

Post deployment psychological screening: a preliminary review of referrals, follow-up and screening instruments

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The 2009 Review of Mental Health and Transition Through Discharge (Dunt, 2009) identified a lack of knowledge about the effectiveness of screening in the ADF and proposed the dissolution of intensive screening immediately post-deployment to focus resources at a critical period three to six months post deployment. To address this lack of knowledge regarding screening effectiveness, the Directorate of Mental Health began a quality assurance process in 2009, reviewing a trialed version of the RtAPS questionnaire and conducting a comprehensive file audit. This presentation will outline results of the file audit targeting RtAPS referrals and follow-up, as well as the outcomes from the trial of various screening instruments. The presentation will consider implications for quality control, duty of care and ongoing program evaluation needs.

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Transition mental health and family collaborative (Townsville)

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This practice improvement collaborative comprises 5 Aviation Regiment, RAAF Townsville, Lavarack Barracks Medical Centre, ADF Transition Centre, Defence Community Organisation, DVA, VVCS, CRS Australia and Mater Hospital. We are seeking to provide more effective mental health and family support to Australian Defence Force (ADF) members who are being medically discharged. The collaborative is evaluating a methodology pioneered by the US Institute for Healthcare Improvement and is funded through the Australian Government's Mental Health Lifecycle Package.

The practice improvements being undertaken are summarised in the following five agreed change priorities:

- Collaboration - improved inter-agency collaboration.
- Engagement - effective engagement and communication.
- Recognition- better recognition of mental health problems.
- Families - improved family sensitive and inclusive practices.

- Interventions - more effective advice, support and treatment.

Each team has a mandate from their organisation's management and their active support to achieve measurable changes in mental health and family work practices. The collaborative approach is designed to have minimal disruption to everyday work routines, the maximum likelihood of improved practices becoming part of everyday routines and requires no additional resources for practices to be sustained.

Throughout 2009 each team has specified outcomes to be achieved, has worked on achieving these outcomes during the action periods between learning sessions, and reports on these at the Learning Sessions and the final Conference. Between the Learning Sessions, teams participate in coaching at their workplace and teleconference support. The findings concerning improved mental health and family practices are reported together with the feasibility of replicating this methodology for improving health practices.

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ADF resilience training: the evaluation of a new ADF resilience training initiative

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In this study, the researchers examined the effectiveness of a two hour resilience intervention designed to enhance the flexibility of coping strategies, resilience and decrease problematic psychological symptomology. The BattleSMART (Self-Management and Resilience Training) program is based on Cognitive-Behaviour Therapy (CBT) and emerged from coping skills training initially implemented at the Army Recruit Training Centre. Research by Cohn and Pakenham (2008) indicated that the coping skill training was effective in enhancing psychological adjustment, and reducing ineffective avoidant coping strategies. In May 2009, a thorough evaluation of the BattleSMART program was evaluated at the Defence for School of Signals (DFSS). The evaluation sought to examine the programs ability to teach key concepts associated with CBT and produce sustained psychological well-being during a period of increased academic stress. Two-hundred and seventeen DFSS trainees were given the BattleSMART program within the first two weeks of their training. Scales measuring knowledge of key concepts, coping strategies, psychological well-being, resilience and alcohol use were administered pre, post and three-months following the BattleSMART program. The analysis