



**Psychotherapy & Counselling
Federation of Australia**

Submission on the Veterans' Affairs Draft Mental Health Strategy 2013

**Submission to:
Department of Veterans' Affairs**

15 February 2013

For further information contact:

Maria Brett
Chief Executive Officer
PACFA
03 9486 3077
maria.brett@pacfa.org.au

© PACFA, February 2013

Contents

Executive Summary.....	1
Background to PACFA.....	2
Who is PACFA?	2
What are psychotherapy and counselling?	2
PACFA Register	2
<i>Table 1: Specialist interventions provided by members of PACFA member associations.....</i>	3
PACFA Response to Draft Mental Health Strategy 2013	4
Changing and Diverse Needs of Clients.....	4
<i>Case study 1: Counselling for posttraumatic stress disorder.....</i>	4
<i>Case study 2: The perspective of an art therapist working with veterans</i>	5
<i>Case study 3: Family therapy during active service</i>	5
Policy Background	6
Strategic Objective 1: Ensure Effective Mental Health Care	6
<i>Veterans and Veterans Families Counselling Service - VVFCS</i>	6
<i>Potential contribution of counsellors and psychotherapists</i>	7
<i>Table 2: Proposed requirements for counsellors and psychotherapists to be DVA providers</i>	7
<i>Suggested priority actions</i>	8
<i>Suggested outcomes.....</i>	8
Strategic Objective 3: Strengthen Workforce Capacity.....	8
<i>Potential contribution of counsellors and psychotherapists</i>	8
<i>Table 3: Counselling and psychotherapy interventions recommended for DVA</i>	8
<i>Online training initiatives</i>	9
<i>Suggested priority actions</i>	9
<i>Suggested outcomes.....</i>	10
Strategic Objective 5: Build the Evidence Base	11
<i>Suggested priority actions</i>	13
<i>Suggested outcomes.....</i>	13
Strategic Objective 6: Strengthen Strategic Partnerships	13
<i>Suggested priority actions</i>	14
<i>Suggested outcomes.....</i>	14
References.....	15

Appendices

- Appendix 1: A Resource for Counsellors and Psychotherapists Working with Clients Suffering from Posttraumatic Stress Disorder
- Appendix 3: A Resource for Counsellors and Psychotherapists Working with Clients Suffering from Anxiety
- Appendix 4: A Resource for Counsellors and Psychotherapists Working with Clients Suffering from Depression

Executive Summary

The Psychotherapy and Counselling Federation of Australia (PACFA) welcomes the Department of Veterans' Affairs (DVA) Draft Mental Health Strategy 2013. With the prevalence of mental illness among veterans being significantly higher than in the general population, the new strategy is essential to address the growing mental health needs of this client group. PACFA believes the strategy will help to ensure effective mental health care for veterans and their families, and will make a significant contribution to their mental health and wellbeing.

Counselling and psychotherapy are interdisciplinary activities provided by a range of professionals, including psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists, as well as counsellors and psychotherapists. Counselling and psychotherapy are not 'owned' by any one of these professional groups. It is therefore surprising that counsellors and psychotherapists have long been overlooked as part of DVA's mental health workforce.

With the introduction of a statutory registration system for DVA mental health providers, the workforce has been limited to practitioners with Medicare Provider Numbers. The Veterans and Veterans Families Counselling Service (VVFCS) has also limited its workforce to psychologists and social workers, although in PACFA's view there is no valid rationale for this restriction. Counsellors and psychotherapists are highly trained and skilled, and those registered with PACFA as Mental Health Practitioners are recognised as meeting key mental health competencies.

Access to counselling and psychotherapy for veterans and affected family members is an essential component of the Mental Health Strategy, particularly as an early intervention strategy, to promote mental health and well-being, and as a treatment option for clients requiring more intensive clinical treatment. There is an abundance of evidence for the effectiveness of counselling and psychotherapy and an overview of the evidence is included in this submission. There are specialist therapies such as family therapy, relationship counselling, art therapy and body-focussed psychotherapy that should be provided to veterans and their families by PACFA-registered counsellors and psychotherapists.

Recommendations

1. Specialist therapy modalities such as family therapy, relationship counselling, art therapy and body-focussed psychotherapy should be made available to veterans and their families and provided by suitably qualified PACFA-registered counsellors or psychotherapists.
2. The Veterans and Veterans Families Counselling Service should incorporate counsellors and psychotherapists in its workforce to widen the skills and interventions available to the Counselling Service and its clients.
3. The DVA should develop evidence-based purchasing guidelines to ensure veterans have access to evidence-based interventions delivered by appropriately qualified professionals from a range of professions including PACFA-registered counsellors and psychotherapists.
4. New online workforce training programs should be developed to train counsellors and psychotherapists to better understand the needs of the veterans client group and their families, and to build specialist skills to work with posttraumatic stress disorder and concurrent conditions such as alcohol and other drug dependence.
5. The DVA should consult PACFA as the peak body for counselling and psychotherapy with research expertise to help build the evidence base for effective mental health care.
6. The DVA should include PACFA as a strategic partner to enable feedback, support continuous improvement of service systems and enhance coordination and communication.

Background to PACFA

Who is PACFA?

PACFA is the leading national peak body representing the self-regulating profession of counselling and psychotherapy. PACFA is a federation of thirty member associations which cover a range of counselling and psychotherapy modalities including family therapy, relationship counselling, hypnotherapy, integrative counselling, body-focussed psychotherapy, expressive arts therapies, psychodynamic psychotherapy and psychoanalysis.

PACFA advocates for appropriate, accessible health services to meet the bio-psychosocial needs of consumers. Counselling and psychotherapy focus on the prevention of mental illness and the provision of psychotherapeutic interventions for psychological difficulties, while actively promoting the development, mental health and wellbeing of consumers.

What are psychotherapy and counselling?

Counselling and psychotherapy are professional activities that utilise an interpersonal relationship to enable people to develop greater understanding of themselves and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals, couples and families to obtain assistance in exploring and resolving their difficulties.

The relationship between counselling and psychotherapy is seen as a continuum rather than as a complete demarcation. Counselling focuses more on specific life difficulties such as bereavement and relationships, adjusting to life transitions, and fostering clients' wellbeing, whilst psychotherapy focuses to a greater extent on achieving change in some aspects of the person's self or personality structure to reduce repetitive, maladaptive patterns in work and relationships.

Counselling and psychotherapy are interdisciplinary activities provided by a range of professionals, including psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists, as well as counsellors and psychotherapists. Counselling and psychotherapy are not 'owned' by any one of these professional groups.

PACFA Register

PACFA operates a national Register of suitably qualified and experienced counsellors and psychotherapists. PACFA Registrants are required to belong to one of the 30 professional associations which are members of PACFA as a condition of registration. Registrants must practice according to the PACFA Code of Ethics, as well as the Codes of Ethics of the member associations to which they belong.

While all PACFA counsellors and psychotherapists are qualified to work with clients with mental disorders, the PACFA Register also has a specialist practitioner category of Mental Health Practitioner. To be recognised as Mental Health Practitioner, PACFA Registrants must demonstrate specialist training and practice competencies in the area of mental health to an accrediting panel. PACFA Mental Health Practitioners are able to provide psychological therapies for clients with more serious mental disorders.

Some PACFA member associations focus on certain therapy modalities which are of particular relevance to veterans and their families. Practitioners who specialise in providing these types of supports are identifiable on the PACFA Register by their membership of one or more of these associations, as detailed in Table 1.

Table 1: Specialist interventions provided by members of PACFA member associations

PACFA Member Association	Interventions provided
Australian Association of Family Therapy (AAFT)	<ul style="list-style-type: none"> • Family therapy
Australian Association of Relationship Counsellors (AARC)	<ul style="list-style-type: none"> • Relationship counselling • Couples counselling
Association of Solution Oriented Counsellors and Hypnotherapists of Australia (ASOCHA)	<ul style="list-style-type: none"> • Hypnotherapy • Solution-focussed counselling
Australian Hypnotherapists Association (AHA)	<ul style="list-style-type: none"> • Hypnotherapy
Gestalt Australia New Zealand (GTA)	<ul style="list-style-type: none"> • Creative arts therapies • Experiential therapy
Melbourne Institute for Experiential and Creative Arts Therapy (MIECAT)	<ul style="list-style-type: none"> • Creative arts therapies • Experiential therapy
Australian Somatic Psychotherapy Association (ASPA)	<ul style="list-style-type: none"> • Body-focussed psychotherapy
Australian Centre for Psychoanalysis (ACP)	<ul style="list-style-type: none"> • Psychoanalytic psychotherapy
Australian and New Zealand Society of Jungian Analysts (ANZSJA)	<ul style="list-style-type: none"> • Jungian analysis
Australian and New Zealand Association of Psychotherapy (ANZAP)	<ul style="list-style-type: none"> • Psychodynamic psychotherapy
Music and Imagery Association of Australia (MIAA)	<ul style="list-style-type: none"> • Music and imagery therapy
Australian & Aotearoa New Zealand Psychodrama Association (AANZPA)	<ul style="list-style-type: none"> • Psychodrama

There are also general counselling and psychotherapy associations with members who provide a wide range of counselling supports in most states and territories throughout Australia:

- Counselling and Psychotherapy Association of Victoria (CAPAV)
- Counselling and Psychotherapy Association of New South Wales (CAPA NSW)
- Psychotherapy and Counselling Association of Western Australia (PACAWA)
- Professional Counselling Association of Tasmania (PCA)
- Counselling Association of South Australia (CASA)
- Queensland Counsellors Association (QCA)
- Counselling and Psychotherapy Association Canberra and Region (CAPACAR)

PACFA's 1,500 Registrants have completed training in counselling and psychotherapy to at least Bachelor degree level or equivalent, and many are trained at postgraduate levels. They have attained the required level of supervised practice experience and demonstrate that they meet ongoing professional development requirements.

PACFA Response to Draft Mental Health Strategy 2013

PACFA welcomes the Department of Veterans' Affairs (DVA) Mental Health Strategy 2013. With the prevalence of mental illness among veterans being significantly higher than in the general population, the new strategy is essential to address the growing mental health needs of this client group. PACFA believes the strategy will help to ensure effective mental health care for veterans and their families and will make a significant contribution to their mental health and wellbeing.

Changing and Diverse Needs of Clients

PACFA agrees that the needs of DVA clients are diverse and changing. This underscores the importance of offering a wide range of interventions, provided by a diverse and skilled workforce.

Where clients are currently serving in situations of armed conflict around the world, PACFA advocates for a therapeutic approach that enhances people's capacity to cope positively in stressful situations, rather working through the trauma (to avoid opening the trauma up for those in active service).

For veterans and ex-service people who have experienced significant trauma, working through trauma may be necessary for effective treatment. This requires great skill and care, and a strong therapeutic relationship based on trust, to ensure the client is not re-traumatised.

Case study 1: Counselling for Posttraumatic stress disorder

An ex-army client was referred to a counsellor by his GP for counselling with symptoms of trauma following a neighbourhood dispute. He had recently been diagnosed with a terminal illness which had re-triggered traumatic experiences incurred while serving with the army. He had been involved in bomb disposal but had no trauma symptoms during service, having been protected by being part of a close knit team during service. He attended counselling for twenty sessions and worked on techniques he could use to reduce the intrusive symptoms of trauma, including flashbacks, nightmares, irritability and heightened reactions to interpersonal conflict. The counselling drew on techniques of: affect regulation, distraction from negative feelings, having daily positive experiences to enrich his life, problem solving about relationships, and conflict resolution. The intrusive symptoms settled and the client was more able to reflect on the overall meaning of his life and to prepare for the end of his life without being re-traumatised.

Psychotherapists working in hospital inpatient and outpatient settings provide art therapy for veterans. This therapy modality requires specialist psychotherapy training that psychologists and social workers generally do not have. Hospitals are not restricted to employing psychologists and social workers in line with DVA policy, but are able to employ the most skilled and qualified art therapists, who may be psychotherapists. Art therapists also work with veterans in private practice.

Collie, Backos, Maichiodi & Spiegel (2006) reviewed studies of the effectiveness of art therapy for PTSD and concluded that art therapy is effective for hard-to-treat symptoms of combat-related PTSD. They found that the externalisation of traumatic material through art therapy in the form of images and objects helps the traumatised client become an observer who can view the traumatic material with some emotional distance. Whereas clients seeing psychologists for talking therapy may be encouraged to re-experience the trauma which may result in re-traumatisation, working through the trauma using art can significantly reduce this risk.

Johnson, Lubin, James & Hale (1997) found that art therapy, when compared with another 14 treatments including group therapy, drama therapy, community service, anger management, and journaling, produced the greatest benefits for veterans with the most severe PTSD symptoms. Veterans were able to tolerate war-zone content during art therapy in a way that they couldn't during other activities.

It is important that art therapy is provided by a suitably qualified registered psychotherapist. Psychotherapy is a creative experience and art therapy is one of the tools and not the whole tool box. Psychotherapists are the conduit through which those tools are used.

Case study 2: The perspective of an art therapist working with veterans

In working with ex-servicemen who are still suffering the haunting daily consequences of conflicts and war, I experienced that many men don't want to talk about it, and others want to talk a lot. For those who are deeply affected, it takes a long time to break through. This is where art therapy and the non-verbal therapeutic modalities are able to help. Art therapy enables veterans to give a voice to the experience through visual expression and allows them to capture the vulnerability of their experiences, initially through non-verbal communication. By working with the artwork they are then able to explore their experiences verbally, which in turn enables them to connect with their emotional experience.

Family relationships may be impacted where clients are currently serving, or where veterans or ex-service people are living with trauma or other mental health problems related to their military service.

Case study 3: Family therapy during active service

A woman sought assistance from a family therapist for anxiety. She was married to a serving member of the army deployed in Afghanistan. They had a ten year old daughter. The client experienced anxiety about her husband's safety and distress about his last period of leave. She said he seemed hyperactive and unable to sit and talk with family without drinking alcohol. He had difficulty sleeping and nightmares, which he didn't want to discuss. The family therapist used techniques such as relaxation, focusing on the breath, and distraction to reduce her anxiety. With the woman's permission, the therapist wrote to her client's husband to introduce herself. She suggested he speak to his chaplain and write in a journal on a daily basis, and she invited him to come to a session of couple counselling during his next leave period. In the next few months the daughter also showed heightened symptoms of anxiety about her father. The family therapist saw mother and daughter together for three sessions and the distress settled. On the next period of leave, the couple came to therapy and were able to institute more positive activities that enriched their family life. A session of family therapy was also provided and the father was more willing to spend time with his daughter doing activities they enjoyed. In the next period of service, the family coped with the separation without high levels of anxiety, and the father maintained more frequent contact with his daughter.

Other specialist therapies such as relationship counselling for relationship issues and body-focussed psychotherapy for trauma would also be valuable services to offer veterans and their families.

Recommendation 1:

Specialist therapy modalities such as family therapy, relationship counselling, art therapy and body-focussed psychotherapy should be made available to veterans and their families and provided by suitably qualified PACFA-registered counsellors or psychotherapists.

Policy Background

An identified policy priority in the Draft Mental Health Strategy 2013 is “purchasing appropriate services to assist in meeting the mental health needs of veterans and ex-serving personnel...” (see page 1 of the Strategy). It is noted (also on page 1) that despite significant expansion of mental health services over the past two decades, the mental health workforce continues to have significant shortages. The strategies identified in response to these challenges are “to make the best use of our existing workforce” and “enhanced workforce category competence”. While these responses are appropriate, counsellors and psychotherapists are also potentially part of the solution and have been long overlooked by DVA as a key part of the mental health workforce.

The whole of person approach advocated in the Draft Mental Health Strategy 2013 aligns with the person-centred emphasis in counselling and psychotherapy, which places clients firmly at the centre of our approach to therapeutic intervention. The training of counsellors and psychotherapists emphasises the centrality of the therapeutic relationship and counsellors and psychotherapists have highly developed relational skills to work in a client-centred way.

Strategic Objective 1: Ensure Effective Mental Health Care

The concept of stepped care is not new, and is widely accepted as an appropriate way to ensure that mental health care is provided as an integrated system, with clear pathways through the system.

Counselling and psychotherapy are an important part of the stepped care approach. Counselling is particularly important as an early intervention for those experiencing mental health-related concerns for the first time, to support veterans and their families with self-management, and to promote mental health and well-being. Longer-term psychotherapy treatment may be required for complex presentations, in coordination with treatments being provided by other mental health professionals.

Veterans and Veterans Families Counselling Service - VVFCS

It is noted that only psychologists and social workers are employed by the VVFCS. This limits the choices available to veterans using this service who may benefit from the expertise of counsellors and psychotherapists, particularly in the areas of family therapy, relationship counselling, art therapy, or body-focussed psychotherapy. For clients with complex presentations and concurrent conditions such as dependence on alcohol and other drugs, longer-term psychotherapy may be required.

In PACFA’s view, there is no valid rationale for the VVFCS to restrict its workforce to psychologists and social workers, and the VVFCS and its clients would benefit greatly from inclusion of counsellors and psychotherapists in its workforce.

Recommendation 2:

The Veterans and Veterans Families Counselling Service should incorporate registered counsellors and psychotherapists in its workforce to widen the skills and interventions available to the Counselling Service and its clients.

Potential contribution of counsellors and psychotherapists

Counsellors and psychotherapists have a contribution to make, both as allied health providers and as part of the workforce of the VVFCs. The interventions recommended by PACFA in Table 3 (see page 9 below) show the wide range of interventions that counsellors and psychotherapists are able to provide. Family therapists have a particularly important role to play, supporting families to address issues such as long term separation, maintaining parental bonds during separation due to deployment overseas, and grief and loss.

Many counsellors and psychotherapists have previous experience in this area as people who have served in defence forces around the world already seek counselling and psychotherapy for related symptoms. For example, one PACFA therapist reported seeing an older Argentinian man who fought in the army in his home country as a young man. He witnessed and was involved in many horrifying acts, before migrating to Australia. He lived and worked here for many years before presenting for counselling with severe trauma symptoms and excessive drinking, following an assault with a syringe. The assault triggered his previous experiences of trauma in which he had also felt terror and horror. He required counselling to reduce his hazardous drinking and to manage the intrusive symptoms of trauma, before being able to discuss his army service, and integrate his past and present trauma.

Many counsellors and psychotherapists also have family members who served during wars, and have a deep personal understanding themselves about the long term impacts and effects of military service.

Given that there is strong evidence to support the effectiveness of counselling and psychotherapy (see strategic objective 5 below), the DVA's purchasing guidelines should support recognition of registered counsellors and psychotherapists. Only counsellors and psychotherapists who meet PACFA's registration requirements should be recognised as DVA providers.

Recommendation 3:

The DVA should develop evidence-based purchasing guidelines to ensure veterans have access to evidence-based interventions delivered by appropriately qualified professionals from a range of professions including PACFA-registered counsellors and psychotherapists.

Table 2: Proposed requirements for counsellors and psychotherapists to be DVA providers

Requirement	Details
Registration with PACFA as a counsellor or psychotherapist	PACFA Registration includes requirements to: <ul style="list-style-type: none">• Maintain professional indemnity insurance• Undertake annual supervision and professional development requirements• Comply with PACFA's Code of Ethics and the Codes of Ethics of PACFA member associations to which Registrants belong
Competence to provide one or more of the interventions recommended by PACFA for DVA (See Table 3)	The interventions recommended by PACFA are all evidence-based interventions which are relevant to the DVA clients and their families

Suggested priority actions

- Develop a clinical governance framework for veteran mental health services that addresses issues of mental health promotion, assessment, early intervention, treatment, review, care coordination, data management and accreditation
- Develop evidence-based purchasing guidelines to ensure veterans have access to evidence-based interventions delivered by appropriately qualified professionals from a range of professions including counselling and psychotherapy
- Develop service coordination strategies and tools to facilitate coordinated care at all stages of the mental health care continuum

Suggested outcomes

- Effective clinical governance across the mental health system for veterans
- Informed evidence based purchasing and provision of services from a range of professionals including counsellors and psychotherapists
- Integrated mental health service systems for veterans with multiple pathways into, and through, care

Strategic Objective 3: Strengthen Workforce Capacity

Since the introduction of the DVA's statutory registration system for allied mental health providers, only providers with Medicare Numbers under the government's *Better Access Initiative* are eligible to provide the DVA with allied mental health services.

The allied mental health service providers are principally psychologists. However, compared with psychologists, counsellors and psychotherapists provide high quality, cost effective counselling and psychotherapy services. If counsellors and psychotherapists were to be registered with DVA to provide allied mental health services, it would be appropriate for their schedule fees to align with the fees for social workers. Based on the schedule fee of \$87.95, this represents an affordable treatment option.

Potential contribution of counsellors and psychotherapists

Research evidence shows that effective outcomes can be expected from one to twelve sessions of counselling or psychotherapy. Sixty to 65% of people attending counselling experience significant reduction in their presenting issues after one to seven sessions (Miller, Duncan, Brown, Sorrell & Chalk, 2006).

Counsellors and psychotherapists provide a wide range of treatments using different therapy interventions. PACFA has identified a list of counselling and psychotherapy interventions which are appropriate supports for DVA clients and their family members.

Table 3: Counselling and psychotherapy interventions recommended for DVA

Counselling & psychotherapy intervention	Details
Art therapy	Support to work through trauma that avoids re-traumatisation
Brief therapy	Support to find solutions to specific problems
Body-focussed psychotherapy	Support with complex presentations including trauma
Cognitive-behavioural therapy	Support to change dysfunctional thoughts and behaviours
Couples therapy	Support with the primary relationship with a spouse or partner

Family therapy	Support to improve relationships with family and carers
Group therapy	Support to develop and improve social and communication skills
Hypnotherapy	Support to increase motivation or change behaviour using hypnosis
Integrative counselling	Support for a wide range of issues using a range of interventions which are selected according to client needs and preferences
Mindfulness-based therapies	Support to develop awareness and acceptance of present experience
Motivational interviewing	Support to build motivation for behaviour change and reduce resistance to change
Person-centred counselling	Support to develop a stronger sense of self to help clients make changes
Psycho-education	Support to develop a wide range of psychosocial skills
Psychodynamic psychotherapy	Support with complex presentations including trauma, suicidality and comorbidities such as alcohol dependence
Relationship counselling	Support to improve relationships with family, carers, friends and workmates
Solution-focussed counselling	Strengths-based support to assist clients to find solutions for specific problems and develop positive self-identity
Supportive counselling	Support with all aspects of functioning

Online training initiatives

The online workforce training initiatives already undertaken by DVA are welcomed. All DVA providers delivering therapeutic counselling and psychotherapy services should ideally undertake training to understand the veterans client population. Online training could also be used to enhance providers' specialist treatment skills to work with veterans' specific issues and needs.

Through our partnership with the University of Canberra, PACFA already delivers online mental health training for our members and other professionals who deliver mental health services. Based on this experience, and building on successful online training programs previously developed by Veterans' Affairs, PACFA has the capacity to develop new online workforce training programs. For example, therapists should be trained to better understand the needs of the veterans client group and their families. Specialist online training could also be provided for providers working with clients with posttraumatic stress disorder and concurrent conditions such as dependence on alcohol and other drugs. Treatment of alcohol misuse and dependence is particularly important, as it is likely to be the first psychological disorder to develop in returning service personnel (McKenzie, Creamer, Kelsall, Forbes, Ikin, Sim & McFarlane, 2009).

Recommendation 4:

New online workforce training programs should be developed to train counsellors and psychotherapists to better understand the needs of the veterans client group and their families, and to build specialist skills to work with posttraumatic stress disorder and concurrent conditions such as alcohol and other drug dependence.

Suggested priority actions

- Provide face to face and online training and information for the mental health workforce on high prevalence veteran mental health conditions (such as posttraumatic stress disorder,

anxiety, depressive disorders and concurrent conditions such as alcohol and other drug dependence)

- Develop new online training programs for the mental health workforce to better understand the context in which deployed defence force personnel work and live, and to understand evidence-based strategies for promoting health and wellbeing in lifestyle and relationships
- Expand the DVA mental health work force to meet workforce shortages through the inclusion of counsellors and psychotherapists with Mental Health Practitioner registration with PACFA

Suggested outcomes

- Increased knowledge and application of evidence-based psychological interventions (including trauma focussed therapies) for providers of mental health services to the veteran and ex-service community
- Improved coordinated care systems for treating complex mental health needs (such as multidisciplinary teams treating concurrent physical and mental health conditions)

Strategic Objective 4: Enable a Recovery Culture

It is acknowledged that veterans may not always seek help when they have a problem with their mental health and that early intervention is important to ensure that services are provided early in the trajectory of a mental health condition.

PACFA believes client choice is very important as veterans are more likely to seek help if they are able to consult a practitioner that they trust and feel comfortable with. In this regard, it is interesting to note research findings that counsellors are more highly accepted by clients than either psychologists or psychiatrists (Jorm, Korten, Jacomb, Rodgers, Pollitt, Christiansen, & Henderson, 1997; Sharpley, 1986; Sharpley, Bond & Agnew, 2004) and are seen as more approachable and empathic (Sharpley, 1986). Counsellors are considered by the public to be the most helpful of all the professional groups providing therapeutic services (Jorm et. al., 1997) and general practitioners also rated counsellors fairly highly for effectiveness in treating depression (Rodgers, & Pilgrim, 1997). As masked depression is extremely common in the veterans client group, this finding is extremely important for increasing the acceptability of treatment services.

Suggested priority actions

- Establish a “shepherded pathway” that identifies, guides and supports at risk personnel transitioning out of the ADF
- Improve client choice in relation to the selection of the most appropriate practitioners to deliver counselling and psychotherapy services
- Provide supports to family, partners, carers and workmates to ensure they can support veterans in help seeking behaviour, healthy lifestyle and recovery

Suggested outcomes

- A whole of person approach to rehabilitation that considers psychosocial and vocational needs, as well as medical needs, in the context of individual recovery
- An integrated system of support, sensitive to those most at risk
- Family, partners, carers and workmates are engaged and supported as key enablers of help seeking behaviour, healthy lifestyle and recovery

Strategic Objective 5: Build the Evidence Base

PACFA welcomes the commitment in the Strategy to build the evidence base for effective mental health care through liaison and collaboration with peak bodies. In this regard, PACFA is available for consultation based on our research expertise. Through its Research Committee, PACFA has an ongoing research agenda to build the evidence base for the effectiveness of counselling and psychotherapy. Recent achievements include establishing the Psychotherapy and Counselling Journal of Australia (PACJA), and publishing literature reviews on therapy modalities (Evans, Turner & Trotter, 2012; Gaskin, 2012) and practice resources for those working with common presenting issues (Knauss & Schofield, 2009a; 2009b; & 2009c).

Recommendation 5:

The DVA should consult PACFA as the peak body for counselling and psychotherapy with research expertise to help build the evidence base for effective mental health care.

There is a strong evidence base for the efficacy of psychotherapy and counselling. PACFA endorses the American Psychological Association's definition of evidence-based practice as 'the integration of the best available research evidence with clinical expertise in the context of patient characteristics, culture and preferences'.

In 1977, Smith and Glass published a meta-analysis of studies that compared outcomes for people who had received psychotherapy interventions with those who had not. They found a consistent, positive and substantial treatment effect, regardless of treatment approach or client group. While controversial at the time, these core conclusions have survived a further 45 years of research and continue to be supported in recent reviews of the effectiveness of counselling and psychotherapy.

We also have more than twenty years of knowledge concerning client experience of counselling and psychotherapy. A 1990 study by Scott and Freeman compared GP treatment, psychologist treatment, medication, and counselling treatment provided by social workers. All treatments achieved similar results for similar costs, however clients rated counselling more highly as the social workers spent more time with their clients.

Seligman (1995) undertook a large Consumer Reports study to discover the experiences of people who had undergone counselling or psychotherapy. The study was in effect a consumer satisfaction study of the kind that might be conducted with respect to any product or service. He concluded that there were substantial benefits for people in psychotherapy; that psychotherapy without medication produces the same effects as psychotherapy with medication; that no one model produces better outcomes than other models; and that psychotherapy is effective regardless of the practitioner's occupation, for example as a psychologist, psychiatrist or social worker.

These findings are supported by research into the common factors underlying the effectiveness of counselling and psychotherapy (Duncan, Miller, Wampold & Hubble, 2009) which has found that all types of therapy achieve broadly similar client outcomes and that the strength of the client-therapist relationship is a key determinant of therapy outcomes.

Recently, outcome data for Medicare's Better Access initiative indicates that similar outcomes are achieved from the counselling and psychotherapy services provided under the scheme regardless of whether treatment was provided by psychologists, social workers or occupational therapists. The level of psychological distress decreased from high or very high at the start of treatment to moderate by

the end of treatment (Pirkis, Harris, Hall & Ftanou, 2011), regardless of the occupation of the practitioner delivering the service.

Counselling and psychotherapy have been demonstrated to be efficacious treatments for health in a number of ways. The contribution they make to health is both remedial and preventative.

Mental health

There is widespread evidence for the contribution of counselling and psychotherapy - of various orientations - to the effective treatment of mental illness. A pertinent example is the provision of counselling services for high prevalence disorders such as depression and anxiety. Where aspects of personality functioning are a factor in mental health, psychotherapy has a particular role to play. There is also strong evidence for the contribution of counselling and psychotherapy to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers et al., 2008). Once mental illness develops and becomes severe, specialised clinical services, hospitalisation and a higher level of case management are required.

Posttraumatic Stress Disorder

In 2012, PACFA published a resource for practitioners working with clients suffering from posttraumatic stress disorder (Knauss & Schofield, 2009c). The resource reviews recent research on the effectiveness of a range of psychotherapeutic interventions for the treatment of PTSD, finding that there is substantial empirical support for effectiveness (Schnyder, 2005). Meta-analyses covered in the resource indicate high success rate from psychotherapeutic interventions and significant reduction in symptomatology (Bradley, Greene, Russ, Dutra & Westen, 2005; Sherman, 1998).

Therapists working with PTSD require skills to support clients experiencing a high level of distress. The highly developed relational and supportive skills of counsellors and psychotherapists therefore play a crucial role in treatment effectiveness. A positive therapeutic relationship and the client's expectations towards the treatment were found to be positively associated with treatment outcome (Australian Centre for Posttraumatic Mental Health, 2007b).

There is a variety of psychotherapeutic treatments for PTSD (Schottenbauer, Arnkoff, Glass, Gray & Hafter, 2006; Sherman, 1998). Psychotherapeutic approaches include:

- trauma-focused cognitive-behavioural therapy (TFCBT)
- eye movement desensitization and reprocessing (EMDR)
- psychodynamic psychotherapy
- supportive counselling
- narrative exposure therapy (NET)
- hypnotherapy
- psychological debriefing.

Substance abuse

Mental illness is commonly comorbid with substance misuse, particularly alcohol, amongst veteran populations experiencing mental illness. Recent systematic reviews have shown that couple counselling and family therapy are more effective than individual treatment for treating substance abuse, and result in increased abstinence, reduced incidence of interpersonal violence, and improved relationship functioning (O'Farrell & Clements, 2011; Ruff, McComb, Coker & Sprenkle, 2010). Couple therapy also has a strong evidence base for treating posttraumatic stress disorder in returning service personnel and veterans (Monson, Fredman & Adair, 2008).

Relationship difficulties

The nexus between fulfilling and rewarding personal relationships and both physical and mental health is well documented by research. For example, a large Canadian population study showed that 12% of people who separate become depressed, and adult males in particular were six times more likely to become depressed after a relationship breakdown than men who remain married (Rotermann, 2007). Research supports counselling and psychotherapy, and in particular couple therapy, as the indicated treatment for relationship difficulties and adjustment to separation.

Physical health and disease

It is recognised that the response of patients to interventions aimed at ameliorating or healing various physical conditions will be influenced by emotional and psychological factors. Examples include treatments for cancer, chronic conditions involving a degree of impaired functioning, and immune disorders including HIV/AIDS. Counselling and psychotherapy have a growing role as an adjunct to medical interventions in these situations.

There is also evidence that many physical ailments have a psychological component and vice versa. For example, recent research from the Australian Institute of Health and Welfare (2010) found that 1.8 million people experiencing back problems in 2007 to 2008 were 2.5 times more likely to experience mood disorders such as depression, 1.8 times more likely to suffer from anxiety and 1.3 times more likely to report a substance use disorder, compared with people without back problems. The provision of short term counselling and psychotherapy is a sound, evidence-based response to concurrent physical and mental conditions.

Suggested priority actions

- Purchase evidence-based treatments and interventions relevant to veteran specific mental health issues
- Include services provided by registered counsellors and psychotherapists in the evidence-based treatments and interventions purchased for DVA clients
- Consolidate and standardise Departmental mental health data and definitions to ensure consistency and the richest possible dataset to inform decision making

Suggested outcomes

- Increased understanding of veterans and ex-serving members across all cohorts
- Improved purchasing of evidence based treatment and interventions relevant to veteran specific mental health issues
- A learning culture amongst veteran mental health care providers aimed at improving knowledge and the service system

Strategic Objective 6: Strengthen Strategic Partnerships

PACFA welcomes the commitment in the Strategy to strengthen strategic partnerships with key stakeholders as a way to improve client outcomes. In this regard, PACFA wishes to be included as a strategic partner of DVA. PACFA can provide feedback to DVA, contribute to the continuous improvement of service systems, and help enhance coordination and communication. PACFA can also contribute research expertise relating to counselling and psychotherapy as detailed above.

Recommendation 6:

The DVA should include PACFA as a strategic partner to enable feedback, support continuous improvement of service systems, and enhance coordination and communication.

Suggested priority actions

- Enhance governance through establishment of a veterans mental health clinical reference group
- Include PACFA as a member of the veterans mental health clinical reference group

Suggested outcomes

- Coordinated mental health initiatives between DVA, the ADF and the broader mental health workforce
- The veteran and ex-service community are better equipped to support and refer members in matters relating to mental health

References

- Australian Centre for Posttraumatic Mental Health (2007b). *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder*. Melbourne, VIC: ACPMH. Retrieved from <http://www.nhmrc.gov.au/guidelines/publications/mh13-mh14-mh15-mh16>.
- Australian Institute of Health and Welfare. (2010). *When musculoskeletal conditions and mental disorders occur together*. Bulletin 80. Cat. no. AUS 129. Canberra, ACT: AIHW.
- Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162, 214-227.
- Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal of the American Art Therapy Association*, 23(4), 157-164.
- Cuijpers, P., van Straten, A., Smit, F., Mihalopoulos, C., & Beekman, A. (2008). Preventing the onset of depressive disorders: A meta-analytic review of psychological interventions. *American Journal of Psychiatry*, 165(10), 1272-1280.
- Duncan, B.L., Miller, S.D., Wampold, B.E., & Hubble, M.A. (Eds.). (2009). *The heart and soul of change: Delivering what works in therapy*. (2nd ed.). San Francisco, CA: Jossey-Bass.
- Evans, P., Turner, S. and Trotter, C. (2012). *The Effectiveness of Family and Relationship Therapy: A Review of the Literature*. Melbourne, VIC: PACFA. Retrieved from <http://www.pacfa.org.au/research>.
- Gaskin, C. (2012). *The effectiveness of psychodynamic psychotherapy: A systematic review of recent international and Australian research*. Melbourne, VIC: PACFA. Retrieved from <http://www.pacfa.org.au/research>.
- Johnson, D.R., Lubin, H., James, M. and Hale, K. (1997). Single session effects of treatment components within a specialised inpatient posttraumatic stress disorder program. *Journal of Traumatic Stress*, 10(3), 377-390.
- Jorm, A., Korten, A.E., Jacomb, P.A., Rodgers, B., Pollitt, P., Christiansen, H., & Henderson, S. (1997). Helpfulness of interventions for mental disorders: Beliefs of health professionals compared with the general public. *British Journal of Psychiatry*, 171, 233-237.
- Knauss, C., & Schofield, M.J. (2009a). *A resource for counsellors and psychotherapists working with clients suffering from anxiety*. Melbourne, VIC: PACFA. Retrieved from <http://www.pacfa.org.au/research>.
- Knauss, C. & Schofield, M.J. (2009b). *A resource for counsellors and psychotherapists working with clients suffering from depression*. Melbourne, VIC: PACFA. Retrieved from <http://www.pacfa.org.au/research>.
- Knauss, C., & Schofield, M.J. (2009c). *A resource for counsellors and psychotherapists working with clients suffering from posttraumatic stress disorder*. Melbourne, VIC: PACFA. Retrieved from <http://www.pacfa.org.au/research>.
- McKenzie, D.P., Creamer, M., Kelsall, H.L., Forbes, A.B., Ikin, J.F., Sim, M.R., & McFarlane, A.C. (2009). Temporal relationships between Gulf war deployment and subsequent psychological disorders in Royal Australian Navy Gulf war veterans. *Social Psychiatry Epidemiology*, 45(8), 43-852.

Miller, S.D., Duncan, B.L., Brown, J., Sorrell, R., & Chalk, M.B. (2006). Using F=formal client feedback to

improve retention and outcome: Making ongoing, real-time assessment feasible. *Journal of Brief Therapy*, 5(1), 5-22.

Monson, C.M., Fredman, S.J., & Adair, K.C. (2008). Cognitive-behavioural conjoint therapy for posttraumatic stress disorder: Application to operation enduring and Iraqui Freedom veterans. *Journal of Clinical Psychology: In Session*, 64(8), 958-971. DOI: 10.1002/jclp.20511

O'Farrell, T.J., & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy*, 38(1), 122-144. doi: 10.1111/j.1752-0606.2011.00242.x.

Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative: Summative Evaluation*. Melbourne, VIC: Centre for Health Policy, Programs and Economics. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba-eval-sum>.

Rodgers, A., & Pilgrim, D. (1997). The contribution of lay knowledge to the understanding and promotion of mental health. *Journal of Mental Health*, 6(1), 23-35.

Rotermann, C. (2007). Marital breakdown and subsequent depression. *Health Reports*, 18(2), 33-44..

Ruff, S., McComb, J. L., Coker, C. J., & Sprenkle, D. H. (2010). Behavioral Couples Therapy for the treatment of substance abuse: A substantive and methodological review of O'Farrell, Fals-Stewart, and colleagues' program of research. *Family Process*, 49(4), 439-456.

Schnyder, U. (2005). Why new psychotherapies for posttraumatic stress disorder? *Psychotherapy and Psychosomatics*, 74, 199-201.

Schottenbauer, M. A., Arnkoff, D. B., Glass, C. R., & Gray (2006). Psychotherapy for PTSD in the community: Reported prototypical treatments. *Clinical Psychology & Psychotherapy*, 13, 108-122.

Scott A.I., & Freeman C.P. (1992) Edinburgh primary care depression study: Treatment outcome, patient satisfaction, and cost after 16 weeks. *British Medical Journal*, 304(6831), 883-887.

Seligman, M.E.P. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50(12), 965-974.

Sharpley, C. F., Bond, J. E., & Agnew, C. J. (2004). Why go to a counselor? Attitudes to, and knowledge of counseling in Australia, 2002. *International Journal for the Advancement of Counseling*, 26, 95-108.

Sharpley, C.F. (1986). Public perceptions of four mental health professions: A survey of knowledge and attitudes to psychologists, psychiatrists, social workers and counsellors. *Australian Psychologist*, 21, 57-67.

Sherman, J. J. (1998). Effects of psychotherapeutic treatments for PTSD: A meta-analysis of controlled clinical trials. *Journal of Traumatic Stress*, 11, 413-435.

Smith M.L., & Glass G.V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752-760.