

Executive Summary

Phoenix Australia – Centre for Posttraumatic Mental Health (“Phoenix Australia”) and the Centre of Excellence on Post-Traumatic Stress Disorder (PTSD) and Related Mental Health Conditions (“Centre of Excellence – PTSD”) have come together as intermediary organizations in the field of Veteran and military mental health, united by a shared purpose (i.e. to serve those who have served) and shared vision (i.e. to optimize the well-being of current and former Defence members) through the best possible system of services and supports.

The Conceptual Framework to Guide the Implementation of Best and Next Practice in Services and Supports for Veterans and Their Families is intended to:

1. Articulate a clear conceptual approach to improving the lives of Veterans and their families;
2. Provide an overarching design and “scaffold” around which to build an effective system of services and supports that better meet the needs of Veterans and their families;
3. Provide a structure around which current and planned initiatives in services and supports development can be considered;
4. Help determine where different systems are in relation to best and next practice services and supports;
5. Outline the best approach and path to get there, recognizing the differing starting points of various systems;
6. Offer a more general guide to developing systems to support future services and supports innovation.

The *Conceptual Framework* is intended to be helpful to the broadest possible audience, that is, the range of stakeholders who have the ability to influence the outcomes for Veterans and their families – funders; insurers; policy makers; system managers; regulators; intermediary organizations; service providers; support organizations; practitioners; and individual Veterans, their families and communities.

As organizations, Phoenix Australia and the Centre of Excellence – PTSD are, first and foremost, guided by the lived experience of Veterans and their families. The *Conceptual Framework* therefore begins in Section 3, with an overview of the mental health and well-being needs of Veterans and their families as context for consideration of current and best practice system of services and supports.

Military service, with its inevitable exposure to highly stressful and potentially traumatic events, represents a unique risk factor for mental well-being. However, being able to identify the exact nature of the individual’s military experience – combined with pre-military factors, family context, and a host of sociodemographic factors – contributes to well-being outcomes for each Veteran as an individual. Taken as a group, we know that mental health disorder is highly prevalent among Veterans, affecting up to 25% of their number. The etiology of mental health problems in Veterans is multifactorial and the nature of mental health problems is complex, with comorbidity the norm. Our understanding of Veteran mental health needs to be contextualized within a broader well-being paradigm, with a focus on prevention and early intervention, as well as treatment. It should also encompass a longitudinal perspective, mindful of the life cycle of the Veteran, with transition from the military recognized as a particular time of vulnerability for the emergence of mental health concerns. Family well-being is central to Veteran well-being, so we must consider the needs of the family, whatever the family make-up may be for the individual at a particular point in time, if we are to properly consider the needs of the Veteran.

In the context of an understanding of the mental health needs of Veterans and their families, Section 4 examines the current system of services and supports, argues the social and economic case for investing in improvement, and presents a vision for the optimization of services and supports for Veterans and their families. Currently, Veterans and their families face a complex and poorly integrated array of services and supports. Some elements of the system are high-quality but, taken as a whole, the existing systems of care do not adequately meet their needs across all areas. Some of the key challenges that are typically not addressed, and that therefore remain as barriers to optimizing outcomes for Veterans and their families, include the desire of many for selfmanagement, stigma driving reluctance to seek treatment, access barriers, lack of service capacity, provision of non-evidence-based treatment, modest treatment response to evidence-based treatment, and lack of involvement of families and peers.

The burden of a suboptimal system of services and supports is carried not only by individual Veterans and their families, with health, social and economic disadvantage, but also by society as a whole, with substantial direct health care costs combined with the indirect cost of lost productivity. An efficient and effective Veterans' posttraumatic mental health system has the potential to reduce domestic violence, family breakdown, suicide rates, unemployment, homelessness, and disability adjusted life years (healthy years lost), as well as making longer term savings in health and psychosocial care costs.

We propose a system of services and supports based on the following seven principles: 1) respect and dignity, 2) engagement and involvement, 3) equity of access, 4) breadth of support, 5) highquality treatment and care, 6) holistic outcomes, and 7) economic responsibility. We deliberately use the terminology of a system. Although there is no single organizing entity, from the point of view of the service user, the range of available services and supports constitutes a system for them. Veterans and their families stand at the centre of the system, with all services and supports accessible and acceptable to them, recognizing diversity within the population. Key features of the system include universal mental health literacy, the involvement of peers and lived-experience advocates, a stepped/matched model of care with intake assessment, service navigation and care coordination functions, and the use of data for quality assurance and continuous improvement.

Recognizing that no single organization can deliver this integrated system design alone, the success of the system depends upon the active involvement of the broad range of stakeholders who have the capacity to influence the operation of the system and therefore to impact outcomes for Veterans and their families. These stakeholders include Veterans and families themselves, as well as peer supporters, mental health professionals, providers of broader well-being services, and enablers such as funding bodies, regulators, and policy makers.

Best and next practice interventions and treatment underpin all elements of the system. Best practice refers to those practices with a strong evidence base, while next practice refers to the processes required to continually improve current best practice and facilitate identification and implementation of future best practices. Section 5 introduces a stepped/matched model of care as an organizing framework for describing current best and next practice interventions, evidence for their effectiveness, and gaps in evidence that are still to be addressed. The proposed stepped/matched model pushes past the boundaries of current models to create a dynamic service system that optimizes outcomes at a population level with a simultaneous focus on reach, uptake, engagement, and outcomes. In considering not only the interventions required at each level of care, but also the mechanisms that address entry into, navigation within, and care-coordination across the system, it holds the potential for personalized care delivered flexibly to meet the everchanging needs of Veterans and their families. The system design takes a holistic well-being approach rather than being pathology-focused, integrates services for Veterans with services for families, allows the

person to enter directly at the appropriate level for their needs at that time, incorporates face-to-face as well as digital resources, and commits to measurement-based care.

The model includes six tiers, starting with population health and moving through informal community supports, formal community supports and services (including primary care), formal posttraumatic mental health supports and services, and specialist posttraumatic mental health services, through to highly intensive posttraumatic mental health services. Section 5 describes the features of each tier, including target populations, best and next practice interventions, and evidence for the interventions, along with case studies to illustrate the needs of Veterans and their families across tiers. The features of acute or crisis care, accessible through all tiers, are also described. Most importantly, detailed case studies illustrate the optimum use of the stepped/matched model with respect to entry, navigation, and care coordination.

Critical to improving outcomes for Veterans and their families is, of course, effective implementation of the stepped/matched model. Drawing upon the knowledge mobilization and implementation literature, this is considered in Section 6. Knowledge mobilization and implementation are part of an iterative cycle in which new knowledge informs practice, but also in which practice informs what knowledge is produced and how it can be most effectively applied. Specifically, while knowledge mobilization is concerned with the way in which research evidence can be accessed and effectively used, implementation focuses on how service systems and routine practice can be transformed to increase access to evidence-based practice.

The focus of this section is the role of intermediary organizations in particular in using knowledge mobilization and implementation science to address two key challenges: bridging the gap between evidence and practice, and effecting change in complex systems. Challenges to effective implementation of best practice can arise at the levels of practitioner, provider (organization), and systems, as well as with Veterans and their families themselves. Six building blocks to effective knowledge mobilization and implementation are identified as: 1) nurturing leadership, 2) maximizing collaboration, 3) building capacity and capability, 4) addressing inequity, 5) integrating adaptability, and 6) ensuring sustainability. Section 6 describes these building blocks in detail and provides case studies that illustrate their application in different settings to improve outcomes for service users.

In summary, the *Conceptual Framework* brings together an understanding of the diverse needs of Veterans and their families with knowledge of best practice approaches to mental health care to develop a stepped/matched model of care designed to optimize well-being outcomes. Implementation of the model is considered in light of best practice principles of knowledge mobilization and implementation. We hope that the Conceptual Framework will be of value to all stakeholders committed to improving the well-being of Veterans and their families by providing rationale for and guidance on the design and delivery of services, recognizing the role of individual players in the overall system of supports and services, and enhancing the coordination of care with Veterans and their families always at the centre.

There is no doubt that the model and guidance on its implementation are aspirational, but they are not unattainable. With the combined effort and commitment of the broad range of stakeholders that we have identified, optimization of the supports and services system for Veterans and their families can be achieved. Accomplishing this would be no more than a fitting recognition of the service and sacrifice that Veterans and their families have made on our behalf.