GUIDELINES FOR CLINICAL MENTAL HEALTH DAY PROGRAMS

DVA is committed to ensuring that the treatment provided in group mental health treatment programs that it purchases on behalf of its clients is evidence based. Each program will be assessed against the guidelines outlined below.

**Please do not proceed before reading the guidance below**

The following guidance is based on research evidence and clinical guidelines[[1]](#footnote-2).

**1. Group programs should be considered an adjunct to individual therapy**

Outcomes for individual therapy can be stronger than outcomes for group therapy. However, group therapy can lead to social benefits and improved interpersonal functioning. Group therapy should wherever possible be used as adjunctive, not as an alternative to individual therapy.

**2. Incorporate group factors that contribute to good outcomes**

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| **Group factors** | **Recommendations** |
| Group Cohesion | Include activity-based group work  Minimum of 10 group sessions  5-9 participants |
| Manualised therapy | Use of a manualised therapy approach ensures a consistent approach and fidelity to evidence-based treatment |
| Qualified and trained facilitators | Group facilitators should meet DVA requirements to provide mental health services to veterans – these categories are Psychiatrist, Clinical Psychologist, Psychologist, Social Worker (mental health) or Occupational Therapist (mental health).[[2]](#footnote-3)  Co-facilitators can be of other professions, such as a mental health  nurse.  All facilitators should have experience in running group programs. |

**3.Evidence-based treatment**

Recommended treatments are based on Clinical Guidelines or in the absence of Clinical Guidelines, systematic reviews of the peer-reviewed literature.

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| **Condition** | **Recommended treatment/s** |
| Depression | Cognitive Behavioural Therapy / Interpersonal Therapy / Cognitive Therapy / Mindfulness Based Cognitive Therapy / Dialectical Behaviour Therapy |
| Anxiety | Cognitive Behavioural Therapy / Dialectical Behaviour Therapy |
| Trauma | Psychoeducation and skills to assist in the management of PTSD symptoms / trauma-focused Cognitive Behavioural Therapy / Dialectical Behaviour Therapy |
| Problematic anger | Cognitive Behavioural Therapy |
| Substance Misuse | Motivational Interviewing / Cognitive Behavioural Therapy / Coping Skills Training / Dialectical Behaviour Therapy |
| Sleep problems | Cognitive Behavioural Therapy for Insomnia (CBT-I) |
| Chronic Pain[[3]](#footnote-4) | Acceptance and Commitment Therapy / Cognitive Behavioural Therapy |
| Communication and relationship skills | Psychoeducation / Communication skills training |
| Issues of Ageing | Psycho-education covering topics such as Grief and Loss, Cognition and Ageing, Memory Boosters, Healthy Ageing, Staying active, Managing Anxiety, Sleep / CBT, including activity scheduling, helpful thinking, arousal management techniques, cognitive therapy and mindfulness techniques |

**4. Half day and Full day programs**

It is expected that each program allows sufficient time to cover core content (for example, 12 to 16 hours for clinical disorders and 10 to 12 hours for associated problems).

Consistent with the *Guidelines for Determining Benefits for Private Health Insurance Purposes for Private Mental Health Care* (2015 Edition), day programs should operate on the following basis:

* Half day programs should have a minimum of 2.5 hours of structured therapeutic contact each treatment day.
* Full day programs should have a minimum of 4.5 hours of structured therapeutic contact each treatment day.

DVA requires that at least 70% of the time in both half day and full day programs to be dedicated to evidenced-based treatment. The remaining time can incorporate adjunctive therapy to support the treatment goals of the program.

**5.** **Pre-assessment**

Prior to inclusion in a day program, all clients must have a comprehensive clinical assessment performed by a qualified clinician and a comprehensive treatment plan developed in consultation with the client.

**6. Outcome Measures**

It is expected program outcomes are monitored through the collection and analysis of data measuring program outcomes. This should include validated questionnaires (e.g., K10, DASS) and may include qualitative client feedback (e.g., satisfaction surveys)

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| **Type of Program** | **Sample outcome measures** |
| Anxiety disorders | Beck Anxiety Inventory (BAI)  Depression, Anxiety and Stress Scale (DASS-21)  Hospital Anxiety and Depression Scale (HADS)  Condition specific measures where relevant |
|
| Mood disorders | DASS-21  Beck Depression Inventory (BDI)  Hospital Anxiety and Depression Scale (HADS)  Hamilton Depression Scale (HAM-D) |
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| Trauma | PTSD Checklist for DSM-5 (PCL-5)  Posttraumatic Maladaptive Beliefs Scale (PMBS)  Moral Injury and Distress Scale (MIDS) |
| Alcohol use disorders | Alcohol Unit Disorders  Identification Test (AUDIT)  DASS-21 if relevant |
|
| Substance use disorders | Drug Abuse Screening Test (DAST-20)  DASS-21 if relevant |
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| Sleep | Sleep diary  Pittsburgh Sleep Quality Index (PSQI) |
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| Pain management | Patient Health Questionnaire-15 (PHQ-15)  8-item PHQ Somatic Symptom Short Form (PHQ-SSS) |
|
| Anger management | Dimensions of Anger Reactions 5 (DAR5)  State Trait Anger Expression Inventory (STAXI)  DASS-21 if relevant |
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| Communication and relationship skills | Dyadic Adjustment Scale (DAS)  Family Assessment Device (FAD) |
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| Issues of Ageing | Condition specific measures where relevant, such as Pittsburgh Sleep Quality Index (PSQI) |

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| **Please Note:**   * **We recommend that the proposal submission form is completed by a mental health practitioner with a good understanding of the program.** * **All proposals should be accompanied by Facilitator and Participant program manuals and a program timetable.** * **Once a program has been approved, DVA may perform audits to ensure compliance with these *Guidelines for Clinical Mental Health Day Programs*.** |

Proposal TEMPLATE for Clinical Mental Health Day Programs

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| **Name of hospital group** |  |
| **Name of hospital(s)** |  |
| **Name of proposal** |  |
| **Name, role and contact details of person completing the form** |  |

**1. Program Information**

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| **Element** | **Information to be supplied by providers on program** |
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| **Program title**  The title should be self-explanatory for the target client group |  |
| **Program type** | Please nominate ONE of the following:  Evidence-based treatment for a single mental health disorder (e.g., Depression)  Evidence-based treatment for two or more mental health disorders (e.g. a mixed depression and anxiety group)  Transdiagnostic intervention for mental health disorders (e.g. CBT, ACT, DBT)  Manualised treatment for problems associated with mental health disorder (e.g., CBT-i for insomnia; cognitive therapy for chronic pain) |
| **Program focus**  Please choose ONE of the following conditions  For allocation of a DVA day program item number, please choose the most common condition that participants have when referred to this group | Please indicate the mental health condition that participants have when referred to this group:  Mood  Anxiety  Trauma[[4]](#footnote-5)  Substance Use  Alcohol Use  Pain  Anger  Sleep  Communication and Relationships  Issues of Ageing  Other - please describe |
| **Program goal/s**  Please outline a clear set of goals or expected outcomes for the program that the client can easily understand. |  |
| **Program content**  Please provide a high-level summary of program content here, noting that core program content should be consistent with evidence-based treatment[[5]](#footnote-6).  Adjunctive interventions can be added but should not exceed 30% of total program content. |  |
| **Program format**  Full day programs should have a minimum of 4.5 hours of structured therapeutic contact each treatment day.  Half day programs should have a minimum of 2.5 hours of structured therapeutic contact each treatment day.  DVA requires that at least 70% of these minimum hours be dedicated to evidence-based treatment. The remaining time can incorporate adjunctive therapy to support the treatment goals of the program. | Full day  Half day |
| Number of treatment hours per treatment day  Number of treatment days  Total number of treatment hours | \_\_\_\_\_ treatment hours per treatment day  x \_\_\_\_\_ treatment days  = \_\_\_\_\_ total treatment hours[[6]](#footnote-7) |
| **Program delivery**  Interactive and Skills Based programs are preferred | Is the program primarily:  Interactive OR  Didactic  Educational OR  Skills training |
| **Program participants**  Please indicate the planned number of participants per cohort  [Noting research evidence that optimal group size is 5-9] | \_\_\_\_ to ­­­­\_\_\_\_ (range)  If 10 or more, please note your clinical justification and whether an additional facilitator will be present: |
| **Inclusion of homework**  It is expected that homework relevant to content is routinely included between sessions | Is homework routinely included?  Yes  No  Please indicate where assigned homework is described in your manual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Participant and Facilitator manuals**  A good participant manual is:   * written in language that the majority of patients will understand * easy to use with page numbers, chapter headings, contents page * provides space for notes, homework etc * logically follows the program outline/timetable   A good facilitator manual will enable a therapist unfamiliar with the program to step in if required. | ***Please attach the Participant and Facilitator manuals[[7]](#footnote-8)*** |
| **Timetable**  Please provide a timetable, detailing the specific days and times, start and end times for each session, topic/focus of each session and the qualifications of facilitator/s for each session | ***Please attach an indicative timetable*** |
| **Evaluation**  Please provide details of what data is collected to measure program outcomes and how often this is analysed and reported. This can include validated questionnaires (e.g., K10, DASS) as well as qualitative client feedback (e.g., satisfaction surveys)  A summary of the evaluation may be requested by DVA through random audits | |  |  | | --- | --- | | Outcome measure/s used | Data collection time points | |  |  | |  |  | |  |  | |  |  |   How is the data used by the program? |

**2. Staffing**

| **Element** | **Information to be supplied by providers on program** |
| --- | --- |
| **Qualifications of Primary Facilitators**[[8]](#footnote-9)  Please provide staff names, qualification and AHPRA provider number (if appropriate to the profession)  For Mental Health OTs and Mental Health SWs please specify if mental health endorsed or accredited. | |  |  |  | | --- | --- | --- | | Name | Qualification/s | AHPRA provider number | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

**3. Clinical Care**

| **Element** | **Information to be supplied by providers on program** |
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| **Pre-program assessment**  Please provide the following details:   * Qualifications of assessor * Inclusion and exclusion criteria * Intake assessment protocol | Qualifications:  Inclusion/exclusion criteria:  Intake assessment protocol:  ***Please attach the intake assessment template*** |
| **Intake, treatment planning, and monitoring**  Prior to inclusion in a day program, all clients must have a comprehensive clinical assessment by a qualified clinician and have a comprehensive treatment plan developed in consultation with the client.  Liaison with the referrer and other treatment providers, including multidisciplinary team members is expected.  There should be a system for monitoring progress  For Pain Management programs, it is expected that the multidisciplinary team will usually include physical therapy disciplines (such as physiotherapy) | ***Please attach the treatment planning template***  Will each participant have a comprehensive written treatment plan developed with them and in consultation with other treating practitioners?  Yes  No |
| **Ongoing risk assessment and management** | ***Please attach risk assessment protocol*** |
| **Program discharge planning**  Programs should have an intention and strategy to transition patients to community providers at its conclusion  Please provide details of:   * Discharge planning procedures (incl. persons involved) * Liaison with other services, e.g. Open Arms, treating GP, private psychiatrist * Provision of discharge summaries | ***Please attach the discharge summary template*** |

**4. Cost**

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| **Element** | **Information to be supplied by providers on program** |
| **Cost** | ***Please attach a detailed analysis of program costs*** |

**Checklist**

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| **Section 1: Program Information**  ***attached copy of facilitator manual***  ***attached copy of participant manual***  ***attached indicative timetable***  ***outcome measures used***  **Section 2: Staffing**  ***qualifications of facilitators***  **Section 3: Clinical Care**  ***attached intake assessment template***  ***attached treatment planning template***  ***attached risk assessment protocol***  ***attached discharge summary template***  **Section 2: Cost**  ***attached detailed analysis of program costs*** |

1. Fredrickson, J., Varker, T., Phelps, A. (2024) Best practice for mental health group programs: A brief review. Report prepared for DVA. [↑](#footnote-ref-2)
2. [NOTES FOR ALLIED MENTAL HEALTH CARE PROVIDERS](https://www.dva.gov.au/sites/default/files/2025-02/notes-for-allied-health-providers-section-2%28a%29-mental-health-care-providers-dec-2024.pdf) [↑](#footnote-ref-3)
3. For Pain Management programs, it is expected that this program is incorporated within a multidisciplinary team approach to treatment [↑](#footnote-ref-4)
4. Trauma programs submitted on this form will be considered as part of the outpatient mental health program suite. If you are requesting approval for DVA's *Trauma Recovery Programs,* please refer to the *Guidelines for Proposals for Trauma Recovery Programs* form available at <https://www.dva.gov.au/get-support/providers/programs/hospitals>. [↑](#footnote-ref-5)
5. Evidence-based treatments for clinical programs are listed in Guidance #3: *Evidence-based treatment* (above) [↑](#footnote-ref-6)
6. DVA must be advised of any proposed change to total number of contact hours [↑](#footnote-ref-7)
7. These materials will be treated in confidence and reviewed only by DVA Mental Health Advisors. [↑](#footnote-ref-8)
8. We recognise that staff will change over time, however it is expected that replacement staff will meet the same qualification standards as set out in the guidelines [↑](#footnote-ref-9)