

QUICK REFERENCE GUIDE

Eligibility: The health assessment is available to all former ADF members, including former serving members of permanent and reserve forces. It can be performed at any point after the patient's discharge from the ADF. This health assessment may only be claimed once by an eligible patient.

Pathways into treatment

Referral options

Assessment item	Key actions and information	Referral and treatment options	Resources
Smoking (p. 10)	Ask about quantity and frequency of smoking. Offer smoking cessation advice, pharmacotherapy, and assistance in setting 'quit' goals.	Effective treatment strategies include referral to the Quitline, pharmacotherapy, and motivational interviewing. Make careful use of pharmacotherapy in people with mental illness or other drug-related dependencies given the significant impact of nicotine and nicotine withdrawal on drug metabolism.	RACGP Smoking Cessation Guidelines for Australian General Practice www.racgp.org.au Quitline—13 7848 (13 QUIT) www.quit.org.au
Alcohol (p. 10)	In men, a score of four or more and in women, a score of three or more, on the AUDIT-C indicates that further assessment is required. A recommended follow-up is the full Alcohol Use Disorders Identification Test (AUDIT).	Treatment can be arranged through non-liability health care, accepted conditions, VVCS or DVA medical condition referrals. Cognitive Behavioural Therapy (CBT) and motivational interviewing (MI) are effective psychological interventions for reducing alcohol use. Brief interventions that include simple feedback about use, advice and goal-setting are also effective.	For patients—The Right Mix website at-ease.dva.gov.au For patients—On Track with the Right Mix app at-ease.dva.gov.au At Ease Professional website at-ease.dva.gov.au/professionals see also Referral options
Substance use (p. 12)	If the patient reports substance use, consider the use of further assessment tools, such as the Drug Abuse Screening Test (DAST) which is available on the <i>At Ease Professional</i> website.	Treatment can be arranged through non-liability health care, accepted conditions, VVCS or DVA medical condition referrals. Resources to inform assessment, referral and treatment: <ul style="list-style-type: none"> • RACGP guidelines for drugs of dependence in general practice www.racgp.org.au • RACGP prescription opioid policy www.racgp.org.au 	At Ease Professional at-ease.dva.gov.au/professionals Prescription Shopping Information Service—1800 631 181 Available to registered prescribers 24 hours a day, seven days a week. www.humanservices.gov.au see also Referral options

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Physical activity (p. 13)	An assessment of the patient's readiness to act and activity preferences are key steps towards developing an effective intervention.	DVA runs a free Veterans' Heart Health Programme for eligible veterans and peacekeepers around Australia. It includes personalised fitness and nutrition programmes plus 12 months of mentoring and support to help your patient achieve their health goals.	DVA Heart Health Programme www.dva.gov.au Australian Guidelines for Physical Activity and Sedentary Behaviour www.health.gov.au
Pain (p. 13)	If patients report moderate, severe or very severe pain, consider a more in-depth assessment.	Patients with complex pain conditions may benefit from referral to a tertiary pain centre or other specialists. Consideration should be given to comorbid mental health conditions. CBT has the strongest evidence base for the treatment of chronic pain in adults, www.evidencecompass.dva.gov.au	Pain assessment measures www.aci.health.nsw.gov.au Veterans' MATES Modules 35 and 38 Neuropathic Pain and Chronic Musculoskeletal Pain—Therapeutic Briefs www.veteransmates.net.au
Sleep (p. 14)	Investigate likely causes of insomnia, including: <ul style="list-style-type: none"> • medications • medical conditions such as sleep apnoea and restless legs syndrome • mental health conditions, particularly depression, anxiety, PTSD and alcohol misuse <p>The Insomnia Severity Index is a 7-item questionnaire that can assist to clarify the impact of insomnia on the patient's quality of life.</p>	Treatment of comorbid conditions may improve sleep. Consider referral to a mental health professional for non-pharmacological interventions. CBT for insomnia (CBT-i), with adjunctive psychotherapy to treat PTSD-related sleep disturbances, currently has the greatest level of support from the evidence for the treatment of insomnia in veterans, www.evidencecompass.dva.gov.au For patients with ongoing symptoms, there may be a role for adjunctive use of medications such as hypnotics. Referral to specialised sleep services may assist in managing more complex cases. <i>Sleeping Better</i> is an educational and skills based group program assisting participants to understand the sleep process and more effectively manage disturbed sleep.	Veteran Mental Health Advice Book at-ease.dva.gov.au/professionals RACGP Brief Behavioural Therapy: Insomnia for Adults www.racgp.org.au Insomnia: Prevalence, Consequences and Effective Treatment www.mja.com.au The Insomnia Severity Index www.myhealth.va.gov VVCS Group Programme—Sleeping Better www.vvcs.gov.au
Distress (p. 15)	For the military and ex-military, a score of 17 or above on the K10 requires further clinical assessment. This scale measures both depressive and anxiety symptoms Further questioning for potential mental health disorders is recommended and where appropriate referral for assessment. Information about further assessment measures is available on the <i>At Ease Professional</i> Website, including the utility of the DASS 21.	Treatment can be arranged through the Veterans and Veterans Families Counselling Service (VVCS) for eligible patients. CBT and interpersonal therapy have the greatest level of support from the evidence for the psychological treatment of depression, www.evidencecompass.dva.gov.au CBT based interventions have been shown to be effective for anxiety disorders.	VVCS—1800 011 046 www.vvcs.gov.au Veteran Mental Health Advice Book at-ease.dva.gov.au/professionals see also Referral options

Assessment item	Key actions and information	Referral and treatment options	Resources
Posttraumatic stress (p. 18)	<p>In primary care settings, patients with a score of 2 or higher on the PC-PTSD screen should be further assessed.</p> <p>Information about further assessment measures is available from the Australian Defence Force (ADF) Post-discharge GP Health Assessment Guide, available on the <i>At Ease Professional</i> website.</p>	<p>Treatment can be arranged through non-liability health care, accepted conditions, VVCS or DVA medical condition referrals.</p> <p>When referring for psychological interventions, consider referring to practitioners trained in trauma-focused interventions, such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).</p>	<p>For patients—PTSD Coach Australia app at-ease.dva.gov.au/veterans</p> <p>Veteran Mental Health Advice Book at-ease.dva.gov.au/professionals</p> <p>Summary of DVA Mental Health Services and Resources at-ease.dva.gov.au/professionals</p> <p>The Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder www.acpmh.unimelb.edu.au/resources see also Referral options</p>
Harm to self or others (p. 20)	<p>If a patient responds yes to either question in the assessment tool, check for recency and intent to act on these thoughts. Practice nurses and health workers should immediately inform the GP if the patient responds ‘yes’ to either question.</p> <p>In the case of a patient who has intent to suicide or harm others, GPs should consult the RACGP Guidelines for Preventive Activities in General Practice. See www.racgp.org.au</p>	<p>There is evidence that detecting and treating depression has a role in suicide prevention. If pharmacotherapy is commenced, the veteran’s mental state should be monitored and adjunctive psychological therapy commenced when appropriate.</p> <p>Contact your local mental health crisis team or public hospital psychiatry for patients with acute mental health needs.</p> <p>If hospitalisation is required, DVA has arrangements with hospitals around the country. To find out their location call DVA on 133 254 or 1800 555 254.</p>	<p>For patients—Operation Life Online website at-ease.dva.gov.au</p> <p>VVCS – 1800 011 046 (24 hrs) www.vvcs.gov.au</p> <p>RACGP Guidelines for Preventive Activities in General Practice. 10.2 Suicide www.racgp.org.au</p> <p>Veteran Mental Health Advice Book at-ease.dva.gov.au/professionals see also Referral options</p>
Anger (p. 21)	<p>If a patient reports problematic anger, a more in-depth assessment should consider:</p> <ul style="list-style-type: none"> • Triggers and responses to anger • Drug and alcohol use • Head injury • Injuries to others • Risk of violence to partner and family • Underlying mental health condition <p>It is recommended that agreement is sought with the patient regarding ongoing contact and monitoring of progress.</p>	<p><i>Doing Anger Differently</i> is an educational and skills-based group programme offered by Veterans and Veterans Families Counselling Service (VVCS) that assists participants to understand anger and aggression.</p> <p>For underlying mental health conditions, consider the referral options.</p> <p>The evidence for group CBT-based therapies targeting anger in veterans is ranked as ‘Promising’, www.evidencecompass.dva.gov.au</p>	<p>For patients—At Ease website at-ease.dva.gov.au</p> <p>VVCS Group Programme—Doing Anger Differently www.vvcs.gov.au</p> <p>Veteran Mental Health Advice Book at-ease.dva.gov.au/professionals see also Referral options</p>
Sexual health (p. 22)	<p>Concerns about sexually transmitted infection (STI) or sexual function require further assessment.</p>	<p>Resources to inform assessment, referral and treatment:</p> <ul style="list-style-type: none"> • RACGP guidelines for STI www.racgp.org.au • Common problems affecting the male reproductive system www.racgp.org.au • Premature ejaculation www.racgp.org.au 	<p>Guidelines on Male Sexual Dysfunction www.uroweb.org/guidelines</p>

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Sexual trauma (p. 22)	A person who discloses sexual trauma should be asked about their preferences for follow-up care.	Resources to inform assessment, referral and treatment: <ul style="list-style-type: none"> RACGP guidelines for abuse and violence www.racgp.org.au Australian guidelines for the treatment of acute stress disorder and PTSD—includes a section on sexual assault www.racgp.org.au 	Support Services for Sexual Assault www.aifs.gov.au www.defenceabusetaaskforce.gov.au

Pathways into treatment

<p>Treatment whatever the cause (non-liability health care)</p> <p>For veterans and some peacetime service members diagnosed with:</p> <ul style="list-style-type: none"> PTSD anxiety depression alcohol use disorder; or substance use disorder cancer (malignant neoplasm) pulmonary tuberculosis <p>DVA may pay for their treatment, even if the condition is not related to their Defence service.</p>	<p>DVA—133 254</p> <p>Form D9213: Application for Health Care for Certain Mental Health Conditions—click here</p> <p>Form D9215: Application for Health Care for Cancer and Tuberculosis—click here</p> <p>Information resources about non-liability health care: www.dva.gov.au</p>
<p>Treatment for service-related conditions (accepted conditions)</p> <p>Where an ex-serving member’s diagnosis or condition is caused or aggravated by Defence service, the patient should be encouraged to contact DVA.</p> <p>For details on a patient’s accepted disabilities, please call the DVA Health Provider Link and quote the veteran’s file number on the White Card.</p>	<p>DVA—133 254</p> <p>DVA Health Provider Link—1300 550 457 (Metro) 1300 550 457 (Non-metro)</p> <p>Copy of the patient’s Defence health records available from Defence Health Records. Email: adf.persrecordenquiries@defence.gov.au</p>

Referral options

<p>Veterans and Veterans Family Counselling Service (VVCS)</p> <p>VVCS provides free, confidential, nation-wide counselling and support for war and service-related mental health and wellbeing conditions, such as PTSD, anxiety, depression, sleep disturbance and anger. VVCS support services are available for eligible veterans, peacekeepers, and family members.</p>	<p>VVCS—1800 011 046</p> <p>www.vvcs.gov.au</p>
<p>Medical condition referrals</p> <p>GPs can refer DVA clients to medical specialists and allied health providers for specialist medical treatment through Medicare arrangements.</p> <p>For mental health conditions, referrals can be made to social workers, psychologists, occupational therapists and psychiatrists.</p>	<p>Referrals can be made via a DVA Form D0904 or a letter on letterhead that includes your provider number.</p> <p>Form D0904: click here</p>