

**APPVA Points from the  
National Veteran Mental Health and Wellbeing Forum,  
Lovett Tower, Woden, ACT,  
Friday 20<sup>th</sup> April 2007.**

1. Raised points from previous minutes:
  - a. ADF members serving on Anti-Depressants. There is no policy on the matter as yet. Paper to be presented to COSC by GPCAPT Lambeth. Minor cases and dosages would be considered for further service on MEC201; however those with diagnosed PTSD would be Medically Discharged.
  - b. DI-G ADFRP – To be followed-up by GPCAPT Lambeth and send to all forum members.
  - c. Advances on Reserve Service Concept. To be considered. APPVA to draft paper? Action: NP (PC).
  - d. Helpline Package presented at the last meeting to Mike O’Meara. How is this progressing – to follow-up? Asked GPCAPT Lambeth if it is possible to have this card provided to members on operations to see counselling whilst on operations? ADFMHS has a Helpline for Mental Health problems. PC requested that details of this Helpline are provided to Forum, so that APPVA can place into APPVA Magazine and Website.
  
2. Request marketing material on the new VVCS from David Morton, reflecting the name change Veterans and Veterans families Counselling Service (VVCS). Veteran families may use the services and be provided a connection to various services. Differences will be with our veterans as being Child and Adolescent specialisation. Current serving members will have access to DCO with family support measures.
  
3. Write about **eligibility** of the Tsunami and Humanitarian Operations (Perhaps listed in broader terms to cover Humanitarian Operations with examples of OP SUMATRA ASSIST I & II, TSUNAMI ASSIST, and PAKISTAN ASSIST), to have access to VVCS. This should also have a reclassification of service by instrument by the CDF. Ask for a change in **eligibility** for service into VVCS. Eligibility to be given to those under MRCA would also be eligible. Would like to see WLS, NWLS and Peacetime Service to have full access to VVCS. Potential to provide discussion on this matter.

**Action: PC to draft paper to CDF for reclass of service to NWLS of Humanitarian Ops.**

**PC to draft paper for change of scope from Operational/QS for full access to VVCS to open the service to WLS, NWLS, Peacetime Service. Include updates of**

**the AFP deployments past UNTAET 19 May 2002. Study hand-out of Eligibility for Counselling and raise matters out of this paper, should there be identified shortfalls to any potential veteran or ex-service member not covered.**

4. Send Maurie O'Connor a copy of the JCU PK Study Flyer. Also info Bill Crews.

**Action: Send JCU PK Study Flyer. PC.**

5. **ADF Update.** MOU of the ADF, VVCS and ACPMH in the process. OP MIND – (Operational Mind), which will be available on a website. For Commanders to view a menu, in order to provide guidance of returning service members from deployment and referral of services. This is also an application made available to those Commanders to consider prior to deployment of their members. Model off the USA “Battle Mind”. Take aspects and add them to OP MIND. ADF offering an Alcohol and other drugs rehabilitation service. Wellbeing study, with difficulty in obtaining resources. Resilience study with ACPMH is also being developed.

6. Discharged members on mental health grounds to **MEAO veterans** is 0.26% of total members served. It was indicated that there are a number of MEAO veterans presenting for assistance after discharge from the ADF. The APPVA is handling perhaps the majority of these veterans from our Pensions Officer in Melbourne.

7. Blue Ryan presented issues of **Alcohol Addiction**. Educate GPs in alcohol abuse in relation to mental health matters. Advice booklet of describing a culture of alcohol abuse with mental health conditions to providers by veterans and members of the ADF.

8. Blue Ryan also raised the issue of **Suicide Study**. Government fund a study into suicides, in particular of the past three (3) years, in assisting in the prevention and reporting mechanisms of inter-agency information sharing. An example of this is a former 25 year old soldier, who had in his COMSUPER Medical report highlighted that he was suicidal; however this was not communicated to DVA for suicide watch and/or treatment. The former soldier committed suicide some time thereafter. There is an identified requirement to share this information to prevent such suicides.

9. **DVA Mental Health Update.**

a. Provider Education. Aimed at educating providers around veterans' issues. Orientation meetings between GPs, Allied Health Professionals, community pharmacists and VVCS have occurred, resulting in a significant increase in the profile of VVCS and its services.

b. DVA – ACPMH. Development of model for the delivery of Anxiety and PTSD programs for Younger Veterans (Post 1990). Further examine the reasons why 40% of vets with Mental Health disorders do not seek DVA/VVCS services treatment. A reference group with veteran representation will be established as part of this project.

- c. Mental Health Website Development. The mental health component of the DVA website is being reviewed as part of a broader DVA Website Redevelopment project. Mental Health will have a prominent position on the front page of the new DVA website. Clicking on the Mental Health icon to access to information and education material; and a range of interactive intervention/screening tools. Development of this site after May 07.
- d. Fact Sheets. DVA working with Defence to develop a new series of evidence based fact sheets on High prevalence mental health conditions; and Lifestyle and social issues. Using language consistent across DVA and ADF. Major agencies such as Department of Health and Ageing and Mental Health Council of Australia will be consulted. The fact sheets will be available on line through the new mental health website and in print. This will be applicable to pre-discharge and post-discharge members of the ADF.
- e. Other Projects. Mental Health Promotion, Awareness and Education. DVA Suicide Prevention Framework. Mental Health Web Based Tools. The Mental Health Policy Section is maintaining strong links on Dept of Health and Ageing and Families, Community Services (FaCSIA) to ensure major Coalition of Australian Government (COAG) initiatives include veteran issues where appropriate.
10. Mental Health Literacy Strategy (MHLS). Graham Hayes of APPVA (ACT) is on this committee. Objectives are:
- a. Literacy objectives over the next 5 years are to increase quantitative and improve (qualitative) the veteran communities.
  - b. Understanding of how and where to seek assistance (“help-seeking behaviours”); and
  - c. Skills to manage and improve their mental health (“improved self efficacy”).
  - d. Mental Health Promotion Process.
  - e. Mental Health Literacy Strategy Target Audiences:

**Primary.**

    - The Australian veteran community, including partners, families and carers;
    - The Department’s treatment population;
    - Ex-service and like organisations.

## Secondary.

- DVA staff, including the VVCS;
- DVA contracted service providers (medical and allied health); and
- General medical and allied health professionals.

- f. Mental Health Promotion. A whole of population approach.
- A range of initiatives to maximise mental health & wellbeing in the veteran community.
  - Enabling the veteran community to maximise their health potential through influencing environment conditions – social, physical, economic, educational, and cultural.
  - Enhancing coping capacity through knowledge, skills and resources.
- g. Development Research. Qualitative research to inform the development of the mental health literacy strategy by identifying directions, approaches, messages and activities to raise awareness of the importance of veterans mental health and encourage veterans to become involved in the management of their own mental health.

### Conducted by E&S Research:

- 20 focus groups: six locations in four states.
- WW2, Vietnam, Korean, peacekeeper, partners, war widows, including current serving & non-treatment population.
- 22 interviews: key stakeholders in all states & Territories.

11. A National Veterans' Suicide Prevention Framework – OPERATION Life (Life is for Everyone).

12. Mental Web Based Tools was presented. **Mood Gym** (automatic therapy for depression & anxiety with Cognitive Behavioural Therapy, **Blue Pages** (information about depression) and a **Moderated Chat Room** were presented as web-based tools to assist veterans with mental health problems or illness (Veteran Support Group). This has been designed by the ANU Centre of Mental Health Research [www.anu.edu.au/cmhr](http://www.anu.edu.au/cmhr) *I highly recommend* that our members and their friends and/or family visit this site.

13. Points raised by NP APPVA:

- Operational Stress Injury (OSI). GPCAPT Lambeth acknowledged this situation, including resilience in the ADF program. Further discussions with allied (US, UK, Canadian Medical conference.).
- Younger Veteran in Residential Care (YVIRC). Discussed case of RAN

Vet in Victoria. Stated that it be noted that the Department VA is unable to assist with this veteran in any form of alternate accommodation and residential care. Acknowledged that this is an issue that may be inclusive on the Action Plan. In addition, it was acknowledged that this is also a reflective community problem, as well as a veteran problem.

14. The Forum concluded at 1515h.