6. Review of ADF and DVA Documentation

Review into the Suicide and Self-Harm Prevention services available to current and former serving ADF members and their families

National Mental Health Commission

28 March 2017

Abbreviations and Definitions

Abbreviations

Abbreviation	Definition
ADF	Australian Defence Force
ANAO	Australian National Audit Office
DoD	Department of Defence
DVA	Department of Veterans Affairs
IGADF	Inspector General of the Australian Defence Force
KI	Key Informant
MRCA	Military Rehabilitation and Compensation Act
RSL	Returned Services League
TWRP	Transition Wellbeing Research Programme
VVCS	Veterans and Veterans Families Counselling Service

Definitions

Note: only terms introduced in this report are defined here. All other definitions are contained in the Literature Review.

Treatment Population - consists of veterans and dependants who have been issued a Gold or White card entitling them to medical and other treatment at Department expense under the Veterans' Entitlement Act, the Social Security and Veterans' Entitlements Amendment (No2) Act 1987, the Veterans' Entitlement (Transitional Provisions and Consequential Amendments) Act 1986, the Military Rehabilitation and Compensation Act 2004 and the Safety Rehabilitation and Compensation Act 1988.

1. Introduction

The National Mental Health Commission (the Commission) was tasked by the Australian Government to conduct a review of suicide and self-harm prevention services available to serving and former members of the ADF and their families. The Prime Minister announced the Review on 11 August 2016.

The Terms of Reference for this Review focused on six specific issues:

1. The incidence of suicide among serving and former serving ADF members compared to the broader Australian community.
2. The range of services available to current and former serving members and their families.
3. The effectiveness of these services in supporting members and their families while they serve, as they transition from Defence to civilian life, and later in their civilian life.
4. Any duplication or gaps in current services and how they might be addressed.
5. Any barriers to current and former serving members accessing services, considering cultural relevance, availability of providers, employment, functional capacity and degree of ill health.
6. The extent to which former serving members utilise services provided by other parts of government, ex-service organisations, the private sector or non-government organisations

The Review has used a mix of qualitative and quantitative data collection processes to inform the findings and recommendations.

As a part of data collection, a desk top review of documentation and data was included. Early in the Review, requests for data and documentation were sent to the Departments of Defence, Veterans Affairs, Health, and the Inspector General of the ADF. The three Departments provided responses. No data was received from the IGADF office.

This Report presents a summary and brief analysis of some aspects of the data and documentation. Other aspects of the data have been presented and analysed in other sections of the Review. For example, the Service Mapping report contains details on many of the programs and services in place across the ADF and for DVA clients.

A key focus for this desk top review of the departmental data and documentation was to examine the progress since the Dunt Review – that is, the range of initiatives and the evidence to show the impact of these initiatives.

The Commission also sought data from the Australian Bureau of Statistics (ABS) to assist with understanding the geographical distribution of both serving and former members of the ADF and their families. Unfortunately, the ABS does not have such data below state aggregate levels. Given this, no formal request was made by the Commission.

The Commission also sought access to the data and reports arising from the Transition Wellbeing Research Programme (TWRP). This data has been collected and analysed by the Centre for Traumatic Stress Studies, University of Adelaide, and Phoenix Australia at the University of Melbourne. It has examined a range of factors relevant to this Review including the prevalence of suicidal behaviours among serving and former members of the ADF. It is the most comprehensive and contemporary data on these issues. This data was not provided to the Commission.

Some other requested data was not provided to the Commission.

2. Method

2.1 Data Requests

Data requests were given to the ADF and DVA to ascertain an understanding of existing programs and data around suicide prevention and mental health, what training programs are in place, and what progress has taken place since the Dunt Review. The requests were initially outlined in meeting in Canberra on 27 September 2016, with Defence, DVA and representatives from the Department of Health, ABS, AIHW, VVCS, and Phoenix Australia.

Formal written requests to the both Departments. Following some delays and further advice the Commission made a number of written requests directly to the Chief of Defence.

Table 1 lists the electronic documents that were provided by Defence.

A total of 47 documents were provided by the DoD to the Commission on 20 December 2016. An additional dozen documents (approximately) were provided up until 13 February 2017 by Defence.

Table 2 lists those electronic documents initially received from DVA on 30 November 2016. Further documents were received through to 13 February 2017.

Data requested but not provided is listed in section 2.3 below. The most important data absent from this Review, but available to the DoD and DVA, is contained in the Transition and Wellbeing Research Program on the prevalence and related factors for suicide ideation and behaviour among serving and former members of the ADF. This is an internationally significant study commissioned by the Departments of Defence and Veteran's Affairs and led by the Centre for Traumatic Stress Studies at the University of Adelaide. Presentations on the findings from the researchers were provided to the Departments on 30 November 2017, but the Commission was not permitted to attend or receive a briefing.

Discussions were held with the Inspector General of the ADF (IGADF) to obtain access to Boards of Inquiry and Commissions of Inquiry reports into suicide deaths within the ADF. Due to the extensive work to de-identify these reports, it was proposed that Implementation Reports, which the Commission was advised have no personal information or details of the actual circumstances of the death, would be made available for suicide deaths since July 2014. However, the Department of Defence later advised that the next of kin would need to be notified that this data had been requested by the Commission. Given this advice just prior to Christmas, the Commission decided not to proceed.

Some information regarding existing services or suicide prevention programs was also obtained through online research by the project team, or through hard copy documents provided during visits to ADF bases for Group Discussions.

These documents and online resources obtained or gathered by the project team include:

1. Mental Health in the Australian Defence Force - 2010 ADF Mental Health Prevalence and Wellbeing Study
2. Review of Mental Health Care in the ADF and Transition through Discharge – Professor David Dunt, January 2009
3. Independent Study into Suicide in the Ex-service Community - Professor David Dunt, January 2009
4. Government Response to the Mental Health Care in the ADF and Transition to Discharge (not dated)
5. Government Response to the Independent Study into Suicide in the Ex-Service Community. Minister for Veterans' Affairs, the Hon Alan Griffin MP. May 2009.
6. '*ADF Mental Health Strategy: SUICIDE. Fact Sheet*' – an A4 trifold flyer. (not dated).
7. The '*At Ease:* The *Right Mix*' documents. Including 48 page *"Guide to Low-risk drinking for the Veteran Community"*. DVA
8. *At Ease Evaluation. Phase 1 Integrated Summary Evaluation Report. Colman Brunton,* (20/09/11)

9. Trauma Recovery & Growth Program, Hollywood Clinic, Perth (2013)
10. ADF Mental Health & wellbeing - a number of flyers and small posters (A3) around depression, anxiety, grief, traumatic stress, suicide, 'staying connected' et al. (some are date marked)
11. VVCS flyers and small posters (A4) on anger, residential lifestyle program, 'beating the blues'
12. '*Keep Your Mates Safe' Peer Support Training – Mental Health First Aid – Participant Handbook* (2014)
13. *Dents in the Soul* DVD, 2010.
14. *With You-With Me* – the Military Talent Incubator (website)
15. *Omni Pathways* – finding meaningful employment for Veterans (brochure)
16. Lighthouse Project Discovery Pack: a DVA/DHS Digital Transformation initiative (June 2016)
17. *The ADF Learning the Hard Way: a more resilient force.* Men and Boys Mental Health Conference Presentation, Maj. General Paul Alexander, 2012.
18. *The Mental Health and Wellbeing Transition Study.* Presentation by Dr Miranda Van Hooff and Dr Stephanie Hodson

TABLE 55 DOCUMENTS PROVIDED BY ADF (ALPHABETICAL ORDER)

No.	Document Title
1	ADF Families Survey
2	ADF Health Recovery Member Family Guide 2016
3	ADF Transition Handbook
4	ADF Transition Seminar Booklet
5	ANAO MRCA Report 2015-2016
6	Continuous Improvement Framework - Implementation Plan
7	Continuous Improvement Framework
8	DCO - ADF Members Leaving Defence
9	Defence - Mental Health Safety Plan
10	Defence Census 2015 - Public Report
11	Defence Health Information Practises FOI
12	Defence Health Manual - Volume 1, Part 1, Chapter 1 - SGADF roles and responsibilities
13	Defence Health Manual - Volume 1, Part 3, Chapter 1 - Privacy of health information of Defence members and Defence candidates
14	Defence Health Manual - Volume 2, Part 3, Chapter 1 - collection use and disclosure
15	Defence Instruction (General) Personnel - 16-26 - Management of a Defence member at risk of suicide
16	Defence MHSC report 2014 by Phoenix
17	Defence MILPERSMAN
18	Defence Report for NMHC review of MH Programs - March 2014 - FINAL
19	Defence Submission to Senate Inquiry - Mental Health of ADF Personnel
20	Defence Submission to Senate Inquiry - Suicide by Veterans and Ex-Serving Personnel (submission 124)
21	Department of Defence - NMHC 2014 Review Response
22	DHA everything-you-need-to-know
23	Evaluation of the Dunt Review Implementation Report_Communio_2014
24	Family & Domestic Violence Guide
25	First Principles Review
26	Health Directive 289 - Coordinated care and management of Defence members receiving mental health services in garrison
27	Health Directive 294 - Risk assessment and management of Defence members at risk of suicide, self-harm or harm-to-others

28	INTERIM Defence Instruction Personnel 16-30 - Defence Health Policy
29	Keep Your Mates Safe - Suicide Prevention Training 2016 Facilitator Manual
30	Keep Your Mates Safe - Suicide Prevention Training 2016 Participant Workbook
31	Keep Your Mates Safe - Suicide Prevention Training 2016 Presentation
32	Mental Health Risk Assessment Training Face-to-Face Training Slides 2016
33	Mental Health Risk Assessment Training Facilitator Manual 2016
34	National ADF Family Health Fact Sheets
35	NMHC Suicide Prevention Services Review ~ Request 1 - Defence Response
36	NMHC Suicide Prevention Services Review 2016 - Data Request – Defence Chaplaincy Support
37	NMHC Suicide Prevention Services Review 2016 - Data Request – ADF Chaplaincy Workforce
38	NMHC Suicide Prevention Services Review 2016 - Data Request Supplementary word document
39	NMHC Suicide Prevention Services Review 2016 - Data Request Supplementary tables, excel
40	NMHC Suicide Prevention Services Review 2016 - Data Request 1 - Defence Response - ADF Suicide Database Information
41	NMHC Suicide Prevention Services Review 2016 - Data Request 1 - Defence Response - Approval List for Defence Documents
42	NMHC Suicide Prevention Services Review 2016 - Data Request 1 - Defence Response - Defence Data for Population and Service Mapping
44	NMHC Suicide Prevention Services Review 2016 - Data Request 1 - Defence Response - Defence Mental Health Programs
45	NMHC Suicide Prevention Services Review 2016 - Data Request 1 - Defence Response - Defence Narrative Response
46	Suicide Awareness in the ADF 2016
47	SWIIP preview current practices KPMG

TABLE 56 DOCUMENTS PROVIDED BY DVA

No.	Document Title
1	NMHC Review - Data Request 1 - Attachment A - Programs and Services
2	NMHC Review - Data Request 1 - Attachment B - Veteran Suicide
3	NMHC Review - Data Request 1 - Attachment C - Veteran Self-Harm
4	NMHC Review - Data Request 2 - Population Data.xlsx

Note these documents were provided on 30 November, 2016.

Additional documents were received from DVA in late January and early February 2017.

2.2 Desk Top Review Process

Each of these documents were reviewed and given a brief description around their relevance to the current review. Documents were also categorised by their type, in regards to which information was most relevant to the review:

1. Information based
2. A Framework document
3. Data
4. A Manual (such as a training facilitator manual)
5. A List of services or information
6. A Flyer
7. Policy document
8. Workbook (such as a training participant workbook)

9. Presentation (such as a training presentation)
10. Review document

2.3 Limitations of the Desk Top Review

Desktop audits are a limited-scope examination of documents and records, away from the place of action or ownership. Desktop audits have become standard practice in quality certification processes and the value in this context was to assess what actions arising from the Dunt Review (2009) and other events have been put in place in the ADF and DVA.

In robust audit processes, desktop reviews are undertaken prior to other methods of review – interviews, groups discussions, and the like. This was not possible with this Review as the vast majority of the information was provided after the conclusion of other data collection processes.

Further, the initial transfer of documentation from the Department of Defence was not received by the Commission until 20 December 2016. Documentation continued to be received by the Commission up to and including the 13 February 2017. This has limited the Commission's capacity for cross checking and more extensive auditing.

The first data from the DVA was received by the Commission on 30 November 2016. Data continued to be received by the Commission up to and including the 13 February 2017. Again, this has limited the desk top review process.

Notably, key documents and data were not available to the Commission for this Review. These included:

- The results and analysis of the Transition and Wellbeing Research Study on prevalence of suicidal behaviour in the ADF and veteran communities completed in late 2016. This contains the most recent and comprehensive data on suicide and self-harm and related issues.
- The Boards of Inquiry and Commission of Inquiry reports on suicide deaths in the ADF. These reports are detailed, forensic reports on the circumstances surrounding deaths of ADF personnel. Like Coroner's report at the state level, such reports read singularly and collectively, often identify systemic issues. Regrettably the relevant sections in the Department of Defence could not provide these to the Commission in the time available.
- The Implementation Reports following from Boards and Commissions of Inquiry into suicide deaths since 1 July 2014. These reports may have been able to show the efforts to address systemic issues related to the suicide death of a serving ADF member.
- A recent report (February 2016) by Navy Commander Paul Kinghorn "*Suicide in the ADF – what are we missing?"*

Other data relevant to the Review Terms of Reference, but unavailable in the time frame involve the number of ADF and former ADF members in state and territory correctional services facilities. Data linkage requests to the WA Department of Health were considered but ruled out given the timeframe for the Review.

3. Findings

The key findings from the review of the documents and training materials indicate:

- A consistent theme in the reviews, both internal to DoD and DVA since the Dunt Reviews in 2009, is the lack of evaluation and measurement of training programs and services. More broadly, program management and implementation is constantly identified as lacking.
- The continuing lack of engagement of Defence families and failure to recognise the diversity of family structures by the ADF.
- A detailed, expert review of each and every training resource or information fact sheet was not undertaken in the Review. However, selected documents were reviewed by experts in mental health and wellbeing and suicide prevention. Issues with the quality of both the content and andragogy (adult learning methods) were identified.
- Whilst services may exist (such as transition workshops etc.), awareness is an area that needs further attention. As the transition period is particularly stressful for members, it is vital that the appropriate support is given at the right time. It is suggested that these workshops are made compulsory for members when they leave, and follow up should be provided once members have left the ADF for several months/years.
- Suicide awareness and prevention training needs to be more in depth. The mandatory training is brief and requires follow up sessions. This should be repeated throughout a member's career as a reminder of what is available.
- There is a lack of an evidence base and testing in regards to training. It is not clear how some training programs or materials are developed nor if and how they are tested for effectiveness, other than a generic satisfaction survey. There needs to be research around these programs to evaluate their effectiveness.
- There is a need for materials to be more effectively tailored to individual audiences in order to be effective.
- Screening processes need to be improved, as well as subject to on-going, and occasionally independent, evaluation and that it occurs on a regular basis (both when joining the ADF and when transitioning out of the ADF).
- Effective instructional design is essential if the objectives of the ADF's mental health strategy are to be fully realised.

4. Information, Frameworks and Reviews

The majority of documents provided were information based, and covered a range of topics from information about particular services, to expectations for serving personnel. Many pertained to assessing the implementation of Dunt Review Implementation (DRI) – program implementation. A small number reviewed the effectiveness of services or programs.

The Dunt Review was a **Review of Mental Health Care in the ADF and Transition through Discharge,** by Professor David Dunt in 2009 which listed 52 recommendations. Professor Dunt also completed an **Independent Study into Suicide in the Ex-Service Community**. The Government, through the then Minister for Veterans' Affairs, The Hon. Alan Griffin MP, provided detailed responses to both reports.

The aim of the Commission in reviewing current services was to understand areas of progress since the Dunt Review.

Key documents discussed herein received from the ADF and DVA and gathered by the Review project team include:

- The ADF Health and Recovery Member and Family Guide
- ADF Families Survey 2015
- *The role of the family in ADF members' rehabilitation* (Australian Institute of Family Studies Report)
- *At Ease Evaluation. Phase 1 Integrated Summary Evaluation Report.* Colman Brunton (2011)
- ADF Mental Health and Wellbeing Plan 2012-2015 and Evaluation of the Dunt Review Implementation Plan (Communio, 2014)
- Department of Defence response to data request
- ANAO MRCA Report (2015-16)
- The Australian Defence Force Mental Health Screening Continuum Framework
- Continuous Improvement Framework, Phoenix Australia
- ADF Mental Health & Wellbeing Plan 2012-2015

4.1 The ADF Health and Recovery Member and Family Guide

The *ADF Health and Recovery Member and Family Guide* is a comprehensive document which covers the range of services available, as well as what steps to take if injured or ill. This document covers a range of issues, including:

The ADF Health and Recovery Pathway	Compensation
What to do if you have a wound, injury or illness	Prevention of injury illness
Health assessment and treatment when: 1) on deployment; 2) in Australia and on non-operational postings overseas; 3) in Australia; 4) away from work or out of hours, and 5) on overseas postings.	Rehabilitation information for: 1) Clinical rehabilitation; 2) Intensive clinical rehabilitation; 3) Occupational rehabilitation; 4) Commencing rehabilitation; 5) Return to work; 6) Reservists; 7) Who can assist?
Information regarding: 1) member support coordinators; 2) health care coordination forums, and 3) medical employment classification.	Transition
Privacy concerns	Families of wounded, injured or ill personnel
Compliments and Complaints	Transportation
National Contact Numbers	Queensland Health Centres
Northern NSW Health Centres	Victoria and Tasmania Health Centres
Southern NSW & ACT Health Centres	Central and West health Centres

4.2 ADF Families Survey

The ADF Families Survey is administered by the DoD, in collaboration DCO and DFA, to provide Defence with "experiences and perceptions of members' families, including the impact of ADF conditions of service on family members' satisfaction with service life and overall quality of life, and families' perceptions of impacts on ADF members' satisfaction with, and commitment to, military service" (p. 4). The survey was administered in November-December 2015 and involved nearly 3,500 respondents. Previous Families Surveys have been undertaken in 2008 and 2012.

Difficulties with being unable to live with their partner and/or family for Service-related reasons, was cited as a factor contributing to a decision to leave the ADF in the near future – it varied from 38% of for Senior NCOs to 22% for Senior Officers. Making the choice between family or ADF career is clearly a factor for many members.

The impact of relocations was also examined in the survey. 42% of respondents had moved between one and three times and 11% (one in nine) had moved more than 10 times. More than half (56%) of all relocations were reported at within the past 2 years. Only 13% of respondents had relocated more than 5 years prior to the survey. Those issues reported as difficult/very difficult aspects of relocation reported included re-establishing spouse/partner employment (56%), personal support networks (53%), access to support services (52%), childcare (50%, and after school care (47%).

The report notes:

> *"Establishing social and friendship networks were identified as particularly challenging and perhaps the most difficult part about relocations, and were considered critical for thriving in the new location (offering for example, personal emotional support, emergency childcare, pet/house sitting). While often expressed as a concern for the children, it was equally important for the relocated member's spouse to develop community connections in order to mitigate loneliness and maintain a sense of self. Connection to Defence operated as a double-edged sword for many: civilians were often reluctant to make friends with you (as you would post out soon) and Defence-related friendships were either tenuous due to the posting cycle (you or them moving away) or existing groups were very cliquey and hard to break in to". (p. 22)*

The report goes on to note the feedback from respondents that the available support services offered by Defence are limited and 'cater only for traditional nuclear families'.

In terms of deployments, 21% of respondents had a deployment in the year of the survey (2015). The duration of deployments is reducing as would be expected with the drawdown of ADF personnel in the MEAO. In 2013, just over half of the respondents had deployments of six months or more that year whereas that was down to one in three respondents for 2015.

Important in the context of this Review, there was a significant decline in the numbers of family members attending briefings, knowing about the briefings and valuing the information provided at the briefings. The report found:

> *For those respondents whose partner deployed in 2011, just over half (54%) had no knowledge of the briefings (this includes those who did not believe one had been organised) in 2015 this increased to eight in ten (81%) respondents. Of those who did attend a briefing in 2015 over half (58%) found them to be useful. In 2012 it was seven in ten (71%). (p. 25)*

A similar decline was shown in relation to DCO education sessions with only just over a third (36% of attendees finding the sessions useful. In relation to DCO support calls (i.e. calls made by DCO to partners whilst their partner is deployed), nearly half (49%) of respondents indicated they had not been contacted at all. Similarly, more than two-thirds of respondents felt uninformed about the role of National Welfare Coordination Centre and half uninformed on the role of the DCO.

The report conclusion is relevant to this Review and consistent with the findings:

At a general level the data appears to show that there is a lack of information, or respondents are unaware of how to access it, on the emotional challenges of MWD(U) specifically (and absences more generally). Rather than focusing on support services for when issues arise more pre-emptive action could be done to prevent negative occurrences such as resilience and coping training. (p. 47)

4.3 AIFS Report: The role of the family in ADF members' rehabilitation

The Australian Institute of Family Studies (Muir, S., Hand, K, Weston, J., 2015) undertook a study into the role of Defence families in the rehabilitation of ADF members in 2014-15. The work was commissioned by Joint Health Command in Defence.

The project sought to examine the ways in which families of seriously wounded, injured or ill ADF members engage with and support their rehabilitation. The project used essentially qualitative methods involving Defence members, a small number of family members and service providers who may support members and/or their families during the rehabilitation process. A review of the literature was also undertaken.

The project provides insight into two key issues relevant to this Review:

- the facilitators and impediments to family wellbeing and how family members contribute positively to the rehabilitation of Defence members with a complex health condition, and
- how Defence can maximise positive outcomes for families and ADF members undergoing rehabilitation for a complex health condition

ADF members with mental illnesses made up about 20% of the participants in the study and those with co-morbid physical and mental illnesses, around 30% of participants.

The findings showed that families both contribute to and are affected by rehabilitation experiences of their Defence member. The strongest theme reported in the AIFS study was "the need for better integration of services and a need for a renewed emphasis on effective communication between all involved in rehabilitation services to better support both members and their families" (p. v).

The literature review also found that direct family engagement has a number of benefits, and this assessment was broadly supported by the service providers interviewed. The benefits cited included "better communication and understanding between all parties, a more holistic understanding of the member's issues at home, and greater agreement on appropriate goals" (p. v).

The experiences of all those involved in the study found that family engagement consistent with the literature, was uncommon and not seen as a priority for nor proactively pursued by Defence.

Some ambivalence toward the role of the family in the rehabilitation journey was identified among service providers.

"Difficult family circumstances—such as illness, financial problems or family breakdown—were also identified as threats to member wellbeing and/or as potentially affecting the effectiveness of member rehabilitation. These potential barriers to positive rehabilitation outcomes also reinforced for many service providers the importance of engaging the family as a means of fully understanding the context in which the member's rehabilitation was taking place".

The report also highlighted the 'struggle in silence' many families experience particularly in relation to mental illness of their ADF family member:

"… family members struggled to adjust to new caring roles, an increased domestic and/or child care load, and the emotional needs of members, particularly when they had a mental health issue or expressed significant frustration with their rehabilitation and/or workplace relationships. This burden was often borne without significant help from extended family, external support services or from Defence".

The report sets out a set of clear practice principles to improve family engagement and support for families in their role in the rehabilitation of ADF Members:

- Recognise that family involvement is not always "seen" outside of the family - families not being visibly present does not mean that they are not part of the picture.
- Provide access to support for families through referrals or the provision of services in order to improve outcomes for members.
- Build family involvement into rehabilitation planning processes.
- Build family involvement into rehabilitation planning processes.
- Provide members and their families with clear and targeted information through multiple channels and formats.
- Create and ensure clearer understandings of pathways and services available for support.
- Provide access to support for members' families through referrals or the provision of services in order to improve outcomes for members.
- Engage with families at key points of the rehabilitation process.
- Provide dedicated liaison personnel to engage with families throughout the rehabilitation process.

The findings of the current Review show little change in relationship to family involvement.

4.4 At Ease Evaluation

DVA engaged market research firm Colman Brunton to undertake an evaluation of the *At Ease* suite of mental health education resources for current and former members of the ADF. The report was based on communications testing via interviews with 36 users of the resources and a clinical review undertake by a psychologist.

This review pointed to:

- The need for materials to be more effectively tailored to individual audiences to be an effective communications vehicle. While the concept was endorsed, the current execution of the material had large scope for improvement in order to effectively reach the target audiences. There was no differentiation in materials for serving and former members of the ADF. The quality of the material was also found to have errors.
- As well as more effectively tailoring existing content to the target audiences, considerable development of material is required.

A series of recommendations (19) were made and in 2013 DVA re-launched the At Ease website and materials. The Commission was unable to ascertain if there were further phases to the work undertaken by Colman Brunton.

The Commission was not provided with information on the effectiveness of the At Ease website or materials. It is understood a clinical review of materials is undertaken annually by Phoenix Australia. This does not include a review of communications objectives.

4.5 ADF Mental Health and Wellbeing Plan 2012-2015 & Evaluation of the Dunt Review Implementation Plan

The ***ADF Mental Health & Wellbeing Plan 2012-2015*** was developed as a framework following the Dunt Review. The objectives for this framework, as outlined *ADF Mental Health & Wellbeing Plan* (p. 6) were:

- *"Promoting good mental health and wellbeing through leadership at all levels;*
- *Developing a culture that supports personnel to better recognise mental health issues and assist themselves and their colleagues;*
- *Preparing our personnel to meet the unique occupational risks of military service;*

- *Evidence-based treatment and recovery programs utilising a partnership between individuals, families, command and health providers;*
- *Innovation and research that improves our understanding of mental health and wellbeing in the ADF and delivery of mental health care; and*
- *Supporting effective transition and continuity of mental health and wellbeing for those personnel leaving the ADF."*

The plan identified several points for "*what success would look like*", and were as follows:

- A culture that promotes wellbeing and reduces the stigma and barriers to mental health care;
- ADF personnel are mental health literate and know when, how and where to seek care for themselves and their peers;
- Selection, training and command systems that promote good mental health and wellbeing;
- A mental health and psychological support continuum that maximises the resilience of ADF personnel so they can adapt to all aspects of military service;
- Mitigation of deployment risks and effective transition back to work and family life;
- A holistic mental health and psychology service that integrates with the primary health care system and a stepped care approach with multiple pathways to care;
- Health Care is coordinated with individuals, families, command and health services;
- Innovative approaches to technology support systems that support the delivery of mental health care;
- A governance framework that promotes the delivery of safe, efficient, effective and appropriate mental health care;
- A workforce that is trained and equipped to provide evidence-based practice that supports recovery;
- A rigorous research program that is a priority and addresses key knowledge gaps;
- A range of mental health programs providing positive outcomes and services that have been fully evaluated;
- Whole-of-government partnerships;
- Partnerships with centres of excellence; and
- Partnerships with international military forces.

The plan outlines a number of services that are available, including training programs (see section 5 of this document).

Furthermore, in response to the Dunt Review and the Mental Health and Wellbeing Plan, the Joint Health Command conducted an *Evaluation of the Dunt Review Implementation Report* (2014, p. 3), and identified several central recurring themes. This are provided here verbatim given the relevance to this Review:

- **Management:** *"Overall management of the transition of programs is fragmented resulting in inconsistent program and service delivery. Premature decisions on the handover process compounded by lack of adequate resourcing and a robust change management process have resulted in well-developed programs not being utilised to their fullest extent".*

- **Evaluation:** *"The draft DRI Program Logic is loosely defined with no clear distinction between Project and MHPR Branch outcomes. No outcome performance measurements were identified to enable and support future medium and longer term outcomes evaluations of the DRI Program".*

- **Evaluation:** *"The evaluation team was unable to identify DRI program activities that obtain and retain specific performance measurements on their activities that inform improvements or changes to reflect the needs of the program. Accordingly, the application of quality improvement processes to the development of mental health policy and strategic programs was not evident. There is an opportunity to improve the link between policy development and implementation. This includes appropriate monitoring, development of indicators and creating a continuous improvement feedback loop between practice and policy".*

- **Resources:** *"Whilst workforce enhancement is evident the evaluation team found it difficult to determine how enhancement decisions were made with respect to the number, type or location of positions relative to member dependency. Key stakeholders identified that inconsistent access to or lack of, resources was singularly the most limiting factor in the provision of mental health related services".*
- **Communication***: "Communication is inconsistent between JHC and the end users of DRI program activities. Whilst a strong sense of common understanding of MH reform activity was evident at the highest levels of the organisation that was not the case in the regions. Middle managers did not appear to have either the same level of awareness of or commitment to activities related to, or the intent behind, DRI initiatives. As a result, DRI is inconsistent and in some instances has meant non implementation of, well developed program activities."*
- **Service delivery: "***There is inconsistency in the service delivery of the broader mental health (MH) services. Teams and individuals tasked with the delivery of mental health and psychology services generally work with a siloed approach with minimal interface and a resultant lack of awareness of roles and responsibilities among key stakeholders".*
- **Service delivery***: "A variety of mental health service delivery models were identified including centralised services. The evaluation team received strong feedback from Service recipients in those regions where service delivery was centralised that MH needs were being met inconsistently. Where regular interaction occurred between the MH service providers and units, it was observed that Commanding Officers (COs) responded positively to MH service delivery".*
- **VVCS:** *"Across the Defence community there was strong support for the partnership with VVCS. In many remote and rural locations, the project team was informed that they provided the majority of timely MH services to members. VVCS was viewed as especially important to support the involvement of families".*
- **Awareness:** *Commanding Officers and staff with management/supervisory responsibilities overwhelmingly displayed a high degree of awareness and understanding of their responsibilities in regard to the mental health and well-being of their staff.*
- **Culture & stigma***: "Whilst Defence, has recently done much to highlight MH issues and advocate for acceptance of mental health problems and mental disorders (especially at the higher end of the MH spectrum) the evaluation team received advice from all levels and groups of stakeholders that the stigma of mental health is still significant across the Defence community. Generally, acknowledgment of MH issues was perceived as a barrier to remaining as a serving member and career progression".*
- **Culture & stigma***: "The evaluation team received feedback that the leadership displayed by Service Chiefs in the area of Mental Health awareness was important, significant and sent a very clear and unambiguous message to members. However, respondents considered that the focus on operational causations and high end MH illnesses had resulted in non-operational members experiencing MH illnesses not receiving the same level of acknowledgment and support".*

The Commission in this Review did not analyse this report until the end of its own review in order to not contaminate the process. What is both remarkable and concerning, is the high level of consistency in the findings from the 2014 evaluation and this Review.

4.6 Defence's Response to Commission's Data Request

The DoD provided a detailed written response to the NMHC data request, listing a number of reviews, programs and initiatives that have taken place.

As a part of this document, the following was noted in response to the Dunt Review (p. 12):

- *"Since 2009 Defence has implemented all 52 of the Dunt review (ADF) 2009 recommendations, investing over $201 million in mental health services and support (as at 30 June 2016), including increasing the*

mental health workforce, improving policy and training for Defence health professionals, increasing mental health research and surveillance, and strengthening resilience training and prevention strategies.

- *In order to support the implementation of 52 recommendations, in 2010, Defence invited a number of external mental health experts, clinicians, policy advisors and researchers, including Professor David Dunt, to be part of the Mental Health Advisory Group and provide advice and guidance to the ADF Mental Health Reform Program. Since then this group, also including representatives of Joint Health Command, single Services, Defence Community Organisation, Defence Families Association, DVA and the Veterans and Veterans Families Counselling Service, has met eight times."*

This response discussed in detail several **defence organisational reviews and initiatives** (pp. 7 – 11) that have taken place, such as:

- *The Strategic Reform Program* – a campaign of reform with over 300 initiatives across 15 reform streams, which seek to improve business processes and reduce costs,
- *The 2009 Defence White Paper* – committing to improving mental health services and implement the recommendations of the Dunt Review,
- *The First Principles Review of Defence* in 2014 – commissioned to ensure that Defence is fit for purpose and is able to deliver against its strategy with the minimum resources necessary,
- *The Enterprise Information Management Strategy 2015-2025* - seeks to ensure that the Defence human resource data is a reliable and single source of data to be integrated into the Defence e-Health Record, and
- *The Defence Strategic Work Force Plan 2016-2026* - the key Defence workforce management document.

The response also lists a number of **cultural change programs**, including:

- *Pathway to Change: Evolving Defence Culture* - is Defence's statement of cultural intent and the strategy for realising that intent,
- *The Defence Abuse Response Taskforce (DART)* - a Government response that provided current and former members of the ADF the opportunity to report abuse that occurred prior to April 2011 (the establishment date of DART),
- The establishment of the Defence Force Ombudsman - to accept complaints alleging that a member of Defence has perpetrated an act of sexual abuse or serious physical abuse, bullying or harassment from current and ex-serving ADF members,
- The Sexual Misconduct Prevention and Reporting office (SeMPRO) - provides a victim-focused approach through the provision of ongoing support for ADF members regarding incidents of sexual misconduct,
- *The ADF Alcohol Management Strategy and Plan* (ADFAMS) - sets out a framework for improving alcohol management, and
- *A Diversity and Inclusion Strategy* – seeks to enhance Defence's capability through the recognition of individual differences.

A concern raised in other areas of this Review (i.e. key informants, group discussions and interviews) included a lack of awareness about what services are available, and that this is a significant barrier to seeking help and support. The Defence's response highlights that a range of promotion resources and activities to increase awareness and aid in mental health literacy for members and their families. These include: fact sheets, an online health and wellbeing portal, help lines, mobile applications, and a mental health day to align with World Mental Health Day every October.

4.7 ANAO MRCA Report

The ANAO MRCA Report (2016) identified several issues with existing services. The report highlighted that there are problems regarding consistency, coordination, and the duplication of transition services for those leaving the ADF, and that 'the transition experience for injured and ill ADF personnel remains lengthy, complex and inconsistent' (p. 32).

An important issue raised was the lack adequate assessment methods to evaluate the effectiveness of services as well as training programs. It is argued that Defence does not measure, monitor, or report on key performance outcomes using indicators, and that the return to work rate for ADF is approximately 20 percent below the Australian average (ANAO, 2016, p. 21).

The ANAO MRCA (2016) report also identified that DVA 'cannot yet demonstrate through comprehensive and reliable performance information whether the support provided is effective and efficient in assisting transition to civilian life or which services provide the best results for injured and ill ADF personnel discharged for medical reasons' (p.10).

4.8 The ADF Mental Health Screening Continuum Framework

The ADF Mental Health Screening Continuum Framework (O'Connell et al 2014) identified areas that needed to be addressed regarding mental health screening in the ADF. The framework highlighted that:

- A universal approach of regular screening is needed,
- PTDS, depression, problematic alcohol consumption, and suicide ideation should be targeted in the screening,
- An integration of new and existing screening processes is important as is a balance of identifiable and anonymous screens, and
- The Posttraumatic Checklist (PCL), Kessler Psychological Distress Scale (K10), and Alcohol Use Disorders Identification Test (AUDIT) should be used, alongside face-to-face interviewing.

Given that psychological screening was an area of concern raised consistently in other aspects of this Review, it is important that this screening process is improved, subject to on-going, and occasionally independent, evaluation and that it occurs on a regular basis (both when joining the ADF and when transitioning out of the ADF).

Furthermore, some of the key points made in this report from Phoenix are relevant to this Review:

- *"As will become clear from the discussion below, the utility of screening in reducing morbidity and facilitating treatment access in military populations remains unproven. …. It is, therefore, essential to incorporate an evaluation process into the MHSC Framework to establish whether the goals of the framework are being achieved. A clear understanding of the design, implementation, and expected outcomes of this evaluation process should be in place from the outset.*
- *"Studies with community samples have repeatedly shown that the administration of screening questionnaires in the absence of appropriate follow-up has no effect on the identification and management of mental health conditions such as depression 10-12. Therefore, screening is only effective as part of an appropriately resourced system-wide approach to the identification, assessment, and treatment of mental disorder.*
- *"A key goal for many defence forces is to ensure that military personnel who need help for mental health problems have ready access to that help and feel free to seek help in the military environment. This speaks to the military's role in creating an environment where members are psychologically literate, barriers to care are minimal, and mental health stigma is low. Thus, while a screening framework is an important part of a comprehensive approach to creating a mentally healthy workforce, it is just one part and should always be seen as such". (p. 18-19)*

4.9 Continuous Improvement Framework (CIF)

The Continuous Improvement Framework (O'Donnell, Lloyd, Fletcher, Forbes, Dunt, 2015 – Phoenix Australia) sets out a process for measuring and driving improvement in the performance of programs and services, as well as providing evidence to measure achievement of the planned outcomes of the ADF Mental Health and Wellbeing (MH&WB) Strategy.

The CIF was developed from document review and familiarization with 21 specific ADF programs, consultation with ADF stakeholders, international consultations and a review of literature. The CIF provides longer-term strategic cycle improvement process, a rapid program level improvement process, measuring and performance indicators, and benchmarking processes for mental health and suicide prevention programs and resources.

The CIF notes that most member skilling and awareness programs involve participating in workshops. Whilst these may have an immediate effect on knowledge, little is known about how skills learnt at these workshops may translate to real world behaviour.

Evaluation was reportedly limited to process indicators: generally, these are attendance records, acceptability of the content and (global) satisfaction with the program.

To determine actual change in behaviour and/or attitudes requires further follow up evaluation which Phoenix found lacking.

The Continuous Improvement Framework evaluated existing mental health programs and provides specific recommendations, which are discussed later in this report in Section 5.

5. Training Programs and Communications Materials

A number of training, awareness, and upskilling programs are available for those in ADF, as well as transition seminars for those leaving Defence. It is beyond the scope of this Review to thoroughly evaluate these programs using recognised assessment tools or processes.

5.1 Keep Your Mates Safe

In terms of suicide prevention and awareness training, the Keep Your Mates Safe manual outlines four levels (p. 6):

> ***Level One: Introductory Suicide Prevention Training***
>
> *A mandatory 40-minute presentation suitable for all Defence members has been produced by The Directorate Mental Health Clinical Standards and Practice (DMHCSP) and is available on the intranet. This presentation focuses on the fact that suicide prevention is a serious issue for the ADF and shows individuals where they can seek assistance. This presentation can be presented by ADF mental health professionals or chaplains.*
>
> ***Level Two: Keep Your Mates Safe - Suicide Prevention Training (KYMSSPT)***
>
> *This second level of training targets peers, junior leaders and commanders and managers, with the goal of enabling them to identify persons at risk of suicide and direct them to first aid and health resources. This two-hour training session is delivered by ADF mental health professionals or suitably trained Chaplains and Examiners Psychological.*
>
> ***Level Three: Suicide First Aid - Applied Suicide Intervention Skills Training (ASIST)***
>
> *The third level of training encompasses suicide first aid in the form of ASIST. The training package was developed by Living Works and is an internationally regarded program. Delivery of ASIST in the ADF commenced in 2001, and is best targeted to key Defence personnel such as Chaplains, health providers, Member Support Coordinators, Unit Welfare Officers, Equity and Diversity Officers or those with an interest in gaining this level of training. ASIST provides participants with the skills to identify at-risk individuals and provide initial mental health support. This training is a two-day intensive, interactive workshop delivered by ADF mental health professionals or chaplains.*
>
> ***Level Four: Clinical Upskilling - Suicide Risk Assessment Training (SRAT)***
>
> *This training is designed for Defence mental health professionals. This training provides advanced skills for mental health professionals working with Defence members who present as a suicide risk. SRAT also aims to standardise suicide risk assessment in the ADF and optimise patient management.*

The Participant Handbook for KYMSSPT was provided to project team members during visits to ADF Bases. The material is in the from of a 44-page participants' handbook attending Level 2 Training.

The course is based around a learning neumonic – REACT:

- 'Recognise Symptoms',
- 'Engage you peer',
- 'Actively listen',
- 'Check risk',
- 'Take action'

The handbook covers a range of other topics including 'Optimal reaction and performance', 'Relaxation Techniques', 'Sleep', 'Anger', 'Mental Health First Aid Checklist', Defence Policy, contact numbers and glossary.

Much of the content of the program differs from the Mental Health First Aid program developed by Betty Kitchener and Professor Tony Jorm. Elements in the document appear to be sourced from a number of public websites. One example, is the "12 Steps to Emotional Wellness" on page 21. This is from a US based website and

an online article written in 2005. It is not referenced. It contains a number of 'home-spun' self-help ideas, not supported by evidence. The section describes other people in pejorative language (e.g. "energy vampires", "drama queen", "sob sister") and uses highly inappropriate language in the context of military suicide prevention, such as "Manage success well – women hold on to relationships with competitors, men litter the battlefield with corpses".

As with a number of the resources examined by the Review project team, the development, pre-testing, distribution and ongoing evaluation of resources, training programs and website material, appears ad hoc. The project team were unable to ascertain whether some of the materials were officially published by JHC or were developed by individual staff at JHU or RMHT levels.

5.2 The ADF Transition Handbook

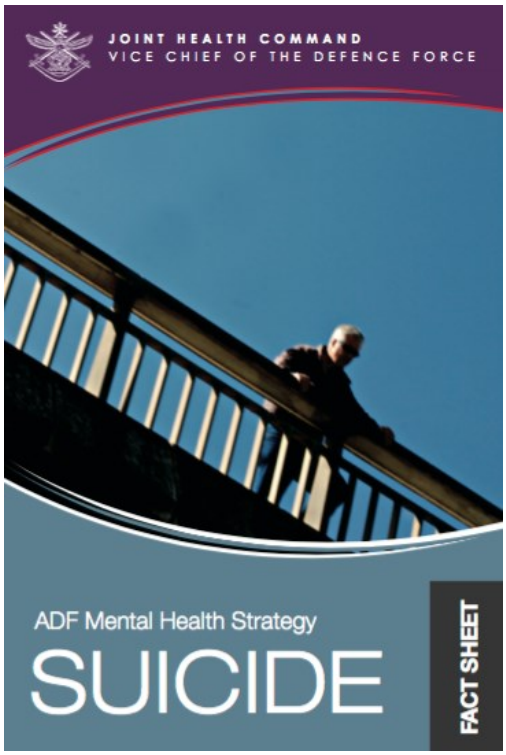
In terms of transition services, the ADF Transition Handbook outlines several services that are available. Provided members are aware of the services, they can go online and find information about transition seminars and find links to numerous resources.

5.3 Other Suicide Prevention programs

"Dents in the Soul" is a 2010 documentary about PTSD made specifically for Australian soldiers. It is a DoD developed resource. It includes a number of personal stories by members of the ADF and advice for members should they experience traumatic events. Whilst it does have a Vietnam Veteran focus, it could be useful for members in terms of accepting PTSD and symptoms. It was not clear to the Review project team how this documentary is made available or where it is used. As with any mental health promotion resource, the context in which it is made available is usually critical to its effectiveness.

ADF Mental Health Strategy: SUICIDE Fact Sheet

This flyer has provided to the project team from ADF personnel. The cover of the document features an individual (an older male) in what could be seen as a vulnerable position; possibly contemplating suicide. The cover is shown here.



The evidence surrounding reporting on methods on suicide through media, is one of the strongest areas of evidence in suicide prevention.

It is not clear how this information sheet was created or if it was subject to any internal or external review or testing.

5.4 Continuous Improvement Framework

The **Continuous Improvement Framework** (Phoenix Australia, 2015) evaluated training programs, awareness and upskilling programs in the ADF and provided many recommendations. Consistent in the recommendations is the need for expert input in the development of materials, pre-program testing and validation, higher fidelity in program delivery (standardisation and consistency in implementation), post-program evaluation, monitoring and reporting, and systems to support the initiative.

The recommendations are summarised as follows (pp. 45-91):

- **Mental Health Fact Sheets** – These are important as they are visible in facilities and are a readily accessible form of information.
- **Mental Health Day** – Achieves good reach across ADF personnel and performs and important role in exposing members to discuss mental health topics.
- **Health Portal** – Important component of the ADF's mental health awareness offerings, but does require further monitoring to inform improvement.
- **Alcohol, Tobacco, and Other Drugs Awareness** – Room for improvement and unlikely to produce large changes in awareness, but may have a cumulative impact over time.
- **Suicide Awareness in the ADF (Level 1)** - Room for improvement and unlikely to produce large changes in awareness, but may have a cumulative impact over time.
- **KYMS-PS Mental Health Awareness** – There is a need to 'bed down' processes and test materials and resources in the implementation context as a first priority. The effectiveness of the workshop needs to be established if it is run regularly.
- **SMART Self Management and Resilience Training** - Implementing standardised questionnaires, collecting and managing data processes are important.
- **KYMS-PS Mental Health First Aid** – Not a well accepted program, content review is need and implementing standardised questionnaires, collecting and managing data processes are important.
- **KYMS-PS Alcohol** – Delivery is generally reactive, and implementing standardised questionnaires, collecting and managing data processes are important.
- **KYMS-PS Suicide Prevention (Level 2)** - Delivery is generally reactive, and implementing standardised questionnaires, collecting and managing data processes are important.
- **Applies Suicide Intervention Skills Training (ASIST) (Level 3)** – Well accepted and evidence-based. Consideration needs to be given to whether the training and credentialing requirements are a barrier to professional upskilling.
- **CPT Provider Training** – The only training offered to Defence mental health professionals in a specialist PTSD treatment.
- **Suicide Risk Assessment Training (SRAT) (Level 4)** – Being revised. New course will have data collection incorporated.
- **Critical Incident Mental Health Support (CIMHS)** – Well established and accepted.
- **Acute Mental Health on Operations (AMHOO)** – Well established and accepted.
- **ADF Mental Health Clinical Services** (general services not provided under programs listed above) – The largest of all mental health programs/services. Early signs that it has been successfully implemented. Further work is still necessary in some areas such as clinical governance, audit and review, and a number of MHPSs are operating at staff levels well below establishment.

- **Recognising Early Signs of Emerging Trauma (RESET)** – Pilot program. Alongside other mental health programs/services, it lacks a well functioning data system to support the measurement of goal achievement.
- **Outpatient Alcohol Treatment Program** – Offered nationally but has a limited number of referrals. Lacks a well-functioning data system.
- **Simpson Assistance Program** – ***Families Stronger Together*** – Pilot Program, also lacks a well-functioning data system.
- **Simpson Assistance Program – *Mate to Mate Visitation*** – Pilot Program, also lacks a well-functioning data system.
- **Simpson Assistance Program – *Meaningful Engagement*** – Yet to fully roll out nationally, also lacks a well-functioning data system.

6. Outcomes and Recommended Approaches

Through the data request and analysis of documents provided by the ADF, it is evident that there are a number of programs, services, and training offered to serving and ex-serving personal and their families. The issues arise in relation to:

- Awareness of these services. It is apparent through previous reviews, and in line with other qualitative sections of this Report, that personnel and their families are unaware of the services that are available to them, particularly transition services. More effective marketing campaigns are urgently needed for improving access to the right care at the right time.
- Whilst there are a number or training and development programs in place, some of these have had little to no evaluation, nor is it apparent that robust evidence and sound methodologies were applied in the design and creation phases. Training programs must be evidence based, and require longitudinal analysis to determine their real-world effectiveness. They must also be supported by documented instructional designs. In suicide prevention in particular, high fidelity must be achieved in the program roll-out. That is, the quality of learning must be consistent and of the highest standard to have any chance of achieving broad effectiveness.
- From this review of ADF and DVA mental health and suicide prevention programs and initiatives, it is not evident that soundly based principles for successful communications have been consistently applied. This is similar to the findings of the Phoenix Australia evaluation (2015).
- Communication principles for successful communication campaigns in health promotion – that is where there are behavioural objectives linked to improved health outcomes – have been well described in the literature. Donovan and Henley (2003) provide a simple set of eight principles:
    - The receiver is an active processor of incoming information – or put another way, the impact of a media communication is not determined by its content alone.
    - Different target audiences may respond to different messages
    - Formative research, including message pretesting, is essential
    - Comprehensive, coordinated interventions are most successful
    - Use multiple delivery channels and multiple sources
    - Stimulate interpersonal communications
    - Campaigns must be sustained
    - Use a theoretical framework
- Training programs must be based on sound andragogy or adult learning principles and practices (Knowles, 1984). As for the communication materials, the review has found that suicide prevention training programs do not always adhere to these evidence based principles. Too many programs rely upon didactic one-way forms of learning.
- Effective instructional design is essential if the objectives of the ADF's mental health strategy are to be fully realised. A set of adult learning principles that can guide the development and delivery of mental health and wellbeing and suicide prevention programs in the ADF could include:
    - Adult learners are problem-centred rather than content centred
    - Adult learners are active participants in the learning
    - Adult learning encourages the learner to introduce past experiences into the learning processes and to reflect or re-examine that experience in the light of new data, new techniques etc.

- Activities that are experiential are emphasised
- The climate for learning must be collaborative as opposed to authority-based
- Planning is a mutual activity between the learner and instructor
- Evaluation is a mutual activity between the learner and instructor
- Evaluation leads to re-assessment of needs and interests.

- Comprehensive learning encompasses five elements: active participation in a new experience, examination of that experience, reflection or assessment of self, integration of the outcomes based on the new experience into workable theories/models/ideas and finally the application of these theories/ideas to new situations. This is particularly important when the learner is expected to acquire and apply interpersonal skills in complex situations such as supporting a person with suicidal behaviour. Kolb's Experiential Learning Model (1984) is one model that can guide the design of programs aimed at developing interpersonal skills for complex situations.

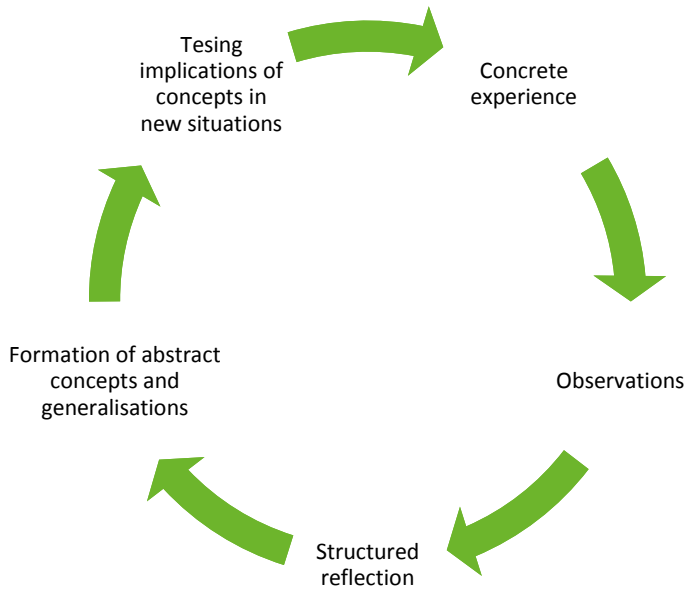


FIGURE 19 KOLB'S EXPERIENTIAL LEARNING MODEL

- Changing behaviours is a complex business. Fortunately, there has been trail blazing work done in social marketing and health promotion over the past 3 decades. Eight variables that predict and explain behaviour were identified by leading theorists in 1991 at a meeting convened by the US National Institute for Mental Health (Fishbein et al 1991). The variables are: intention, environmental constraints, ability, anticipated outcomes (or attitudes), norms, self-standards, emotion and self-efficacy. These are set out here as Nine Guiding Principles for the ADF Mental Health Suicide Prevention programs:
  - Participants must form an intention to perform the recommended behaviours or make a (public) commitment to do so.
  - Participants must have no physical or structural environmental constraints that may prevent the behaviour being performed.
  - Participants must have the skills and equipment necessary to perform the behaviour.

- Participants must perceive themselves to be capable of performing the behaviour.
- Participants must consider that the benefits and rewards of performing the behaviour outweigh the costs and non-benefits associated with performing the behaviour, including the rewards associated with not performing the behaviour.
- Participants must perceive the behaviour to be consistent with their self-image and internalised behaviours (i.e. morally acceptable to them).
- Participants must perceive the behaviours to be consistent with their social roles.
- Participants emotional reaction (or expectation) to performing the behaviours must be more positive than negative.
- Social normative pressures to perform the behaviours must be perceived to be greater than social normative pressure not to perform the behaviours.

- In terms of evaluation, Donovan and Henley (2003) set out a four-part framework for evaluating communications. This can be broadened to include training programs. The four parts are:
  - Formative research – what is likely to work best?
    - Ideas generation
    - Concept testing
    - Development of communications and/or learning objectives
    - Pretesting
  - Efficacy testing – can it work and can it be improved?
  - Process research: is the campaign/program being delivered as proposed
    - do intentions predict behaviour and if so, how strongly
    - continuous tracking
  - Outcome evaluation – did it work?

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Appendices

Appendix 1 – List of Documents from Dept of Defence, Date Received, Inclusion, Type

Document List – Defence Data Request	Date reviewed	Included	Reason	Type
ADF Families Survey	20.12.16	yes	key information about families	info
ADF Health Recovery Member Family Guide 2016	20.12.16	yes	information about services	info
ADF Transition Handbook	20.12.16	yes	information about services	info
ADF Transition Seminar Booklet	20.12.16	no	Goes with doc above	info
ANAO MRCA Report 2015-2016	20.12.16	yes	reported	info
Continuous Improvement Framework – Implementation Plan	20.12.16	no	not relevant	framework
Continuous Improvement Framework	20.12.16	yes	has some stats we could refer to	framework
DCO – ADF Members Leaving Defence	20.12.16	no	Covered in transion books	info
Defence – Mental Health Safety Plan	20.12.16	no	not relevant	info
Defence Census 2015 – Public Report	20.12.16	yes	useful data to compare to	data
Defence Health Information Practises FOI	20.12.16	yes	previous review – has recommendations, can	info
Defence Health Manual – Volume 1, Part 1, Chapter 1 – 5 GADF roles and responsibilities	20.12.16	no	not relevant	manual
ADF candidates	20.12.16	no	not relevant	manual
Defence Health Manual – Volume 2, Part 3, Chapter 1 – collection use and disclosure	20.12.16	no	not relevant	manual
Defence Instruction (General) Personnel – 16-26 – Management of a Defence member at risk of	20.12.16	yes	discusses expectations in relation to suicide	info
Defence MHSC report 2014 by Phoenix	20.12.16	yes	discusses potential for mental health screening	info
Defence MILPERSMAN	20.12.16	yes	has expectations for members – could be useful	info
Defence Report for NMHC review of MH Programs – March 2014 – FINAL	20.12.16	no	not relevant, covered elsewhere	info
Defence Submission to Senate Inquiry – Mental Health of ADF Personnel	20.12.16	yes	fact sheets	info
Defence Submission to Senate Inquiry – Suicide by Veterans and Ex-servin...	20.12.16	yes	has ADF suicide data	data
Department of Defence – NMHC 2014 Review Response	20.12.16	no	A list of services – maybe useful for descriptors	list
DHA everything-you-need-to-know	20.12.16	no	housing flyer	flyer
Evaluation of the Dunt Review Implementation Report_Communio_2014	20.12.16	yes	outcomes of Dunt review	info
Family & Domestic Violence Guide	20.12.16	no	Out of scope	info
First Principles Review	20.12.16	no	out of scope	info
Health Directive 289 – Coordinated care & management of ADF members receiving MHS in	20.12.16	no	not relevant	info
Health Directive 294 – Risk assessment & man't of ADFmembers at risk of sucide/self-	20.12.16	yes	discusses comprehensive risk assessments	info
INTERIM Defence Instruction Personnel 16-30 – Defence Health Policy	10.01.17	yes	health policy doc	policy
Keep Your Mates Safe – Suicide Prevention Training 2016 Facilitator Manu...	10.01.17	yes	suicide training facilatator manual	manual
Keep Your Mates Safe – Suicide Prevention Training 2016 Participant Work...	20.12.16	no	not relevant, booklet that goes with above	workbook
Keep Your Mates Safe – Suicide Prevention Training 2016 Presentation	20.12.16	no	not relevant, presentation to go with manual	on
Mental Health Risk Assessment Training Face-to-Face Training Slides 2016	20.12.16	no	not relevant, captured in manual below	on
Mental Health Risk Assessment Training Facilitator Manual 2016	10.01.17	yes	MH training manual	manual
National ADF Family Health Fact Sheets	20.12.16	no	flyer	flyer
NMHC Suicide Prevention Services Review – Request 1 – Defence Response...	20.12.16	no	data request list	data
NMHC Services Review 2016 – Data Request 1 – Defence Response – ADF Suicide Database	20.12.16	yes	suicide data	data
NMHC Services Review 2016 – Data Request 1 – ADF Response – Approval List for Documents	20.12.16	no	data request list	data
NMHC Services Review 2016 – Data Request 1 – Defence Response – Data for Population &	20.12.16	yes	some demographic data	data
NMHC Services Review 2016 – Data Request 1 – Defence Response – Mental Health Programs	20.12.16	yes	list of programs, use as a reference point	data
NMHC Services Review 2016 – Data Request 1 – Defence Response – Narrative Response	20.12.16	yes	data on suicide	data
Suicide Awareness in the ADF 2016	10.01.17	yes	training, similar to keep your mates safe	presentati
SWIIP preview current practices KPMG	20.12.16	yes	a review from 2010	review
NMHC Review – Data Request 2 – Population Data^	20.12.16	yes	has information per postcode	data
NMHC Services Review 2016 – Data Request 5 supplementar...word^	20.12.16	yes	information about chaplains	data
NMHC Services Review 2016 – Data Request 5 supplementar...excel^	20.12.16	yes	data on number of chaplains	data

^This data included in the service mapping and population profiling analysis

Appendix 2 - Summary of ADF & DVA Service/Programs

Name of Service/Program	Brief description of Service/Program	Year commenc	Target Groups	Delivery of Program/Service	Geographic coverage	Evaluation / Review	Outcome measurement / Key Performance	Data
ADF Post-Discharge GP Health Assessment	Any former serving ADF member is able to access a post-discharge health assessment by a GP that can assist in the early identification of mental health issues. A Medicare rebate is available for this assessment. A key objective is to help GPs identify and diagnose the early onset of physical and/or mental health problems among former serving ADF members. In supporting this, DVA has funded the development of a specifically designed screening tool. This tool includes screening tools for alcohol use, substance use, posttraumatic stress disorder and psychological distress, as well as information on how to access other DVA services that their patient may be eligible for.	2014	Ex-serving ADF Members	The assessment is funded under the Medicare Benefits Schedule health assessment items 701, 703, 705 and 707. A PDF version of the screening tool GP's use to conduct the assessment can be downloaded from the At Ease Professional website at-ease.dva.gov.au/professionals/assess-and-treat/adf-post-discharge-gp-health-assessment/. Alternatively,	National	Evaluation planned for 2016/2017 financial year.	DVA can only monitor total trends for these four Medicare Benefit Schedule (MBS) item number reports, which include data for all health assessments. Unfortunately the data is unable to show specific usage rates for the GP Health Assessment.	N/A
At Ease Mental Health Portal (Desktop and Mobile)	At Ease is DVA's mental health portal offering mental health and wellbeing information and resources for veterans and serving personnel, their families, friends and carers as well as health providers. The original At Ease website was redeveloped in 2013 into a mental health portal, bringing together a number of DVA mental health and wellbeing websites. The At Ease portal	2013	Current Serving ADF Members Ex-serving ADF Members Family Health Providers	Website portal hosting a number of sub-sites www.at-ease.dva.gov.au.	National	At Ease resources and website evaluated by Colmar Brunton in 2011. The At Ease website redeveloped into At Ease mental health portal in 2013. At Ease Mobile Portal released	Number of hits on website, sessions, users.	Period 1/3/16 - 31/8/16 10,890 - Website page views 7,908 - Sessions 6,612 - Users Note: Prior to March 2016, individual statistics are not available for Operation Life Online. This was amended in March 2016 to enable
At Ease: Serving, ex-Serving and Reservist ADF personnel, Veterans and Families Website (Desktop and Mobile)	The At Ease website is DVA's primary mental health website to help serving and ex-serving Australian Defence Force personnel, and their families, recognise the symptoms of poor mental health, find self-help tools and advice, access professional support, learn about treatment options and get advice for family members.	2008	Current Serving ADF Members Ex-serving ADF Members Transitioning Members Family	Website hosted on the DVA At Ease portal.	National	At Ease resources and website evaluated by Colmar Brunton in 2011. The At Ease website redeveloped in 2013. At Ease Veterans website made mobile device compatible in	Number of hits on website, sessions, users.	Period 1/3/16 - 31/8/16 50,690 - Website page views 31,252 - Sessions 26,105 - Users Note: Prior to March 2016, individual statistics are not available for Operation Life Online. This was amended in March 2016 to enable
Beyond the Call	Beyond the Call is a book of stories that celebrates the experiences and resilience of veterans with mental health and/or substance abuse issues, and the way in which their partners and families have supported them. This collection of eight individual stories, told from different perspectives, increases awareness of the breadth of experiences of Australia's veteran community. Beyond the Call assists in improving	2009	Current Serving ADF Members Ex-serving ADF Members Family	Hard copy resource. Available for order from the At Ease Portal at-ease.dva.gov.au/online-ordering/#veteransAtEaseCollapse. Individual stories are available in PDF version at http://at-ease.dva.gov.au/veterans/r	National	N/A	N/A	N/A
Coordinated Client Support	Part of the government's response to the *Independent Study Into Suicide In the Ex-service Community* was the implementation of a case coordination system for clients with complex and multiple needs. Case coordinators assist at-risk clients with complex needs to navigate DVA services and benefits in order to minimise their risk of self-harm and maximise their quality of life. Coordinators also provide a primary point of DVA contact for clients and assist them and their families with other psychosocial needs external to DVA to help them enhance their quality of life. The coordinators act as the primary contact point for the client and consenting third parties (eg doctors and counsellors). The Department received	2010	Current Serving ADF Members Ex-serving ADF Members Family Health Providers	Thirteen case coordinators, located in Brisbane, Melbourne, Sydney and Perth, began work on 11 January 2010. Currently, there are 35 Coordinated Client Support staff located in Brisbane, Melbourne, Sydney and Perth.	National			

Changing the Mix (VVCS) (Ceased)	Changing the Mix is a free alcohol management program open to all Australian veterans and peacekeepers and their partners, to adult sons and daughters of Vietnam veterans, and to all current members of the Australian Defence Force. The program is delivered via correspondence, with modules sent to participants. Participants	2007	Current Serving ADF Members Ex-serving ADF Members Family	Correspondence program delivered through VVCS,	National	Reviewed in 2013.	N/A	In 2012-13, seven participants registered and received assistance from the Changing the Mix self-help program, compared with four participants in 2011-12.
Cooking for One or Two	The Cooking for One or Two program is designed to improve confidence in preparing a variety of health meals using easy cooking techniques. The program includes five sessions and can be conducted by a facilitator who does not require any formal cooking qualifications. The program focuses on areas such as equipment and utensils, personal hygiene and food handling rules, meal	2000	Ex-serving ADF Members	Program is designed to enable any Australian community group or individual to use it. All program materials are available on DVA website http://www.dva.gov.au/about-dva/publications/health-	National	Evaluated in 2006.	N/A	N/A
Day Club Programs	Day clubs are operated by ex-service or community organisations and generally are attended by older people. They are open to veterans and the general community. The clubs	1993	Ex-serving ADF Members Ex-service Organisations	The Day Clubs program is run nationally and is administered and operated by DVA and ex-service	National		Attendance numbers at Club, including % of members from Veteran and ex-service	During 2015–16, DVA provided support to 127 day clubs around Australia to help improve the quality of life for veterans and their
Heart Health Program	The Heart Health Program aims to increase physical health and wellbeing through practical exercise, nutrition and lifestyle management support. It is a 52 week program and includes two physical activity sessions per week and 12 health education seminars. It can be offered as a group	2001	Eligible ex-serving ADF Members	Program administered through a contracted provider.	National			In 2015–16, DVA's Heart Health program achieved a significant increase in enrolments and completion rates. Following an extensive mail-out program, enrolments quadrupled and 1,474
HighRes App	A self-help smart phone app to help serving and ex-serving ADF personnel, and their families, manage stress 'on the go' and build resilience over time. The website was tested with serving and ex-serving ADF members.	2015	Current Serving ADF Members Ex-serving ADF Members Transitioning members	The app is available free from the App Store or Google Play.	National		Number of downloads of apps.	Period 16/1/15 – 31/8/16 7,218 Total number of app downloads
HighRes Website	The HighRes website offers interactive tools and self-help resources to help users cope better with stress, build resilience and bounce back from tough situations. The website also provides an Action Plan where users can develop a resilience plan, set goals and track their progress. The HighRes was developed in collaboration with Defence and is based on the ADF's BattleSMART self-	2015	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family Ex-service	Website hosted on the DVA AtEase portal.	National		Number of hits on website, sessions, users.	Period 16/1/15 – 31/8/16 7,218 Total number of app downloads
Men's Health Peer Education	The aim of the Men's Health Peer Education program is to improve the health of male veterans. This is achieved by using volunteers to encourage them to understand their health and wellbeing and to work in partnership with professional providers	2001	Ex-serving ADF Members Family Ex-service Organisations	The MHPE program is run nationally and is administered and operated by DVA.	National	Evaluated in 2007.	Number of active volunteers. Feedback from quarterly volunteer activity reports	At 30 June 2016, there were 262 active volunteers providing health information to members of the veteran and ex-service community throughout Australia as part of

Mental Health and Wellbeing After Military Service information booklet	This booklet provides information and advice for veterans, other former serving personnel and their families. It contains information to assist in recognising early signs of difficulty, but is also intended for those not experiencing difficulties but who want to generally improve their mental health and wellbeing.	2011	Ex-serving ADF Members Transitioning members Family	Hard copy resource. Available for order from the At Ease Portal at at-ease.dva.gov.au/online-ordering/#veteransAtEaseCollapse. PDF version available for download from http://at-ease.dva.gov.au/profession	National			N/A
Mental Health Support Brochure	Outlines the mental health treatment and support available through DVA and identifies how these services can be accessed.	2014	Current Serving ADF Members Ex-serving ADF Members Family	Hard copy resource. Available for order from the At Ease Portal at at-ease.dva.gov.au/online-ordering/#veteransAtEaseCollapse. PDF version available to download http://www.dva.gov.au/sites	National			N/A
National Carer Support Service	Carer and Volunteer Support programs were initially established in the early 1990s as a mechanism to support carers of veterans, or veterans who are carers and to support volunteers working with the veteran community. In 2009 the service became nationally via the development of information resources, capacity building, representation and relationship building. In 2012, the National Carer Support Service	2009	Ex-serving ADF Members Family Ex-service Organisations	DVA engages community support advisers to provide services through the program, focusing on day clubs for frail and aged veterans, health promotion, men's health peer education and other community, recreational	National	Review of the Volunteer Support Program Oct 2016.		N/A
Non-Liability Health Care 2013-14 Eligibility Expansion	DVA can pay for treatment for diagnosed posttraumatic stress disorder, anxiety, depression, alcohol use disorder or substance use disorder - whatever the cause. The condition does not have to be related to service. These arrangements are known as non-liability health care. On 1 July 2014, From 1 July 2014, access to treatment under non-liability healthcare arrangements was expanded to include diagnosed conditions of alcohol use disorder and substance use disorder. Also from 1 July 2014, eligibility under non-liability healthcare	2014	Current Serving ADF Members Ex-serving ADF Members	Clients are issued with a DVA Health Card - Specific Conditions (White Card).	National			Please see Non-Liability Health Care sheet for further detail.
Non-Liability Health Care 2016-17 Eligibility Expansion	To further improve access to mental health treatment, in the 2016-17 Budget the Government extended and streamlined eligibility for non-liability health care arrangements to all current and former permanent members of the ADF, irrespective of how long or when they served, or the type of service. This means that anyone who has ever served in the ADF permanent forces is eligible for treatment for the above conditions. In addition, NLHC for mental health conditions has been made easier to access. Applications can now be taken	2016	Current Serving ADF Members Ex-serving ADF Members	Clients are issued with a DVA Health Card - Specific Conditions (White Card).	National			Please see Non-Liability Health Care sheet for further detail.
On Track with the Right Mix	A self-help smart phone app to help serving and ex-serving personnel manage their alcohol consumption. Users can track the number and type of drinks consumed; the amount of money spent; and review the impact this has had on their wellbeing and fitness by showing the amount of	2013	Current Serving ADF Members Ex-serving ADF Members Transitioning members	The app is available free from the App Store or Google Play.	National	Released 31 March 2013 Updated 31 December 2013	Number of downloads of apps.	Period 8/3/13 - 31/8/16 13,157 Total number of app downloads

Operation *Life* App	A mobile app designed to help those at risk deal with suicidal thoughts and is recommended to be used with the support of a clinician. The app provides on-the-go access to emergency and professional support and self-help tools to help regain control, keep calm and take action to stay safe. The app also contains web links to online	2015	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family	The app is available free from the App Store or Google Play.	National		Number of downloads of apps.	Period 4/9/15 – 31/8/16 900 Total number of app downloads
Operation *Life* Online Website	Website to help ex-service community understand the warning signs of suicide. Provides information and resources to help keep calm and take action to stay safe, advice on how to offer help to someone else and stories from those touched by suicide. Information and support options are also available on the site for those bereaved by suicide	2013	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family Ex-service	Website hosted on the DVA AtEase portal.	National	Review of website by the DzHelp Foundation in 2014.	Number of hits on website, sessions, users.	Period 1/3/16 – 31/8/16 4,457 Website page views 2,579 Sessions 2,243 Users Note Prior to March 2016, individual statistics are not available for Operation Life Online. This was amended in March 2016 to enable
Operation *Life* Workshops	Operation *Life Workshops* are run Australia-wide by the Veterans and Veterans Families Counselling Service (VVCS). These workshops equip people with the skills and confidence to identify the signs of suicide, start the conversation about suicide, and link others into appropriate help. The workshops are available free to anyone in the ex-service community. The workshops consist of: - safeTALK – a half-day workshop that provides members of the community with information to recognise those who may be considering suicide and connect them with appropriate intervention services; - ASIST – a two-day, intensive workshop that equips participants with the skills to intervene when suicide is likely and reduce the immediate risk or secure additional resources for this	2007	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family Ex-service Organisations	VVCS provides Operation *Life* workshops across Australia at metropolitan and regional locations, depending on demand. Eligible Veterans may receive assistance for travel costs. VVCS contracts accredited trainers to deliver the Operation *Life* Workshops.	National	Evaluated by the Australian Institute for Suicide Research and Prevention (AISRP) in 2012. The Review is available on the DVA website: http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/review-operation-life-suicide-awareness.	Participation rates and location of workshops delivered. Location of workshops on request.	The following workshops were delivered in 2015–16: - two safeTalk half-day introductory workshops, with a total of 17 attendees (two workshops and 16 attendees in 2014–15) - 15 Applied Suicide Intervention Skills Training two-day workshops, with 142 attendees (six workshops and 50 attendees in 2014–15) - No Tune Up workshops were requested in 2015–16 (one workshop and seven attendees in 2014–15). Please see Operation *Life* Data Sheet for time series of participation rates for the workshops.
Peer to Peer Support Pilot (Pilot concluing in 2017)	DVA has partnered with two consortiums, located in Sydney and Townsville, to conduct a 12 month pilot program to train ex-serving Australian Defence Force members as volunteer Peer Mentors to help their Peers suffering from a mental health condition.	2016	Ex-serving ADF Members Ex-service Organisations	The Townsville-based pilot program is being delivered by Mental Illness Fellowship North Queensland in alliance with Mates 4 Mates and Supported Options in Lifestyle and Access Services (SOLAS). RSL	Sydney and Townsville	Independent evaluation of the program by Attained Success Pty Ltd has begun and concludes in 2017.	The evaluation will involve interviews and focus groups with participants and others involved in the program pilot, and using instruments such as; K10 with instructions, Questions about help	N/A
PTSD Coach App	A self-help app designed to help serving and ex-serving personnel understand and manage the symptoms that may occur following exposure to trauma. The app provides education about PTSD, information about self assessment and professional care, and tools to manage the	2013	Current Serving ADF Members Ex-serving ADF Members Transitioning members	The app is available free from the App Store or Google Play.	National	Evaluation planned for 2016/2017 financial year.	Number of downloads of apps.	Period 18/2/13 – 31/8/16 22,612 Number of app downloads

Stepping Out Program	The Stepping Out Program provides information and skills to manage the transition from the ADF to civilian life. It is a practical program that explores the concepts of major life changes, teaches skills for planning ahead and staying motivated and	2008	Ex-serving ADF Members Transitioning members Family	Stepping Out is delivered nationally through VVCS. VVCS contracts facilators to deliver the program to participants.	National	Reviewed in 2012 by VVCS. Reviewed in 2015 by Beasley Intercultural. Redesign activities underway.	Participation rates and location of workshops delivered. Participation data reported in DVA annual report. Location	In 2015–16, 230 programs were run nationally with a total of 2360 participants, the majority of whom were current serving members, from all ranks and services.	
Support Services for the children of veterans (2016-17 to 20 years)	Funding of $2.1 million over two years for the Australian Kookaburra Kids Foundation to develop and evaluate a pilot program for the children of current and former serving members of the ADF	2016	Children of current serving and ex-serving ADF members	One off grant to Kookaburra Kids.	NSW, ACT, future states TBC	Evaluation planned for 2018-19.	N/A	N/A	
The Lifecycle Package (ceased)	The introduction of an ADF Mental Health Lifecycle Package was a 2007 Government election commitment. The Package included a nine strategic mental health initiatives to improve and integrate mental health across an ADF member's lifecycle – entry, service, transition and rehabilitation into civilian life. The initiatives were undertaken as a partnership between DVA, Department of Defence and Phoenix Australia (then the Australian Centre for Posttraumatic Stress Disorder). The five DVA funded initiatives were: - Transition mental health and family collaborative (Townsville) - A Study into the barriers to rehabilitation - A Study to trial a method to improve treatment options for 'hard to engage' clients	2007	Current Serving ADF Members Ex-serving ADF Members Family Ex-service Organisations Health Providers	Initiatives were implemented as a partnership by DVA, Defence and Phoenix Australia.	National	Evaluated by Phoenix Australia in 2012. Evaluation reports is available on the DVA website http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/analysis-lifecycle-package	N/A	N/A	
The Right Mix	The Alcohol Management Project was developed to create opportunities to reduce alcohol related harm in the ADF and veteran communities. *The Right Mix* is *Your Health and Alcohol* is the health promotion initiative that supports the message of achieving a right mix of low-risk drinking, a healthy diet and regular exercise. In September 2015, DVA relaunched the alcohol management website The Right Mix after it underwent improvements to make it more user-friendly and to reflect the latest research on alcohol consumption. The website has as its centrepiece a self-help program, using a range of interactive tools, including self-	2001	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family Ex-service Organisations	Website hosted on the DVA At Ease portal.	National	Evaluated in 2005. Reviewed and updated in 2009. Reviewed and updated in 2015.	Hits on website. Return users.	Period 29/10/09 to 31/8/16 471,011 Website pageviews 113,124 Sessions 93,339 Users	
The Wellbeing Toolbox (ceased)	The Wellbeing Toolbox was developed for DVA by Phoenix Australia as an early intervention, self-help website for serving and ex-serving ADF members and their families. It developed out of the Lifecycle Package of mental health initiatives. It aimed to assist in the management of sub-clinical mental health problems by providing learning modules which focus on coping strategies, resilience, goal setting and adjustment to civilian life following discharge from the military service. In 2015, DVA replaced the Wellbeing Toolbox with	2011	Current Serving ADF Ex-serving ADF Members Transitioning members Family Ex-service Organisations	Website previously hosted on the DVA At Ease portal.	National	Evaluated by Phoenix Australia in 2014.	Website Usage Period 2011 – 2015 when it was decommissioned: 163,618 Website page views 25,303 Sessions 19,816 Users	In the 12 months prior to its decommission usage data showed on average there were: 362 users per month, 19 per cent of whom were return users. 438 sessions per month.	
Touchbase Website (ceased)	The Touchbase website was developed in response to a recommendation by Professor David Dunt in both his Independent Study into Suicide in the Ex-Service Community for DVA and in his Review into Mental Health Care in the ADF and Transition to Discharge for Defence. The Touchbase website was to serve as a strategic communication forum through which DVA and the Department of Defence could connect with separated ADF members on a range of issues. The website was designed to provide information and support for former serving members with	2010	Ex-serving ADF Members	A *touchbase* website: This provides a central online forum which the ex-service community can access information and links to resources on a wide range of topics, including mental health education and support. A quarterly e-newsletter: Interested members could	National	Evaluated in 2012.	N/A	N/A	
Trauma Recovery Programs for PTSD	DVA contracts mental health hospitals throughout Australia to provide evidence-based trauma recovery day programmes (TRP) for posttraumatic stress disorder (PTSD). Former members of the ADF who are DVA clients are eligible for the TRP. Current serving members of the ADF and first responders (such as police, ambulance officers or fire service personnel) may also access the programmes, where funded by their respective organisations. The TRPs are not intended to be stand-alone services, nor will they meet all the treatment needs of veterans. Rather, they aim to provide highly specialised, time-limited, evidence based treatment for PTSD and its common comorbidities.	1994	Ex-serving ADF Members	DVA contracts hospitals to deliver trauma recovery Programs. Current contracted hospitals: St John of God Hospital, NSW Wesley Hospital, Ashfield, NSW Wesley Hospital, Kogarah, NSW Baringa Private Hospital, Coffs Harbour, NSW Greenslopes Private Hospital, QLD Mater Health Services (Townsville), QLD Toowong Private Hospital, QLD	NSW, QLD, SA, VIC, WA	Reviewed in 2011 by Centre for Military and Veterans' Health. The review, in response to a recommendation by Professor Dunt as part of the Independent Study into Suicide in the Ex-Service Community, was completed and the report released in November 2012. Please see http://www.dva.gov.au/consultation-and-grants/research-and-development/health-	These programs are required to meet DVA's National accreditation Standards for Trauma Recovery Programs for PTSD (2015). These standards provide a framework for ensuring that hospitals provide high quality evidenced based treatment for veterans and former serving members of the ADF who have PTSD.	Please see Trauma Recovery Program sheet for further detail.	

Veteran and Community Grants	DVA supports local community initiatives through Veteran and Community grants. These grants aim to maintain and improve the independence and quality of life of members of the veteran community by providing financial assistance for activities, services and projects that sustain and/or enhance wellbeing. These grants are available to eligible ex-service organisations that can demonstrate the ability to contribute to the welfare of members of the veteran community. In 1999, DVA consolidated the grant guidelines for a number of residential and community grants programs, into one set of guidelines for Veteran and Community Grants.	1999	Ex-serving ADF Members Family Ex-service Organisations	Funding rounds occur on an ongoing, rolling basis. When sufficient applications are received or a two-month period has elapsed, a funding round will be processed for the Minister's decision.	National			In 2015–16, a total of $2.095 million was provided to 122 applicants under the program. Projects funded in 2015–16 included bus trips to reduce social isolation, equipment for men's sheds and day clubs, and facility upgrades to support the veteran community. To receive funding under the program, an applicant must be an ex-service organisation, community-based organisation or private organisation that can demonstrate the ability to contribute to the welfare of members of the veteran community through the project. From 1 July 2016, the Advocacy Training Development Program (ATDP) commenced managing the Training Information Program (TIP) and will progressively replace TIP courses. The ATDP is a joint initiative between the ex-service community, the Department of Defence and DVA, to introduce nationally accredited competency based training in compensation and welfare for advocates. It
Veterans Employment Assistance Initiative (Vocational rehabilitation)	This initiative enhances the employment assistance and support currently provided under DVA's rehabilitation programmes. It aims to help injured former ADF members reclaim independence, realise their skills and capabilities, and achieve their vocational rehabilitation goals post-service in three main areas: enhanced	2015	Eligible Ex-serving ADF Members		South Queensland, South Australia, Victoria	An evaluation is currently underway and the findings will be used to improve DVA's vocational rehabilitation program.		
Veterans' Health Week	Veterans' Health Week provides an opportunity for veteran and ex-service community members and their families to participate, connect and influence the health and wellbeing of themselves and their friends. This is an annual event with changing themes that centre around health and wellbeing.	1999	Ex-serving ADF Members Family Ex-service Organisations	DVA partners with ex-service and community organisations to facilitate these activities at a local level. The program was reinstated in 2009 after	National	N/A	Number of events held and participants attending events.	In 2016, approximately up to 300 events were held and up to 15,000 attended events.
VVCS 2013-14 Eligibility Expansion	In July 2014, the Government extended eligibility to 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. This expansion included access for the dependent children (up to age 26) and partners of these	2014	Current Serving ADF Members Ex-serving ADF Members Family	Through VVCS's national, integrated, 24-hour service delivery system.	National			

VVCS ADF Agreement for Services	Through the *Agreement between the Department of Defence and the Department of Veterans' Affairs for the Provision of Mental Health Support Services by the Veterans and Veterans Families Counselling Service (VVCS) to Australian Defence Force Personnel*, the ADF can refer defence force personnel for counselling and group program	2000	Current Serving ADF Members	*Agreement between the Department of Defence and the Department of Veterans' Affairs for the Provision of Mental Health Support Services by the Veterans and Veterans*	National			In 2015–16, 1,451 referrals were made to VVCS under this agreement, compared to 1,135 in 2014–15. In addition, 2,968 currently serving members self-referred to VVCS for assistance during 2015–16, compared to 2,966
VVCS After Hours	Veterans Line is VVCS's after-hours counselling service. It is designed to assist veterans and their families who are coping with situations outside VVCS office hours. In 2009-10, the VVCS call back service commenced. This service provides, as part of its charter, support for VVCS clients at significant risk of suicide and self-harm through provision of systematic risk assessment, management and referral for after hours,	1994	Current Serving ADF Members Ex-serving ADF Members Transitioning members Family	It is delivered through a national contracted provider, currently Dnet he Line Pty Ltd.	National			During 2015–16, Veterans Line provided counselling support on 6,269 calls, compared to 6,571 calls in 2014–15. Please see VVCS sheet for time series.
VVCS Case Management	VVCS was tasked to develop and implement a mental health case management service in 2008-09. The purpose of case management is to provide support for members of the veteran community with complex needs affecting their mental health and wellbeing. An 18-month project to develop and implement a clinical model of case management in VVCS was completed in November 2009. During the project, clinical staff were trained and assisted to identify and deliver a comprehensive case management service to	2009	Current Serving ADF Members Ex-serving ADF Members Family		National			In 2015–16, the service managed 293 cases nationally, compared to 227 in 2014–15. Please see VVCS sheet for time series.
VVCS Counselling Services	The VVCS helps members of the veteran and ex-serving community, and members of their families, who are experiencing service-related mental health and wellbeing conditions. This service is free and confidential and offers a wide range of therapeutic options and programs for war- and service-related mental health conditions, including posttraumatic stress disorder, anxiety, depression, sleep disturbance and anger. VVCS also offers relationship and family counselling to address issues that can arise due to the unique nature of military service. All VVCS counsellors, whether centre-based counsellors, outreach providers or telephone line counsellors, have an understanding of military culture and work with clients to find effective solutions for improved mental health and wellbeing.	1982	Current Serving ADF Members Ex-serving ADF Members Transitioning members Ex-service Organisations	Through its national, integrated, 24-hour service delivery system, VVCS provides: -counselling for individuals, couples and families, and support for those with more complex needs -group programs to develop skills and enhance support -an after-hours Veterans telephone counselling line -information, education and self-help resources, including a Facebook page and a website	National	In 2014, DVA commissioned an independent functional review of VVCS to identify opportunities to further enhance administrative and clinical efficacy and efficiency. The review found that the VVCS service delivery model is sound. It made 14 recommendations to improve or enhance some back-end activities so that VVCS remains a flexible and responsive service that continues to deliver positive client outcomes into the	Number of clients receiving treatment, price, timeliness, quality.	In total, 15,154 unique clients received VVCS counselling during 2015–16, up 3.6 per cent on the 14,627 clients in the preceding year. A further 4,783 clients received intake support and had their concerns resolved during their initial contact with VVCS or were referred to other appropriate services, and 1,182 clients participated in VVCS group programs. Veterans Line also supported clients after hours (6,269 calls answered). Please see VVCS sheet for time series.
VVCS Crisis Assistance Program	The Crisis Assistance Program provides assistance to Vietnam veterans who are experiencing a family crisis. Veterans may be offered 'time out' in short-term emergency accommodation and are offered counselling or	2002	Vietnam Veterans	Delivered through VVCS.	National			In 2015–16, two clients accessed this program (five clients in 2014–15).

VVCS Group Programs	VVCS offers group programs for common mental health issues and psycho-educational programs for couples, including an residential lifestyle program. The length of VVCS group programs varies from 2-day workshops to sessional programs, run over a number of weeks. All group programs are provided free to eligible participants. Group programs currently offered by VVCS are: - Beating the Blues - Building Better Relationships - Doing Anger Differently - F-111 Lifestyle Management Program (residential) - Lifestyle Management Program (residential) - Mastering Anxiety		Current Serving ADF Members Ex-serving ADF Members Transitioning members Family Ex-service Organisations	Contracted providers facilitate group programs.	National			In 2015–16, VVCS facilitated 148 group treatment and psycho-educational programs, to 1,182 clients nationally (detailed in Table 27). This was a decrease from 2014–15, when 1,610 clients participated in 192 group programs. Please see VVCS sheet for time series.
VVCS Outreach Program	VVCS outreach counsellors deliver services to clients who are unable to access a VVCS centre. At the end of June 2016, VVCS had a network of 1,101 outreach counsellors located throughout Australia. Outreach counsellors are qualified psychologists (83 per cent) and mental health	1989	Current Serving ADF Members Ex-serving ADF Members Transitioning members	Contracted counsellors.	National			During 2015–16, VVCS outreach counsellors delivered 72,661 counselling sessions to 11,181 clients. This compares with 70,700 counselling sessions for 11,196 clients in 2014–15. The average
VVCS Website / Facebook	These online tools provided VVCS with an opportunity to improve community mental health literacy, assist members with self-management and provide contact information and an additional referral pathway for those in need.	2014	Current Serving ADF Members Ex-serving ADF Members Transitioning members		National			
YouTube Videos	'Don't suffer in silence' - 10 videos about the impact of mental ill health. The videos are aimed at reducing the stigma of mental health and encouraging help-seeking behaviours. The videos feature current service personnel, veterans and family members sharing their experiences in dealing with issues from depression, alcohol and substance abuse through to anxiety and	2012	Current Serving ADF Members Ex-serving ADF Members Family	Available on DVA YouTube Channel and At Ease portal.	National	N/A	Number of views on YouTube.	23,575 views from released to 31 August 2016