

Weight gain can be indicative of poor energy balance typically due to overeating or too little activity, or both. Significant weight loss may alert the GP to consider an eating disorder, particularly in the context of comorbid mental health symptoms or disorder. Weight loss can also be associated with a range of diseases.

There is evidence for an association between gender and eating disorders and international studies have reported associations between trauma (lifetime, sexual and combat) and eating disorders in serving and ex-serving women (93, 94).

**What to do if the screen for BMI, waist circumference, blood pressure and weight change is positive**

Adults who are overweight or obese may benefit from a weight management plan and referral for self-management support and/or specific allied health interventions. As with other lifestyle behaviours, NHMRC clinical practice guidelines for the management of weight and obesity in adults, adolescents and children in Australia recommend discussion of the individual's readiness to change, as part of the 5As structure: Ask, Assess, Advise, Assist, and Arrange follow up.

Significant weight loss or gain over the last year should be interpreted in the context of mental wellbeing as indicated by the outcomes of the screening measures for distress, PTSD, anger and sexual health.

After age 45 years (35 years of age for Aboriginal and Torres Strait Islander peoples), blood pressure readings should be interpreted in the context of an absolute cardiovascular risk assessment. Secondary causes of hypertension should be considered.

The Veterans Heart Health Programme is a free programme for eligible veterans and peacekeepers around Australia. It includes personalised fitness and nutrition programmes, plus 12 months of mentoring and support to help your patient achieve their health goals. Topics include chronic conditions, quitting smoking, responsible alcohol consumption, back care and stress management as well as cardiovascular health. Group and individual programmes are available. More information is available from **www.veteransheartheath.com.au**. Patients can also call 1300 246 262 to speak to a member of the veteran's health management team.

Reference (78)

## Clinical Practice Guidelines

- Guidelines for preventive activities in general practice, 8th edn. (2012), RACGP. Available at **www.racgp.org.au** (See section on Overweight)
- Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia (2013), National Health and Medical Research Council, Available at **www.nhmrc.gov.au**

# 25 Problem list

This section lists new problems identified in the course of the assessment.

# 26 Recommendations

This section is for recording any recommendations to be given to the patient such as increasing exercise or cessation of smoking.

# 27 Referrals

This section records referrals that have been made as a result of the assessment.

# 28 GP review

If problems were identified that require additional appointments, they can be recorded in this section.

# 29 Feedback

Feedback about the Veterans health check assessment can be provided to the DVA by telephone 133 254 or email **GeneralEnquiries@dva.gov.au**.

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