

202 - 08 Defence Referrals Procedure

1. Scope

1.1 The purpose of this procedure is to describe the requirements for the provision of services to Australian Defence Force (ADF) members referred to Open Arms by the Department of Defence (Defence).

2. Background

2.1 The Agreement for Services (AfS) between Department of Defence and Open Arms enables the ADF to refer current-serving members to Open Arms for services. The AfS exists as a schedule (Schedule 6) to the Memorandum of Understanding between the Department of Defence and the Department of Veterans' Affairs for the Provision of Mental Health support services by Open Arms to ADF Personnel.

2.2 All interactions between Open Arms and Defence are guided by the AfS and in accordance with the requirements of the Privacy Act 1988, and in particular the Australian Privacy Principles.

2.3 Any ADF member with one day full-time service or reservists eligible for non liability health care (NLHC) can access free counselling and support through Open Arms, as can their immediate family. Access to Open Arms is either through Defence-initiated referral or self-referral.

2.4 The use of the HealthDirect online platform is allowed for current serving ADF members, both for AfS referrals and self-referred.

3. Expected Outcomes

3.1 ADF members are provided with military and culturally sensitive evidence-based support for their presenting issues in a timely and effective manner.

3.2 Defence-referred members experience a person-centered approach to intake that reduces duplication and streamlines allocation according to the priority specified on the referral documentation.

3.3 ADF members receive integrated, holistic care through a coordinated approach to assessment, care planning, treatment and reporting between Defence and Open-Arms.

4. Defence as Care Coordinator

4.1 For Defence-referred members, Defence will maintain responsibility as the primary health care provider and will use reports provided by Open Arms as part of the clinical review process and care coordination.

4.2 Defence will acknowledge receipt of Open Arms clinical reports relating to Defence-referrals.

4.3 With consent of the Defence member, Defence will share all clinically relevant information with Open Arms. This includes any significant clinical changes during the episode of care.

5. Defence Referral Intake

5.1 The referring Defence mental health professional or medical officer provides authorisation for a Defence member to be referred to Open Arms via form PM528-2 Request for Open Arms - Veterans and Families Counselling.

5.2 The PM528-2 and any other relevant clinical information is sent to openarms.clientassist@dva.gov.au by Defence e-mail with 'Sensitive Personal' privacy markings and 'Health Information' included in the subject line.

5.3 On receipt of a Defence referral, Open Arms allocates ADF members to the relevant Open Arms service (individual, group, etc.) according to the referral priority rating. Refer to the Intake Procedure for further information.

5.4 Open Arms will determine client allocation based on a match between the client's presenting needs and local resourcing. Requests for services by specific providers will be considered and accommodated where practicable, but not guaranteed.

6. Acknowledging a Defence Referral

6.1 Open Arms will acknowledge a Defence referral and return the completed PM528-2 within two business days of receipt of the referral.

6.2 Open Arms may decline a referral where for example the requested service is outside the scope of the AfS. The rationale for this will be provided to the referring health professional through the PM528-2, so that the referring authority can meet their responsibility for ensuring the Defence member receives timely alternative mental health treatment or support.

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6.3 The process for this communication between Open Arms and Defence is detailed in the Intake Procedure and Intake Task card 8.

7. Consent

7.1 Open Arms counsellors will seek the Defence member's informed consent by completing the Consent for Open Arms to Provide Services – Defence Referral form within the first session.

7.2 The consent form describes the circumstances in which personal information will be shared with Defence and a client's rights and responsibilities in relation to Open Arms service provision. The client's consent to this is required for Open Arms to provide mental health support.

7.3 In addition, where it is necessary for Open Arms counsellors to liaise with other relevant health providers involved in treating the individual (e.g. ADF rehabilitation case managers, specialists) as identified by the referring authority or the client, the client's consent will be obtained using the Open Arms Consent to Exchange Personal Information form.

8. Clinical Risk Management

8.1 Open Arms will undertake a risk assessment for both Defence-referred and self-referred ADF members as part of Open Arms' standard intake procedure and allocation of services, in accordance with the Open Arms Assessment and Care Planning Procedure and the Clinical Risk Management Policy.

8.2 Where a current-serving member (Defence-referred or self-referred) presents a risk to themselves or others, or is determined to be at-risk from others, Open Arms will implement the relevant risk management procedure.

8.3 For Defence-referred clients, where identified risk is likely to have an impact on the member's ability to perform duties or raises ongoing safety issues, Open Arms will ensure that Defence is informed of relevant details so that safety assessments and follow-up action may be taken.

8.4 Pending the urgency of a required response, information will be communicated to the national Garrison Health Operations (GHO) Duty Member on 0429 075 187. Following this contact, an On-Occurrence Report will be sent to the referring authority. Emergency service responses may also be enacted.

8.5 This process is acknowledged explicitly by the member in signing the Consent for Open Arms to Provide Services – Defence Referral form.

8.6 Any such action must be in accordance with the provisions of the Privacy Act 1988 which will take precedence over the provisions of this Agreement.

9. Clinical Risk Reporting

9.1 Unless otherwise stated in Sections 8 and 9 of this Procedure, changes in clinical risk status are reported via care plans, case reviews, revised risk assessment and management plans and/or on-occurrence reporting as indicated in Section 10.

9.2 Duty of care reporting to Defence must be done in accordance with the Privacy Act 1988; only information required to ensure the safety of the member (or others affected) should be provided to Defence.

9.3 There are no obligations for clinical reporting to Defence in relation to current-serving members who self-refer, other than when there is a serious threat to the life, health or safety of the member or another person. Any reporting to Defence under these circumstances are to be escalated to the Regional Director (or delegate).

Outreach risk reporting

9.4 If an Outreach Program Counsellor (OPC) identifies after Open Arms business hours that a current serving member is at clinical risk, and after all necessary, immediate duty of care actions have been performed (see the Clinical Risk Management Procedure (203-01)), the outreach counsellor is to notify Open Arms at the earliest opportunity via 1800 011 046. Open Arms can then determine whether to notify the Garrison Health Operations Duty Member (0429 075 187).

9.5 OPCs must not contact Defence directly in relation to clients.

10. Clinical Reporting Documents

10.1 Open Arms will provide Defence with clinical reports (back to the referring authority) for Defence-referred individuals, including for relevant group programs. Local practices should be adhered to regarding the process for passage of this information, including confirmation on receipt between Regional ADF Health facilities and Open Arms offices.

10.2 On request, and where clinically appropriate, Defence can make available to Open Arms the Defence-referred member's relevant mental health referrals and reports recorded on the Defence eHealth System (DeHS).

10.3 Clinical reporting documents include a combination of AfS-specific reports and generic Open Arms BAU reports. A summary of these reports is available at Appendix D of the AfS and the templates are available in VERA.

These include:

10.3.01 Confidentiality and Consent Form. The Consent for Open Arms to Provide Services – Defence Referral is signed at the first session.

10.3.02 Initial Client Contact Form. The Open Arms Initial Contact Form – Defence Referrals is completed and emailed to the Defence referring authority within two business days of the first assessment session. The Defence referring authority will complete the acknowledgement and return it to Open Arms within five business days. The initial client contact template is located in VERA.

10.3.03 On-Occurrence Report. Open Arms will inform the Defence referring authority through an On Occurrence Report within 48 hours if a Defence-referred member fails to attend an appointment, and immediately when there is a 'Duty of Care' situation or change to the Defence-referred member's risk status. The on-occurrence template is located in VERA.

10.3.04 Care Plan. Within five business days after completion of the comprehensive assessment (the first three sessions), Open Arms will develop an Episode of Care Plan which is submitted to the Defence referring authority for information. The care plan template is located in VERA.

10.3.05 Case Review. Within six to eight sessions, Open Arms will complete a Case Review to detail progress and prognosis, and provide recommendations to the Defence referring authority for further referral and management as appropriate. A case review may be also completed due to changes in client presentation, or a review of the initial treatment plan, in which instance a revised care plan will be attached. The case review template is located in VERA.

10.3.06 End of Episode. Where the episode of care is to be closed, an End of Episode report is prepared using the same form as for case review. The report should provide a summary of initial presenting issues and current status, outline outcomes and any recommendations for follow-up. End of episode reporting uses the same template as case review.

10.3.07 Confirmation of group program attendance. Open Arms will submit to the Defence referring authority confirmation that the Defence-referred member has engaged in group treatment.

10.3.08 Group Individual Participant Report. Open Arms will provide the Defence referring authority with an individual group participant report as part of the agreed clinical reporting obligations to Defence.

11. Group Treatment Programs

11.1 Open Arms group treatment programs may form part of a treatment plan. Where an Open Arms counsellor believes that a member will benefit from attendance at an Open Arms group program they are to include this as part of the relevant care-plan or case-review.

11.2 Eligible Defence members may self-refer for Open Arms group programs, subject to Open Arms screening protocols. Individual attendance details for self-referred members are not reported to Defence.

12. Self-Referred Members

12.1 All eligible veterans are able to independently access Open Arms services without the need for a Defence-initiated referral. Accordingly, self-referral to Open Arms by current-serving ADF members can occur for eligible individuals outside the provisions of the Defence health system without formal reporting arrangements between Defence and DVA.

12.2 There are no reporting requirements in relation to current serving members who self-refer, other than when a duty of care applies and there is a serious threat to the life, health or safety of the member or another person.

12.3 Where a referral changes from self-referred to Defence-referred, a separate episode of care will reflect this, including new consent.

12.4 Open Arms will encourage self-referred members to engage with Defence if the Open Arms clinician assesses that the member's mental health outcomes would benefit from support within Defence.

12.5 Where a current serving member who has already self-referred is also referred by Defence, Open Arms must obtain the client's written consent to be converted to a Defence referral before accepting the Defence referral.

12.6 The client must be informed that giving consent to be a Defence referral entails Open Arms supplying reports to Defence that include personal and treatment information.

12.7 The client may consent for Open Arms to exchange information related to the Defence referral only. Without consent, the Defence referral cannot proceed and must be raised with the Regional Director (or delegate).

13. Family Members

13.1 Where Defence-referred ADF personnel may benefit from couples and/or family counselling, family members may self-refer to Open Arms or be recommended for Open Arms services by a third party such as the Defence Community Organisation (DCO). In these instances, family-specific information will not be provided to Defence without consent of the parties concerned.

14. Reduced Activity Period Arrangements

14.1 Defence will collate a spreadsheet detailing Reduced Activity Period (RAP) dates and identify local health facilities remaining open over the RAP. Defence will provide this spreadsheet to Open Arms no later than 31 October each year.

14.2 In the absence of Defence support during any RAP, Open Arms will provide the same emergency care for ADF clients (Defence-referred and self-referred) as for civilian clients.

14.3 A minimum of 10 working days before any RAP, Open Arms and Defence referring authorities will identify Defence-referred members assessed to be at-risk and agree upon a care plan in the absence of the availability of mental health support from either or both organisations.

15. Invoicing Defence

15.1 A separate instruction (Generating an AfS Invoice Instruction) exists regarding the process for invoicing Defence for the reporting provided under the AfS.

16. Organisational Reporting

16.1 Clinical reporting processes for Defence-referred members are stipulated in Section 10 of this Procedure.

16.2 Open Arms will also provide a range of de-identified, aggregated reporting to Defence regarding Defence-referred (and self-referred) current serving members of the ADF for the purposes of data informed decision making.

16.3 This reporting entails monthly and quarterly reporting to Defence and the associated instructions for this reporting can be found in the Defence Organisational Reporting Instruction.

17. Records Management

17.1 Open Arms will maintain client files and retain referral, reporting and episode of care notes in accordance with Open Arms policy and national archiving requirements. These may be paper based or electronic. Refer to the Client Information Rights and Records Policy for further information.

17.2 All interactions between Open Arms and Defence are to be in accordance with the requirements of the Privacy Act 1988, and in particular the Information Privacy Principles.

17.3 **Subpoenas relating to a Defence-referred client.** In most cases a subpoena will seek documents in the control/custody/possession of a party. In relation to Defence referrals, this is Open Arms, as Open Arms is the agency in custody/possession of the records.

17.4 **Release of Information (ROI).** Open Arms will treat Defence-referred member release of information requests in the same way as for a self-referred client (see the Privacy and Confidentiality Procedure). Should Open Arms believe it is in the member's best interests that Defence is informed of the ROI (via an on-occurrence report) to enhance care coordination or support from the member's chain of command, specific consent is needed from the member to do so. This is because this exchange of information is not covered under the routine consent process.

18. Parent Policy

18.1. [202 Open Arms Care Policy](#)

19. Subordinate Instructions and Templates

- 19.1. [202-08/ 01 Generating an AfS Invoice Instruction](#)
- 19.2. [202-08/ 02 Defence Organisational Reporting Instruction](#)
- 19.3. [202-08/ T3 AfS Invoice Request Master Template](#)
- 19.4. [202-08/ T4 AfS Email Text for Invoice Payments](#)
- 19.5. [202-08/ T5 AfS Invoice Data Supporting Documentation](#)

Related pages

[202_08 Defence Referrals Procedure.pdf](#)

- [200 Clinical Governance Policy](#)