



Towards Better Mental Health for the Veteran Community

**Mental
Health**

POLICY & STRATEGIC
DIRECTIONS

JANUARY 2001

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FOREWORD



The Federal Government is committed to providing high quality mental health services as a matter of priority in meeting the health care needs of veterans and their families. I am pleased to endorse this Mental Health Policy Statement – *Towards Better Mental Health For The Veteran Community* – as a blueprint for the planning and delivery of mental health services to the veteran community.

The Federal Government recognises that mental health disorders arising from war or other military operations can place significant stress on veterans and their families. *Towards Better Mental Health For The Veteran Community* acknowledges this impact, and sets out a positive, integrated response.

Important to this approach is the understanding of the relationship between physical and mental health. People with complex mental health disorders can often suffer from poor physical health, while some mental health conditions also link to an individual's response to a physical illness.

A comprehensive view of health services is fundamental when considering the health and well-being of the veteran community. The Federal Government is committed to working closely with veterans and their health care providers to ensure that mental health services for veterans encompass this broader view of health.

Towards Better Mental Health For The Veteran Community was first released in February 2001 and has been reprinted in response to the strong support from the veteran community and mental health service providers.

The strategy was developed as an essential tool in our pro-active approach to improving the integration and coordination of mental

health services. It is the result of extensive consultation with veterans, their families and health specialists to improve our understanding of the extent and nature of mental health needs in the veteran community.

DVA is working closely with other partners in the National Mental Health Strategy on a collaborative approach towards improving mental health care for veterans and their families. *Towards Better Mental Health For The Veteran Community* also acknowledges the importance the Government places on a continued close working relationship with the Department of Defence. These efforts have been assisted with the recent release of the world-leading Defence Mental Health Strategy.

The Federal Government has established a National Mental Health Planning Group to facilitate implementation of the strategic directions and initiatives outlined in this document.

The development of this policy is the result of the hard work and cooperation of a number of organisations and individuals. In particular I would acknowledge veterans and their families, specialists and providers of mental health care services, the staff of the Department of Veterans' Affairs, the Australian Centre for Posttraumatic Mental Health, the National Drug and Alcohol Research Centre, the Department of Health and Ageing and the Department of Defence.

I commend their continuing efforts in implementing these important strategic directions and initiatives.



DANNA VALE
Minister for Veterans' Affairs
Minister Assisting the Minister for Defence

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INTRODUCTION

The Repatriation Commission and the Department of Veterans' Affairs (DVA) recognise mental health to be a significant component of the health care requirements of the veteran community.

Much of the department's approach to mental health care in recent times has been driven by the needs of its younger client group. The focus has mostly been on treating Posttraumatic Stress Disorder (PTSD). There is a need to broaden the focus on veterans' mental health beyond PTSD.

The mental health needs of the department's current clients are changing with the ageing of the veteran population. Mental health issues facing older veterans and war widows/widowers require attention.

There is greater understanding that mental health disorders experienced by veterans may have adverse affects on their families and carers.

For some veterans the incentives of the compensation process run counter to the process of care and recovery leading to increased illness behaviour and dependency. Therefore, it is important for veterans to understand that seeking improved quality of life through treatment and management of mental health disorders following a grant of compensation, will not necessarily affect their pension, benefits or any health service they are entitled to from DVA.

Looking ahead to the potential mental health needs of future veterans and peacekeepers is also an important consideration for effective prevention and early intervention.

Mental health care is part of a rapidly changing health care environment. Substantial changes have taken place in the provision of mental health services under the National Mental Health Strategy. The Department of Veterans' Affairs is committed to ensuring that its health care arrangements incorporate the latest developments in mental health service delivery.

Towards Better Mental Health Care For The Veteran Community, is a guide for future planning and provision of mental health services to all DVA clients. A significant emphasis underpinning the department's approach will be to improve access to integrated and community-oriented mental health care tailored to the needs of the veteran community.

Four strategic directions and goals are the basis for specific key objectives and strategic initiatives that will guide the department. They are:

1. Enabling a comprehensive approach to mental health care

Goal: To enable the veteran community to access integrated mental health care incorporating strategies for prevention, early intervention, treatment, rehabilitation and maintenance of good mental health.

2. Responding to specific mental health needs

Goal: To refocus the effort of recent years to a broader view of veteran mental health needs and develop strategies to address the impact of alcohol and substance use related problems, mental health disorders of the aged and ways to improve access to mental health care for those living in rural and remote locations.

3. Planning and purchasing effective services

Goal: To enable DVA to become an informed funder and purchaser that targets its mental health resources in a way that best meets client need, is evidence-based and provides best value for money.

4. Strengthening partnerships and participation in mental health care

Goal: To ensure departmental decisions about veteran mental health care demonstrate added value from the participation of service users, ex-service organisations, providers, the Department of Defence and collaborative relationships with other key stakeholders in broader mental health initiatives.

MENTAL HEALTH AND THE VETERAN COMMUNITY

Mental health issues figure prominently in the work of the department and the lives of its clients. A range of studies commissioned by the department has provided broad indicators of the extent of mental health problems amongst veterans and their families as well as the role of DVA in meeting their needs.

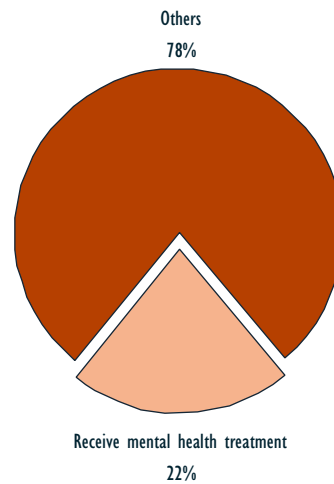
These studies have emphasised that mental health disorders are a major cause of reduced quality of life for veterans, with prevalence rates estimated to be up to twice that of the general community. For example, recent research on the health of Vietnam veterans and their families, conducted by the Australian Institute of Health & Welfare, has highlighted the wide-ranging effects of these problems within veteran families and the increased vulnerability of some children of veterans.

In this context, it is not surprising that veterans and their families access mental health care at higher levels than found in the general public. Within the DVA treatment population of 350,000 people, 22 per cent (approximately 73,000 people) receive some form of mental health treatment within any given year. While some receive specialist treatment from mental health practitioners, for the majority, treatment is provided solely through their general practitioner. Psychiatric medication use is high within the veteran community with up to 20 per cent being prescribed one or more drugs and 12 per cent taking antidepressants.

Disability associated with mental health disorders in veterans is also high. Approximately one in four veterans receiving a disability pension has been accepted as having a service-related mental health condition. One-third of this group are recipients of the special rate (TPI) pension.

The number of veterans accepted for mental health-related compensation claims has increased during the past 10 years, averaging at 25 per cent per annum. Since 1995, 46 per cent of veterans with a mental health disability have been approved, equivalent to 3,400 new cases per year. The majority are younger veterans, younger than the average DVA

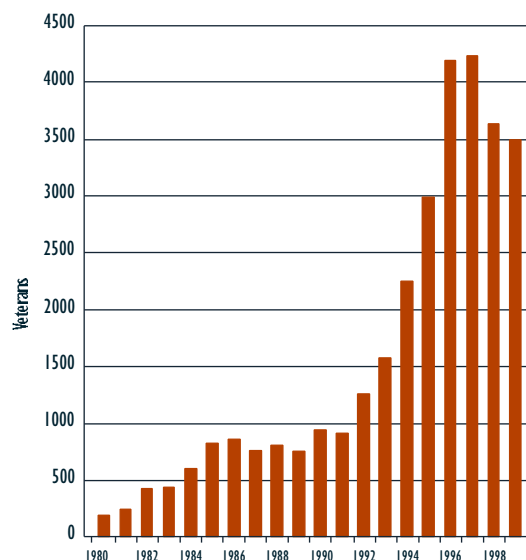
Figure 1: Proportion of DVA treatment population receiving mental health treatment



treatment population and therefore have longer life expectancy and potentially many years ahead of reduced quality of life caused by their disability. This younger, psychiatric disability group will be an increasingly larger share of an overall reducing DVA client population.

Claims for PTSD and, to a lesser extent, alcohol dependence, have accounted for most of the increase. Growth in new approvals has occurred for veterans of all conflicts but has

Figure 2: Number of veterans first approved with accepted mental health disabilities per year



been most significant in Vietnam veterans who account for 55 per cent of new cases. Approximately one in five veterans of the Vietnam War has been accepted as experiencing war-related PTSD. PTSD-based claims by World War II veterans have also risen sharply in recent years.

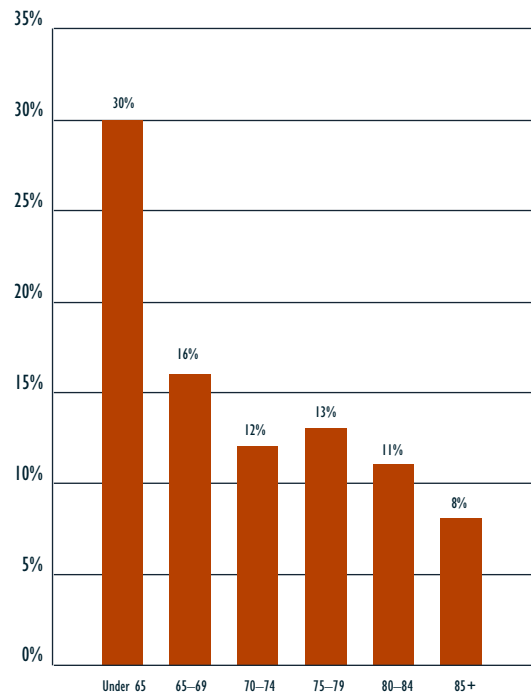
Recent review of services used by veterans with a mental health disability indicates that 40 per cent are not receiving mental health care funded through the department. World War II veterans who have recently been accepted as having war-related mental health conditions have the lowest treatment rates.

The overall cost to the department of providing compensation, treatment and support for veterans and their families who are affected by a mental health disorder is estimated at \$190 million annually. About one-third of costs are treatment-related. Hospitals, private psychiatrists and pharmaceuticals account for 72 per cent of mental health treatment costs. In contrast to the broader mental health system, where 54 per cent of mental health resources are invested in community-based care, community mental health services play only a small role in mental health programs currently funded by the department.

Looking to the future, mental health disorders are likely to become more significant for DVA's programs relative to other conditions. Several factors will contribute to this:

- Veterans with an accepted mental health condition represent 30 per cent of all treatment-eligible veterans under 65 years of age – this is DVA's client group of the future.
- There is a likelihood that the recent substantial growth in successful mental health claims (even if at a slower rate) will continue over the next few years.
- Mental health disabilities are disabilities of a long-term nature.

Figure 3: Veterans with accepted mental health disabilities as a percentage of DVA treatment population by age group



- Some veterans with a mental health disability are apparently not using DVA funded specialised mental health services but may do so in the future.
- The impact of ageing on the rates of dementias and Alzheimer's disease in the treatment population.
- Gold Health Care Card holders that do not currently access mental health services, but may do so in the future, especially those who develop Alzheimer's disease/ dementias as they age further.
- There is a greater understanding of the mental disorders that affect veterans and a greater willingness on the part of those affected to seek recognition and treatment of their disorder.

CONTEXT FOR POLICY DEVELOPMENT AND FUTURE CHANGE

The Department of Veterans' Affairs provides entitled clients with access to health care through arrangements with public and private health services and registered health care practitioners.

The same entitlements for access to health care do not automatically flow on to the partners and children of veterans. However, a better understanding of the impact of mental health disorders on families has led the department to extend access to a range of counselling and lifestyle programs to support the mental health needs of veterans, their partners and children.

Since 1992, DVA has moved away from being a direct provider of health services to being a funder and purchaser of these services. As a major purchaser of health services, and given the changing needs of its clients, it is important that DVA contributes to and participates in the developments taking place in mental health care as a result of the National Mental Health Strategy.

The Repatriation Commission has established a number of initiatives in veteran mental health care in recent years. The department has recently adopted strategic directions aimed at improving and maintaining the health, well being and independence of the veteran community. This mental health policy statement takes into account those initiatives and is consistent with DVA's strategic directions for health and priorities under National Mental Health Strategy.

Strategic directions for a 'holistic' approach to health care

DVA's *Strategic Directions for Health 1999 to 2007* moves the department towards a more inclusive understanding of 'health'. It identifies four imperatives as the basis for a more integrated approach to health care, provision of a wider range of services, more emphasis on preventive health and partnerships with the veteran and defence community to promote and enhance health. The four imperatives are:

- affirming an holistic approach to veteran care;
- addressing the shortcomings in the provision of residential and community care;
- creating a nationally consistent health service for the veteran community; and
- extending DVA's health arrangements to other agencies (including the Department of Defence) (*DVA's Strategic Priorities for 2000 – 2001*).

National Mental Health Strategy

The Repatriation Commission determined that a DVA national mental health policy statement and associated strategies must ensure DVA mental health service provision is in line with the policies and practices flowing from the Australian Health Ministers' National Mental Health Plans of 1992 and 1998. The second plan covers the period 1998-2003 and signifies joint agreement between the Commonwealth and States. DVA is a signatory to the agreement.

Towards Better Mental Health Care for the Veteran Community is consistent with and supports the key National Mental Health Strategy objectives of:

- promoting service models based on integrated, community-oriented care;
- strengthening continuity of care for people with ongoing needs; and
- giving increased emphasis to promotion and prevention, service quality and effectiveness and partnerships between providers.

Implementation of the strategic directions set out later in this policy statement will require linkages with such initiatives and national action plans as those in mental health promotion and prevention, suicide prevention, depression, drug and alcohol, child and adolescent mental health and aged care.

Developments and initiatives in veteran mental health care

The Repatriation Commission, through the department and in consultation with the ex-service community, has initiated a number of developments in mental health care. These are intended to improve access to relevant treatment programs, enable closer attention to issues of rehabilitation, and improve education and awareness within the veteran community and providers. The DVA mental health policy statement acknowledges and incorporates the following initiatives in providing directions for future developments.

Vietnam Veterans Counselling Service (VVCS)

Originating in 1982 in response to the needs of Vietnam veterans, this service is now available to all veterans, their partners and children. With 15 centres located across Australia, it provides direct counselling and referral services; a country outreach program using a network of contracted professionally qualified counsellors; a toll free, after hours telephone crisis service and a range of group and lifestyle programs. It is desirable that the long term role of VVCS be considered with regard to the mental health needs of other veteran populations without diminishing its value to the original client group.

Australian Centre for Posttraumatic Mental Health

Originally named The National Centre for War-Related Posttraumatic Stress Disorder, the Centre was opened in 1995 as a part of the Commonwealth Government's 1994-95 Younger Veterans Program budget initiative. It is a joint venture between the Department of Veterans' Affairs and the University of Melbourne and is located at the Austin and Repatriation Medical Centre, Melbourne. The work of the centre is in the areas of accreditation and evaluation of PTSD treatment programs, education, consultancy and research. Joint work with the ADF on preventive and early intervention in traumatic stress situations has also received increased attention in recent years. The Repatriation

Commission has determined that the role of the centre should be expanded from its current focus on PTSD to include the broader mental health conditions that impact on veterans. Defining this new role and identifying an agreed work program is a priority for the centre.

Automatic access to treatment for Posttraumatic Stress Disorder

The fast tracking of treatment for all veterans diagnosed with PTSD began in early 1996 and arose out of the Younger Veterans Program. This allows veterans (of all ages) diagnosed with PTSD to access the full range of treatment available, regardless of whether or not the condition is war-related.

Development of a range of PTSD hospital-based treatment programs

The Younger Veterans' Program budget initiative (1994-95) also provided for the establishment of hospital-based treatment programs for veterans with Posttraumatic Stress Disorder. These structured programs were initially provided as in-patient treatment but are now also provided as day-patient and outreach programs in regional areas. While most programs have been targeted at the needs of Vietnam veterans, programs are now being conducted for World War II veterans.

Veterans' Vocational Rehabilitation Scheme (VVRS)

This scheme commenced in December 1997. The VVRS helps veterans and ex-service personnel to find, or continue in, suitable employment. Participation in the scheme is voluntary.

Protocol for Psychiatric Opinions

An initiative of the 1997 Budget was the introduction of a systematic approach to identify the more difficult to diagnose conditions claimed by veterans, such as mental health disorders. During 1998-99 a protocol was developed in consultation with the Royal Australian and New Zealand College of Psychiatrists, the Australian Centre for Posttraumatic Mental Health and ex-service organisations.

Response to the Vietnam Veterans Health Study (1998 and 1999)

The Government announced a package of initiatives (Federal Budget 2000-2001) to provide mental health support to Vietnam veterans, their partners and children. This was in response to the Vietnam Veterans Health Study, which found that Vietnam veterans and their families are more likely to have some adverse health conditions than the general population. The validation study also indicated that veterans' children had an increased risk of suicide and accidental death. The initiatives include the following:

- a range of preventive health initiatives for veterans to address lifestyle problems including heart disease and alcohol use disorders;
- automatic access to treatment for Vietnam veterans diagnosed with depression and anxiety disorders;
- free psychiatric assessment for veterans' partners;
- an increase in the age limit to 35 years for veterans' children to access free psychiatric assessments and counselling through the Vietnam Veterans Counselling Service;
- extended eligibility to the Veterans' Children Education Scheme;
- production of information kits on a range of health conditions including mental health; and
- funding to broaden the role of the Australian Centre for Posttraumatic Mental Health, including state-based training of health professionals in mental health problems affecting the veteran community.

Future relationship with the Department of Defence

DVA and the Department of Defence have been developing a closer working relationship to improve services and support to serving and ex-service personnel. Initiatives and developments include:

- the transfer of the Military Compensation and Rehabilitation Service (MCRS) to the Department of Veterans' Affairs and agreement to develop a Transition Management Service for Australian Defence Force (ADF) members discharged on the grounds of invalidity.
- progress towards improving the facilitation and transfer of clinical care for members separating from the ADF.
- development of a Joint Directions Statement on Mental Health and a Memorandum of Understanding on the use of the VVCS by current serving personnel.
- the signing of a Memorandum of Understanding between the Australian Centre for Posttraumatic Mental Health and the ADF, with the aim of further developing initiatives in military mental health. To this end, ADF psychiatry and psychology personnel are now working within the centre. A priority of this collaborative effort will be the development of an ADF Mental Health Strategy to address the outcomes identified by a recent review of ADF health issues.

Challenge for policy development

While the activities, programs and services identified above may be well-targeted and effective, in many respects the overall development has at times been uncoordinated and reactive.

Today many of these initiatives and developments are interconnected to the extent that activity or development in one area can significantly impact on other resources, programs and services. Importantly, they can also have a significant impact on clients as they move from one sphere of influence to another.

The DVA mental health policy statement provides a framework that incorporates the specific mental health focused initiatives described above and embraces the broader emphasis of holistic health care.

STRATEGIC DIRECTIONS AND OBJECTIVES

Four broad strategic directions will guide the future development of the department's approach to mental health care. These are:

- Enabling a comprehensive approach to mental health care.
- Responding to specific mental health needs.
- Planning and purchasing effective services.
- Strengthening partnerships and participation in mental health care.

An overall goal and several key objectives underpin each strategic direction.

In the following pages, for each objective there are statements of the department's intentions. Specific strategic initiatives that embrace these intentions are then outlined for each key objective.

The four strategic directions, their related key objectives and strategic initiatives collectively, provide the 'sketch plan' for the department's long term policy development work in mental health.

Implementing the strategic initiatives outlined in this statement will require concerted effort across the department. For many of the initiatives put forward, recent budget allocations will support their implementation. For example, those relating to alcohol and substance use related problems are supported by the recent budget response to the Vietnam Veterans' Health Study.

Some relate to current developments within the department, for example, case management and individual care planning. Others will require the department to focus existing resources in new and innovative ways such as with developing purchasing models for programs. If additional resources are required for any of these individual proposals then such demand will have to be considered in the budget context.

Some initiatives, for example those relating to service quality and outcomes, mirror broader developments in mental health care and require further exploration and partnership with others.

Finally, implementation of this policy statement will be done progressively and in consultation with the veteran community and other key stakeholders.

SUMMARY OF STRATEGIC DIRECTIONS AND KEY OBJECTIVES

Enabling a comprehensive approach to mental health care

- Improve the balance and integration of mental health care
- Strengthen the mental health role of primary health care
- Improve access to care before and following compensation

Responding to specific mental health needs

- Broaden the mental health focus beyond PTSD
- Respond to alcohol and substance use disorders and related problems
- Meet the mental health needs of the ageing population
- Improve services for rural veterans

Planning and purchasing effective services

- Build a national planning framework
- Move from funder to purchaser of mental health care
- Improve service quality and outcomes
- Support policy and program development with quality management information

Strengthening partnerships and participation in mental health care

- Strengthen participation in decision making about mental health care
- Work with Defence on mental health promotion and prevention strategies
- To be an active participant in the National Mental Health Strategy

STRATEGIC DIRECTION I

Enabling a comprehensive approach to mental health care

The issues

The majority of veterans with an accepted mental health disability have other accepted physical disabilities as well. Some have more than one mental health disorder.

Mental health disorders experienced by the veteran can impact on their families and carers as well as their relationships in the work place and wider community.

A significant number of veterans appear not to use DVA funded mental health services, even after having their mental health condition accepted for purposes of compensation.

The department recognises the need to address fragmentation of service provision and develop better integration and coordination between mental health service providers. We also realise the importance of programs and services that will support self-determination and promote positive coping behaviours focusing more on maintaining good mental health.

While recognising a continued need for specialist and hospital-based services for those with acute and complex chronic mental health disorders, it is also important to strengthen the range of community-based and primary mental health care options.

Our goal

To enable the veteran community to access integrated mental health care, incorporating strategies for prevention, early intervention, treatment, rehabilitation and maintenance of good mental health.

Key Objectives

1.1 *Improve the balance and integration of mental health care*

- Broaden the range of services beyond hospital-based in-patient and day patient care, with greater emphasis on preventive,

community-based, social support and self-help models.

- Strengthen the understanding that partners and families are critical in promotion of personal recovery in veterans.
- Tailor services to individual needs for generalist and specialist treatment.
- Enable coordination and integration between services.

1.2 *Strengthen the mental health role of primary health care*

- Promote appropriate care by primary care workers for veterans with mental health disorders.
- Foster interest and skill development in mental health, particularly veteran mental health, amongst General Practitioners (GPs) and other primary mental health care providers.
- Link with related initiatives under the National Mental Health Strategy designed to improve the mental health role of primary health care.

1.3 *Improve access to care before and following compensation*

- Develop new ways of promoting mental health and enabling rehabilitation during and subsequent to compensation assessment.
- Improve the mental health literacy and understanding of DVA staff through work force development.

Direction I – Strategic initiatives

1.1 Improve the balance and integration of mental health care

1. Develop arrangements to ensure mental health services delivered to the veteran community:
 - use relevant assessment and treatment protocols;
 - provide improved access to multidisciplinary care;
 - respond to the range of mental health disorders and life related problems experienced by DVA clients;
 - recognise the role of partners, families and carers in the veterans' mental health recovery and provide referral services to enable them to access appropriate care for their own mental health;
 - address the veteran's social and occupational rehabilitation needs; and
 - incorporate coordination between providers, particularly for client's leaving hospital.
2. Work with providers to ensure that specialised hospital and community based psychiatric services are targeted to those veterans requiring such care and to support primary health care services in meeting the needs of those with less complex mental health conditions.
3. Enhance the function of VVCS as a key element of the department's effort to promote a community based approach to mental health care by:
 - strengthening linkages with hospital based, specialist and primary health care providers to establish better continuity of care arrangements;
 - fully embracing care planning and brokerage roles;
 - promoting and encouraging increased access by all veterans and families; and
 - monitoring whether the name of the Service deters veterans from using it.
4. Develop and trial individual care planning and shared care approaches for clients with more complex mental health conditions. These will emphasise improved linkages between service providers and informed consumer participation in decisions about the care they receive. Specific groups for initial trials will be veterans attending PTSD treatment programs, recently compensated WWII veterans and rural based veterans.
5. Improve the department's capacity to make available evidenced-based mental health prevention and early intervention strategies through healthy lifestyle and self-help programs that will reduce the risk of chronicity and disability due to mental health disorders. This will require:
 - research to identify those strategies that are most relevant to current and future client groups; and
 - collaboration between areas of DVA including VVCS, Veterans' Affairs Network (VAN), Veterans' Children Education Scheme (VCES), Health Promotion and Community Grants programs, as well as with external providers and stakeholders.
6. Implement the Youth Services Project, with a strong prevention and health promotion focus, to develop a national framework through which VVCS and other key partners and stakeholders will pilot innovative strategies to enhance the mental health and resilience of the sons and daughters of Vietnam veterans and reduce the risk of suicide.
7. Implement and monitor initiatives that provide mental health support to the partners and children of Vietnam veterans. These include:
 - free psychiatric assessment for veterans' partners;
 - an increase in the age limit to 35 years for veterans' children to access free psychiatric assessment and counselling through the VVCS; and
 - extending eligibility to the Veterans' Children Education Scheme.
8. Establish mechanisms for the Veterans' Children Education Board (VCEB) in each State to have access to expert advice and assistance in child and adolescent mental health and ensure referrals to relevant mental health and counselling services where appropriate.

Direction 1 – Strategic initiatives continued

1.2 Strengthen the mental health role of primary health care

1. Support the mental health role of General Practitioners (GPs) through:
 - encouraging greater use of the Enhanced Primary Care (EPC) items amongst GPs enabling case conferencing and health care planning; and
 - revise current health care planning and health assessment guidelines for use with veterans to improve the identification and management of mental health disorders.
2. While maintaining the GP in a central role in overall care, extend the coordination role in individual care planning to other mental health providers for clients with complex mental health needs.
3. Establish incentives for delivery of a higher level of service from primary mental health care providers (GPs, psychologists, social workers and community nurses), who have a special interest in mental health needs of veterans with chronic and complex mental health disorders.
4. Ensure the State Based Training Committees establish links with relevant professional bodies to enhance the training and skill development of GP's and other providers.
5. Utilise the Department's *Improving Quality Use of Medicines Program* to examine reasons for and ways to address the high use of psychiatric medication by DVA clients.

1.3 Improve access to care before and following compensation

1. In partnership with the veteran community:
 - actively inform newly compensated veterans about available mental health treatment and support options;
 - trial a range of mechanisms to facilitate access to care for those individuals accepted for compensation and treatment of more complex and chronic mental health disorders, and other veterans likely to have difficulties accessing treatment. Initial priority will be given to WWII veterans with newly accepted claims for mental health disorders and veterans assessed as Totally and Permanently Incapacitated for predominantly mental health reasons; and
 - design an information and awareness strategy to support the advocacy and welfare roles of ex-service organisations that is aimed at promoting the value of appropriate mental health care continuing beyond the granting of the disability pension.
2. Promote amongst service providers, ex-service organisations and veterans, the availability of specific *'Jobs in Jeopardy'* assistance through the Veterans' Vocational Rehabilitation Scheme for veterans who for various reasons, including mental health disorders, may be at risk of losing their jobs.
3. Implement training for DVA staff to improve their awareness and understanding of veteran's mental health issues and skills in communicating with veterans and their families/carers.
4. In partnership with the Australian Centre for Posttraumatic Mental Health and ex-service organisations, develop a research strategy to explore reasons why some veterans choose not to access mental health treatment or use services outside the DVA arrangements for their mental health accepted disabilities.

STRATEGIC DIRECTION 2

Responding to specific mental health needs

The issues

In recent years much of the activity in veterans' mental health care has focussed on Posttraumatic Stress Disorder and most specifically in relation to Vietnam veterans. However, veterans of all ages may experience other mental health disorders, in conjunction with PTSD or as independent conditions.

Alcohol and drug related problems are a significant issue with the potential to have long term impact on individuals, families and the wider community. The relationship between alcohol use disorders and other mental health disorders is complex, and a multifaceted response is required.

For older veterans, a different set of mental health problems emerge, particularly depression and behavioural problems associated with dementia. The impact of mental health conditions for older veterans, families and carers encompasses issues of appropriate assessment, treatment and longer term care which spans more than just specific mental health services but coordination of community and home care services.

For veterans and families living in rural and remote areas access to appropriate assessment, treatment and rehabilitation services remains a significant barrier.

Our goal

To refocus the effort of recent years to a broader view of veteran mental health needs, and develop strategies to address the impact of alcohol and substance use related problems, mental health disorders of the aged and ways to improve access to mental health care for those living in rural and remote locations.

Key Objectives

2.1 *Broaden the mental health focus beyond PTSD*

- Recognise that specific attention is required to address a spectrum of mental health disorders (eg anxiety and depressive disorders) that may be experienced independently but in many cases will co-exist with the condition of Posttraumatic Stress Disorder.
- Ensure that treatment programs to address other mental health disorders are evidence-based and demonstrate effective evaluation and measurement of outcomes.

2.2 *Respond to alcohol and substance use disorders and related problems*

- Ensure that alcohol and substance use disorders and related problems are addressed in an integrated way with other mental health conditions and encompass prevention, treatment and rehabilitation strategies.

2.3 *Meet the mental health needs of the ageing population*

- Make use of opportunities to provide better mental health care to older veterans, war widows/widowers and carers by recognising the close relationships between physical and mental health.
- Promote greater awareness of the mental health needs of older veterans and their carers.

2.4 *Improve services for rural veterans*

- Support innovative approaches to improve access and continued care that emphasise building stronger links with local providers.

Direction 2 – Strategic initiatives

2.1 Broaden the mental health focus beyond PTSD

1. Develop forecasting and needs analysis as a priority to identify future demand for mental health care and type of programs required. This will be achieved with assistance from the Australian Centre for Posttraumatic Mental Health.
2. Establish processes to ensure specific treatment programs for mental health conditions (eg Alcohol, Depression, PTSD, etc) are evidence-based and providers incorporate a comprehensive approach to assessment, treatment and rehabilitation.
3. Implement, promote and monitor the recent Commission determination that enables Vietnam veterans to receive treatment for certain anxiety and depressive disorders irrespective of the outcome of a claim for war-caused disability. This extends similar arrangements for treatment of other conditions, one of which is posttraumatic stress disorder.
4. Provide promotion and education information to veterans, families and providers that reflects the range of mental health conditions experienced by veterans and their families and identifies effective coping strategies and appropriate resources for further assistance. Participation of veterans and their families in developing such material will be an important component of this strategy.

2.2 Respond to alcohol and substance use disorders and related problems

1. Develop a comprehensive approach to alcohol and substance use disorders and related problems within the veteran community that contains:
 - a population health approach, particularly encouragement of screening and brief intervention strategies provided through primary care, GPs, and other providers;
 - health education and awareness programs in partnership with ex-service organisations that identify the relationship between alcohol misuse and mental health care in the veteran community and promote ‘harm minimisation’ behaviours;
 - treatment programs that respond to the specific treatment of alcohol and substance use disorders and issues of co-morbidity with other mental health disorders providing access to a coordinated package of services incorporating medical detoxification, early recovery and longer term integration, rehabilitation and relapse prevention; and
 - application of new developments such as outcomes of trials of new medications and clinically supported trials of home detoxification programs which are incorporated with longer term rehabilitation programs.
2. Development of guidelines and protocols for treatment and rehabilitation programs by the Australian Centre for Posttraumatic Mental Health.
3. Utilise the *Veterans At Risk Program* to strengthen strategies to address issues of alcohol and mental illness co-morbidity for those veterans who are homeless or living in insecure accommodation.
4. Develop partnerships and linkages with such bodies as the National Drug and Alcohol Research Centre to ensure that DVA strategic directions and initiatives reflect the ongoing evidence arising from research in this area.

Direction 2 – Strategic initiatives continued

2.3 Meet the mental health needs of the ageing population

1. Seek out partnerships to promote and support innovative approaches to psycho-geriatric care and policy development with initial priority areas being depression and suicide in the elderly and the management of psychosocial and behavioural problems related to dementia.
2. Support carers of aged veterans to advocate for their needs and facilitate their access to relevant resources and support.
3. Explore ways in which greater flexibility can be structured into the provision of long and short-term respite care.
4. Ensure that consideration of the impact of mental health disorders and mechanisms for appropriate referrals are structured into the new *Veterans' Home Care* initiative.
5. Develop or participate in education and awareness programs for carers, GPs, Aged Care Assessment Teams, residential care staff, community nurses and other primary care providers on veteran related psycho-geriatric issues and long term management of conditions.
6. Explore possibilities for community nursing, outreach and home visiting services to support continued care arrangements for older veterans following periods of hospitalisation or participation in hospital-based treatment programs.
7. Develop effective strategies in partnership with the Department of Health and Aged Care and State or Territory Health authorities, to ensure that needs of older veterans and war widows/widowers with mental health disorders are included in the planning for future aged residential and supported care.
8. Work with ex-service organisations that provide accommodation for aged veterans and war widows/widowers to better understand and respond to the mental health needs of their clients.

2.4 Improve services for rural veterans

1. Develop or participate in trials of shared care arrangements in rural and remote areas between GPs, psychiatrists, VVCS and other providers. These trials will explore use of telemedicine and expand on the existing strategy, that is being practiced by DVA in some states, of funding visiting psychiatrists.
2. Explore strategies to improve follow up and continuity of care for rural veterans completing hospital based treatment programs.
3. Develop strategies that strengthen the role of community nursing in providing care to rural veterans with mental health conditions. These might include offering training and support to ensure mental health needs are recognised and referrals are made where appropriate.
4. Intensify the effort to provide mental health and healthy lifestyle programs for rural veterans in regional and rural areas through encouraging partnerships between specialist metropolitan programs and rural providers.
5. Explore ways of providing improved support to providers in rural areas. Options could include appropriate use of telemedicine or provision of consultation and support through existing specialists and/or programs to individual practitioners and rural mental health services.
6. Initiate partnerships through State Based Training Committees to ensure a more coordinated and consistent approach to education and training of rural providers. This training should take place within rural areas and where possible build on existing arrangements for further education and training of mental health and other health professionals in rural areas.

STRATEGIC DIRECTION 3

Planning and purchasing effective services

The issues

Planning is needed to prepare for the increasing role of mental health issues in the life of the department and its clientele in the future. Better integration, coordination and planning for service and program development involving state offices and key stakeholders is required. This will be based on appropriate expectations of outcomes for people with life-long disorders and will be informed by accurate management information, protocols for program development and a purchasing framework that creates incentives for individualised care.

Our goal

For DVA to become an informed funder and purchaser that targets its mental health resources in a way that best meets client need, is evidenced-based and provides best value for money.

Key Objectives

3.1 Build a national planning framework

- Provide a national focus that brings together all stakeholders in planning to meet current and future needs.
- Develop specific strategies that translate the DVA mental health policy into action.
- Improve coordination between the compensation and health dimensions of DVA's activities.

3.2 Move from funder to purchaser of mental health care

- Develop a purchasing framework for mental health care that:
 - allows flexibility and innovation to tailor services to individual needs;
 - promotes community-based care and hospital based services;
 - encourages efficiency and effectiveness;
 - rewards continuity of care and integration of service elements; and
 - is evidence-based.

- Develop incentives for collaboration between service providers in finding new ways to ensure funds are used to meet client needs.

- Empower clients with some degree of consumer choice in how DVA funds are used to assist in meeting their mental health needs.

3.3 Improve service quality and outcomes

- Strengthen the focus on the quality and outcomes of services purchased by the Department.
- Support State Offices in their work as DVA's primary purchasers by developing clear expectations about service standards to be met by funded agencies.
- Compliment accreditation approaches through increased use of program outcome evaluation and monitoring.

3.4 Support policy and program development with quality management information

- Ensure policy and purchasing decisions are evidence-based.
- Make proper use of the department information assets to plan and develop mental health care.
- Develop information tools to support program monitoring and evaluation.
- Target research at the most critical areas of veteran mental health care.

Direction 3 – Strategic initiatives

3.1 Build a national planning framework

1. Establish a DVA national planning group to be responsible for:
 - overseeing the implementation and evaluation of initiatives arising from the DVA mental health policy;
 - development of a range of specific papers covering client projections, resource planning and related areas;
 - strengthening cross program coordination within DVA and giving a greater focus to mental health aspects of all departmental initiatives; and
 - in partnership with the Australian Centre for Posttraumatic Mental Health obtain relevant expert and clinical advice as required.
2. State Offices to strengthen local needs analysis, planning of service delivery and monitoring overall outcomes through collaboration with VVCS, the Australian Centre for Posttraumatic Mental Health and other key stakeholders.
3. Ensure that mechanisms are used at national and state levels to enable ex-service organisation, consumer and carer participation in planning of mental health service delivery.
4. Develop consultation mechanisms with service providers and their representative organisations on planning-related issues.

3.2 Move from funder to purchaser of mental health care

1. Initiate work to design a comprehensive purchasing framework appropriate to mental health care, building on innovations in other DVA health areas and elsewhere in the health industry. A work program to develop this framework will aim to:
 - develop flexibility for the department to fund a range of products including programs, episodes of care, fee for service arrangements, needs based care packages and case coordination; and
 - develop extensive collaboration between the DVA National and State Offices, other health insurers and funders of mental health care as well as consultation with providers and clients.
2. The work will be complex and approached on an evolutionary basis, trialing and evaluating new initiatives each step along the way as it aims to:
 - identify the needs of mental health clients and the extent to which these are being met;
 - define the range of mental health care products required to meet those needs;
 - determine appropriate payments per product; and
 - design a coherent payment model.
3. Use the opportunities arising from the department's response to alcohol use disorders and related problems amongst Vietnam veterans to explore and trial innovative purchasing models that may then be applied to other aspects of mental health care.

Direction 3 – Strategic initiatives continued

3.3 Improve service quality and outcomes

1. Actively pursue a stronger focus on evidence-based mental health programs by developing a framework for program outcome evaluation and routine client outcome monitoring. The framework will cover the full range of mental health services provided and purchased by the department and will be developed in collaboration with providers and clients. This will be achieved by:
 - participating in developments of routine client outcome monitoring under the National Mental Health Strategy within the private and public mental health sectors; and
 - extending the outcome measurement initiatives taken by VVCS and the Australian Centre for Posttraumatic Mental Health, primarily focused on counselling services and hospital PTSD programs to other in-patient and community based service providers.
2. Expand the standard-setting and accreditation role of the Australian Centre for Posttraumatic Mental Health to have a broader coverage of the mental health services needed by veterans. Guidelines developed by the Centre should serve as practical tools for use by DVA State Offices in selecting and purchasing mental health services. Priorities for development over the next few years will incorporate:
 - a ‘tiered’ approach to accreditation that differentiates major facilities with capacity to provide the full range of mental health programs to veterans from those suitable for delivering specific treatment components (eg anger management, alcohol dependence); and
 - development of accreditation systems to promote quality improvements in delivery of community-based mental health treatment programs.
3. Collaborate with initiatives under the National Mental Health Strategy to develop evidence-based treatment protocols and guidelines. Priority will be given to the guidelines for:
 - community-based treatment of veterans with PTSD;
 - management of alcohol and substance dependency; and
 - treatment of anxiety, depression and related disorders.

3.4 Support policy and program development with quality management information

1. Identify the specific information requirements for mental health policy and planning and ensure that these are incorporated in the design of future DVA management information systems.
2. Establish a process for production of standard management reports relating to mental health clients and services, derived from the department’s administrative system.
3. Ensure that VVCS can provide reports of service utilisation and outcomes that improve the department’s understanding of the needs of those veterans and families who access this service.
4. Develop mechanisms within DMIS for the regular analysis and production of timely reports to enable trends in DVA-funded mental health services to be monitored.
5. Identify a mental health research strategy that places future DVA funded research, and proposals for such, within an overall work program based on agreed priorities. These might include, for example:
 - the long term outcome of PTSD programs;
 - analysis of patterns of care of high service utilisation clients;
 - examining patterns of prescribing psychiatric medication to see if this is consistent with best practice; or
 - study of the mental health needs and service use of veterans following compensation.

STRATEGIC DIRECTION 4

Strengthening partnerships and participation in mental health care

The issue

Partnerships and consumer participation have become strong principles for the development and provision of quality health services and are emphasised within the National Mental Health Strategy.

The department recognises the importance of partnerships with a variety of service providers and key stakeholders in mental health care, and the Department of Defence. Particularly, if it is to enable a comprehensive approach to veteran mental health care and have a role in the early intervention and prevention of mental health problems amongst future veterans.

Participation of veterans, families, carers and war widows/widowers in decisions about their mental health care is fundamental to ensuring services are relevant and effective and to promote greater self-determination and independence.

DVA has not previously sought an active participation in the development of broader mental health initiatives under the National Mental Health Strategy. As a major purchaser of health services and having a record of innovative approaches in other areas of health care, DVA has much to offer as long as our contribution focuses on strengthening veteran mental health care.

Our goal

To ensure departmental decisions about veteran mental health care demonstrate added value from the participation of service users, ex-service organisations, providers, Department of Defence and collaborative relationships with other key stakeholders in broader mental health initiatives.

Key Objectives

4.1 Strengthen participation in decision making about mental health care

- Enable participation in decision making by users of services, their families/carers and ex-service organisations at the individual, program and policy level.

4.2 Work with Defence on mental health promotion and prevention strategies

- Through a closer working relationship and liaison with Defence, research and develop effective mental health prevention, early intervention, treatment and rehabilitation strategies for current serving personnel and those being discharged from the military.

4.3 To be an active participant in the National Mental Health Strategy

- Ensure that existing and future DVA initiatives in veteran mental health care are informed by current developments in the mental health field particularly in relation to outcome measurement, integration of mental health services, utilisation of evidence-based and innovative approaches to mental health care.

Direction 4 – Strategic initiatives

4.1 Strengthen participation in decision making about mental health care

1. Ensure existing departmental health consultative and advisory forums attend to mental health issues as a significant area of interest in veteran health care and include consumers or users of mental health services as participants in addition to representatives of ex-service organisations.
2. Identify processes to strengthen the contribution and perspective of partners and children of veterans to decisions about mental health care. An initial priority is to achieve this in relation to development of programs and strategies to meet the needs of these groups through the Vietnam Veterans Counselling Service (an example is the *Youth Service Project*).
3. Provide appropriate information, orientation and support to veteran community/consumer representatives.
4. Ensure purchasing arrangements with providers include consideration of veteran, family and carer participation in the planning of services and evaluation of outcomes.
5. Promote and facilitate linkages and participation of ex-service organisations and users of mental health services within the growing network of mental health consumer and carer advocacy national and state forums, thereby including the perspective's of veterans and their families/carers in broader mental health policy.

4.2 Work with Defence on mental health promotion & prevention strategies

1. In partnership with the Australian Centre for Posttraumatic Mental Health, collaborate with Defence to further develop appropriate education and research programs that will lead to improved early intervention and prevention strategies and better management of mental health conditions experienced by serving personnel.
2. Provide advice as requested on the development of clinical mental health services for current serving personnel.
3. Continue to implement and monitor outcomes of the Memorandum of Understanding between DVA and Defence that enables eligible serving personnel and their families to access services through the Vietnam Veterans Counselling Service.
4. Through the Military Compensation and Rehabilitation Service, further investigate and identify relevant strategies to address the continued treatment and care arrangements of those Defence service personnel being discharged for mental health reasons who will have continued DVA eligibility.
5. Target promotion and education activities to current serving personnel with DVA entitlement and to those who are about to move from military to civilian life.

4.3 To be an active participant in the National Mental Health Strategy

1. Collaborate with the Department of Health and Aged Care to identify current and proposed developmental projects, trials and initiatives under the National Mental Health Strategy through which DVA's participation will improve the quality of service provision to veterans, their carers and families and support future policy development. Priority will be given to issues of primary mental health care, outcome measurement, mental health promotion and prevention, suicide prevention, depression and alcohol and co-morbidity with mental illness.
2. DVA will seek participation in relevant national and state mental health forums with other stakeholders, (eg Strategic Planning Group for Private Psychiatric Services – SPGPPS)
3. In conjunction with the Australian Centre for Posttraumatic Mental Health, develop a mental health research agenda that will identify evidence-based approaches to treatment, prevention and promotion, support the development of innovative approaches to veteran mental health care and inform future policy development.