

ST3-AP-FELL-EPA21 - Assessment and comprehensive management of a military or veteran patient with a psychiatric disorder

Area of practice	Adult psychiatry	EPA identification	ST3-AP-FELL-EPA21	
Stage of training	Stage 3 - Advanced	Version	1	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title				
Description Maximum 150 words	<p>The trainee should be able to assess current serving military members and/or veterans presenting with mental health problems, including mental disorder, and develop and implement a comprehensive management plan. This includes:</p> <ul style="list-style-type: none"> • Awareness of military culture relevant to assessment and management • Taking a full military service history, including initial recruit training, postings and deployments • Completing a thorough assessment, including the use of appropriate screening tests/symptom rating scales • Developing a biopsychosocial management plan and communicating this to patient, family and referring health professional, including consideration of current fitness for work • Initiation and monitoring of indicated management • Liaison with other health professionals and other parties, with due regard to patient confidentiality and other ethical considerations. 			
Fellowship competencies	ME	1,2,3,4,5,6,7,8	HA	1,2
	COM	1,2	SCH	1,2
	COL	1,2,3,4	PROF	1,2
	MAN	2		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Demonstrate knowledge of evidence-based interventions in military members/veterans presenting with mental health problems, including reference to relevant RANZCP-endorsed guidelines 			

- Detailed knowledge of effects of trauma on serving members and veterans, including protective factors, and other mental health conditions which may occur in serving members and veterans
- Detailed knowledge of international and local epidemiological data of mental health disorders and suicide in serving members and veterans
- Sophisticated understanding of the ethical issues that may arise in working with serving members

Skills

- Carry out a comprehensive biopsychosocial assessment of serving member/veteran including military service history, a careful risk assessment and mental state examination
- Demonstrate cultural competence in military culture
- Gather relevant collateral information with consent, considering what additional sources of collateral information may be relevant to a serving member's assessment
- Conduct appropriate psychometrically validated screening tests/symptom rating scales relevant to the serving member/veteran's presentation, or liaise with other health professionals regarding such screening tests/scales
- Conduct appropriate investigations, or liaise with other health professionals to ensure such investigations have been carried out relevant to the presenting problem, monitoring treatment, or comorbid medical conditions
- Devise a comprehensive formulation for the patient's presentation, considering biological, psychological and social factors.
- Develop a comprehensive management plan, including consideration of fitness to work/deploy where relevant, and implement this, under supervision, with liaison with patient/family/referring health professional and members of multidisciplinary team
- Prescribe appropriate psychiatric medications, if indicated, including being aware of potential impact on fitness to work/deploy
- Demonstrate a sophisticated understanding of evidence-based psychological therapies used with current serving members/veterans (including those used for PTSD) and be able to discuss these in detail with patients, families and referring health professionals.
- Prepare a sufficiently detailed report for the referring health practitioner, with due regard to ethical considerations.

Attitude

- Collaborate effectively with patient, family and other health professionals/agencies to provide high quality care
- Practice ethically, considering issues around confidentiality/fitness to work/deploy in a military context
- Advocate on behalf of patients where indicated with other services/bodies

	<ul style="list-style-type: none"> • Demonstrate a scholarly approach to the literature regarding the presentation and treatment of mental health conditions in this population
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	Case-based discussion Mini-Clinical Evaluation Exercise Observed Clinical Activity Professional presentation – for example, on PTSD, on military culture
References Cozza S.J, Goldenberg M.N, Ursano R.J. (eds).(2014). <i>Care of military service members, veterans, and their families</i> . American Psychiatric Association: Washington DC. Warner C.H, Appenzeller G.N, Grieger T.A. et al. (2009) Ethical considerations in military psychiatry. <i>Psychiatric Clinics in North America</i> ; 32 (2): 271-281. Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No One Leaves Unchanged: Insights for Civilian Mental Health Care Professionals Into the Military Experience and Culture. <i>Social Work in Health Care</i> , 50(7), 487-500. Dabovich, P. A., Elliott, J. A., & McFarlane, A. C. (2019). Individuate and separate: Values and identity re-development during rehabilitation and transition in the Australian Army. <i>Soc Sci Med</i> , 222, 265-273. Gavian, M. E., Possis, E., Loughlin, J., at al.(eds). (2012). Cultural and Ethical Considerations When Working With Military Personnel and Veterans: A Primer for VA Training Programs. <i>Training and Education in Professional Psychology</i> , 6(2), 67-75. Jones, N., Keeling, M., Thandi, G., & Greenberg, N. (2015). Stigmatisation, perceived barriers to care, help seeking and the mental health of British Military personnel. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 50(12), 1873-1883. Hooff, M. et al.. (2018). Mental Health Prevalence and Pathways to Care Summary Report, Mental Health and Wellbeing Transition Study. DVA: Canberra. Available at: http://www.defence.gov.au/health/dmh/Docs/180405_Mental_Health_Prevalence_and_Pathways_to_Care_Summary_Report-Final.pdf Magpantay-Monroe, E. R. (2017). Integration of military and veteran health in a psychiatric mental health BSN curriculum: A mindful analysis. <i>Nurse Education Today</i> , 48, 111-113. Pease, J. L., Billera, M., & Gerard, G. (2016). Military Culture and the Transition to Civilian Life: Suicide Risk and Other Considerations. <i>Social Work</i> , 61(1), 83-86. Stewart, A. T. (2012). <i>Developing military cultural competence in civilian clinicians: Working with returning U.S. military populations with combat-related PTSD</i> . (3541738), California Institute of Integral Studies, Ann Arbor. Tanielian T, Mahlet A. Woldetsadik, Lisa H. Jaycox, Caroline Batka, Shaela Moen, Carrie Farmer, & Charles C. Engel. (2016). Barriers to Engaging Service Members in Mental Health Care Within the U.S. Military Health System. <i>Psychiatric Services</i> , 67(7), 718-727	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar