

# Evaluation of DVA's Mental Health Initiatives 2007 - 2010



Australian Government  
Department of Veterans' Affairs

Good mental health is vital to your health and wellbeing. PUT YOUR MIND



# Purpose

## 2006-07 Budget Measure:

“Improving access to preventative community orientated mental health care of the veteran community particularly younger veterans”

## Four key priority areas were developed:

- increase shared mental health care coordination.
- Implement communication, awareness, and education strategies.
- expand the range of mental health care resources.
- expand the range of mental health care services.



# Methodology

- Program Logic Model = System and Community-level effects of DVA activities.
- Survey & Focus Groups:
  - + 3300 clients
  - + 859 staff
  - + 245 providers
- Baseline in 2008 – follow-up in 2010.



# Staff

Intended effects of activities for DVA staff:

- Be aware of mental health issues and their role in supporting the veteran community
- Have strategies for working with clients positively
- Feel supported by DVA

# Staff Findings

- Significant increase in participation - 20% in 2008, 43% in 2010.
- Baseline literacy was high and remains relatively stable over survey period.
- Knowledge of appropriate responses to clients who are suicidal or “challenging” was generally high.
- 50% did not know how to deal with people with long-term mental health problems, however 72% said they could find someone in DVA who could help them.

- Many staff reported not knowing where to locate DVA protocols in responding to suicide threat or challenging behaviours.
- Awareness of *At Ease*, had increased significantly from a very low base in 2008 (13%), but is still low (32%).
- 39% of staff in 2010 would like additional training, particularly on-line modules and those with case studies or real life issues related to their work.



# Service Providers

The intended effects of activities are that providers will be:

- Aware of veteran issues and identify veteran clients
- Undertake appropriate assessment to identify mental health needs of veteran clients
- Use Mental Health Treatment Care Plans appropriately
- Refer appropriately to service system for veteran community
- Use appropriate treatment and management interventions for common mental health problems



# Provider Findings

- Good range of treatment options available - No obvious gaps, although ability to provide or find sleep hygiene and exposure therapy treatment for a client was low.
- Good understanding of common veteran mental health issues and levels of mental health literacy in the veteran community.
- Number of psychologists, psychiatrists, and rehabilitation providers who use a mental health treatment plan increased (54% to 81%).
- Less than half of these shared the plan with the veteran or (43%) or with other providers involved in the treatment plan (43%).
- Positive feedback about DVA resources and materials, but awareness was low.





# Clients

The intended effects of activities for clients:

- Good knowledge of mental health and mental illness issues across the spectrum of need
- Ability to recognise symptoms of mental health disorder in themselves and others
- Positive attitude toward self and other's help-seeking
- Seek help or advise others to seek help
- Good knowledge of service system available to them
- Develop skills for self care and self management



Grouped accordingly:

- Males under 55 Non-ADF (n = 537)
- Males under 55 ADF (n = 216)
- Males 55-74 (n = 1069)
- Males over 75 (n = 524)
- Females over 75 (n = 596)

Other demographics were too low to statistically analyse.



# Client Findings

- Findings varied across the demographic groups.
- Males under 55 (ADF and non-ADF) had more positive attitudes to mental health issues, followed by males 55-74.
- Male ADF under 55 scored higher knowledge scores than males under 55 non-ADF, who have a significantly higher score than males aged 55-74, who have a significantly higher score than males and females over 75 years.

- 50% suffered “mental health problem” in past 6 months.
- Males 55-74 were most likely to report receiving treatment while respondents over 75 were least likely.
- Males under 55 (ADF and non-ADF) had moderate levels of psychological distress, were moderately likely to seek help, and least likely to receive all the help they needed.
- Over 75 had the lowest psychological distress scores, were least likely to seek help and were most likely to say they received all the help they needed.
- Those in treatment scored higher psychological distress than those who did not - help-seeking linked to severity.

- MH information sources: GP; media; DVA; friends/family.
- Younger respondents more likely to use the internet to look for mental health information – older less likely.
- DVA sources of information have high credibility amongst clients, however awareness is low.
- Awareness of VVCS in ADF members grew from 67% to 76% - lower in post 75 group.



# Organisational, System & Community Impacts

- Increase capacity of DVA as an organisation, of the mental health system, and in the veteran community to support the mental health and wellbeing of DVA clients.
- Veterans receive appropriate evidence-based treatments in a coordinated, integrated and positive way
- Enhanced capacity to self-manage chronic mental health conditions
- Reduced symptoms of mental illness
- Increased connectedness to education/employment and social support
- Reduced substance use
- Client/Staff Interactions are positive (and do not contribute to negative mental health and wellbeing), and staff are aware of how the veteran community can access appropriate support for mental health issues.



# Findings

- Services for veterans rated the same/better than mainstream services. Any gaps and issues of quality related to the general health system.
- Providers rated their local health system Poor to Fair, their own practice systems as Good, but the “quality of liaison between hospital and individual practitioner” was low.



- High client satisfaction with “all health services received” (95% in 2008 and 90% in 2010).
- 80% of clients reported frequent positive provider-client interactions.
- 73% of clients said providers *always* or *usually* demonstrated they understood issues that veterans and their families face.
- More than one-third of clients said that they were *almost never* or *rarely* asked if they had been in the defence forces.
- Low numbers reported they had a written care plan - lower than suggested by providers (one-fifth of clients compared with 57% of MH providers).





- Client perception that DVA is driven primarily by procedures and financial concerns rather than the health and wellbeing of clients.
- Providers (2008:26%; 2010:25%) described their relationship with DVA as negative or non-productive, and expressed a need for greater support and interaction.
- Providers reported lack of consistency from different DVA Business Groups and between different offices.



# Key Issues

## Communication

- Need to increase awareness of *At Ease* and *The Right Mix* and therefore increase veteran mental health literacy
- 2011-12 communication campaign
- Market research currently being undertaken to inform campaign – bring this to forum
- Provide a positive focus for DVA-client interactions and demonstrate that DVA is seeking to support the mental health of its clients



## Provider Practice

- Increase % of providers asking if clients have military service
- Increase % developing care plans WITH clients AND sharing with other providers
- Encourage best practice treatment by mental health providers



# How do we influence Provider practice?

- Provider Communication
- Provider Education
- Provider Fee Schedule
- Provider Regulation
- Educate clients to be better health consumers

Your thoughts?



# Discussion

# Thanks!



Australian Government  
Department of Veterans' Affairs

Good mental health is vital to your health and wellbeing. PUT YOUR MIND

