



# Caring for diverse populations

A resource for GPs supporting veterans

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## A resource for GPs supporting veterans

Veterans are people who have served in the Australian Defence Force (ADF), including permanent, reserve and ex-service personnel. Most veterans come through their service physically and mentally intact and value the skills, community and life experience they've gained.

Unlike other specific populations, a Mental Health Treatment Plan (MHTP) isn't required for veterans to access funded mental health care. All veterans are eligible for funded mental health treatment either through a referral letter, or via Open Arms – Veterans and Families Counselling. We recommend reading the [DVA Mental Health Quick Guide](#) for a guide to veterans' mental health funding and referral arrangements. However, GPs may still choose to use one to support structured care, enhance communication with other providers, or guide helpful language and questioning.

While this resource relates specifically to veterans, Australia is a culturally diverse nation and intersectionality is common. Every patient brings unique experiences, identities and perspectives to their care. While guides and resources such as this can be valuable, they should only ever complement person-centred, individualised care.

The questions and statements in this resource are suggestions only; use your clinical judgment to determine what to ask and when, and feel free to navigate the guide in whatever order is appropriate.

This resource has been developed by an expert working group consisting of a GP representative, a lived experience consumer representative and lived experience carer representative. It's been reviewed by external organisations such as the Department of Veterans' Affairs (DVA) and RACGP Specific Interests Group chairs. This is an example model of care presenting the opinion and experience of the authors, and GPs are encouraged to do their own critical appraisal, exercise clinical judgment and adapt the information to the individual needs, preferences and circumstances of their patients.

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## Trauma-informed care – an overview

Trauma-informed care (TIC) is an approach that recognises the widespread impact of trauma and understands potential paths for healing. It emphasises safety, trust and empowerment in service delivery, acknowledging that trauma – whether from abuse, neglect, violence, discrimination or other experiences – can deeply affect an individual’s physical, emotional and psychological wellbeing.

TIC is not about treating trauma directly but about creating an environment that supports recovery and avoids re-traumatisation, and is applicable across all systems, including health. The below TIC principles should be considered when working with any person.

### Top 5 principles of trauma-informed care<sup>1</sup>

<b>Safety</b>	Ensure physical and emotional safety for clients and staff. This includes creating spaces and interactions where individuals feel secure and not at risk of harm or re-traumatisation.
<b>Trustworthiness and transparency</b>	Build and maintain trust through clear, consistent and transparent communication and decision-making.
<b>Peer support</b>	Promote healing through mutual support from people with lived experience of trauma. Peer relationships foster understanding, empathy and hope.
<b>Collaboration and mutuality</b>	Value shared power between providers and clients. Recognise that healing happens in relationships and through meaningful collaboration.
<b>Empowerment, voice and choice</b>	Prioritise individuals’ strengths and support their autonomy. Encourage clients to make their own decisions and be active participants in their care.

## The role of the GP

- **Build trust through genuine connection:** Recognise that past trauma, systemic disadvantage, stigma and military experiences can shape how veterans engage with care. Use active listening, empathy and kindness to create a safe, respectful space. Always acknowledge that the veteran is the expert in their own life.
- **Be curious, not assumptive:** Every veteran's story is unique. Avoid stereotypes or presuming trauma or post-traumatic stress disorder (PTSD). Ask open, compassionate questions and be transparent if you don't know something. Honesty fosters trust and shared decision-making.
- **Use validating, inclusive language:** Speak clearly and respectfully, using everyday words that avoid judgment or clinical jargon. Refer to the person first, not just their veteran identity, and use language that affirms their strengths and experiences.
- **Addressing stigma and shame in veteran care:** Many veterans experience stigma and shame around mental health concerns, often shaped by military culture and expectations of resilience. Be mindful of language that may feel judgmental or triggering, such as 'mental health' or 'suicide'. When possible, use alternatives that feel less clinical and more supportive, and explain concepts in a way that emphasises strength and recovery. Framing discussions around wellbeing, coping and support can help reduce barriers to disclosure and make conversations feel safer.
- **Prioritise safety and choice in care:** Asking unnecessary details can risk re-traumatisation. Focus on what's clinically relevant and always give the veteran the option not to answer. Emphasise collaboration in care planning to uphold autonomy.
- **Family and social context matters:** Veterans are people with families, partners and friends. Consider supports and relationships as part of care planning.
- **Confidentiality:** Explain what confidentiality means and its limits upfront. This reassurance helps veterans feel safe sharing sensitive information.
- **Plan for crisis and safety:** If a situation escalates or the veteran is in crisis, prioritise safety and know your emergency mental health referral pathways. Communicate these options clearly and calmly.

# Introductions and finding out why the patient has come to see you

Purpose	Why	Suggested ways to enquire
Introducing yourself and learning your patient's name	<p>Identify yourself as the GP and ask the patient their name.</p> <p>Using your clinical judgment, consider sharing your pronouns or asking the patient theirs. Intersectionality shapes experiences and informs equitable care. Some veterans may not feel comfortable discussing pronouns, so asking what they prefer to be called provides an opportunity for them to share a different name or identity.</p>	<p>My name is Dr X, my pronouns are x/x.</p> <p>What's your name?</p> <p>How do you pronounce that?</p> <p>Is that what you'd like me to call you?</p>
Discussing confidentiality and security concerns	<p>Confidentiality and security concerns can be significant for veterans. A clear discussion about what will and won't be documented helps build trust and addresses safety concerns.</p>	<p>Before we talk about anything, I'd like to discuss confidentiality. There are only a few times I'd need to share something you've told me, if required by law or if I think you're at risk of harming yourself or others. Please let me know if there's anything you wouldn't like written down or documented.</p>
Explaining options for mental health care	<p>Veterans have multiple options for mental health care. Explaining these and what a Mental Health Care Plan involves embeds transparency, empowerment and collaboration.</p> <p>Choice and autonomy are paramount in providing trauma-informed care. Asking for consent and reinforcing the patient's ability to discuss only what they want to highlights safety and autonomy.</p>	<p>You have several options for mental health care. These are:</p> <ul style="list-style-type: none"><li>• Open Arms</li><li>• Funded treatments via your white card</li><li>• Ex-Service Organisations (ESOs) can provide support eg Mates for Mates in Queensland</li><li>• Veterans are also eligible for all the mental health services available to the rest of the population, such as a MHTP. A MHTP helps structure care and communicate with other professionals.</li></ul> <p>Does that make sense?</p> <p>Are you comfortable to go ahead?</p> <p>Let me know if there's something I bring up that you'd prefer not to discuss. I want to make this as comfortable and safe as possible for you.</p>
Exploring veteran-specific experiences	<p>Giving the patient the option to share their service history can provide context for their experiences without forcing disclosure. While a patient may not want to answer, it's important to give them the option. Their answers may also indicate places they've been and the types of traumas they've experienced. Trauma can occur from any experience as a veteran, including war, conflict, peace-keeping missions, grief and loss, bullying, survivor's guilt and sexual assault. If a patient shares their experiences, it's recommended you research this further to better understand their context.</p>	<p>Would you like to tell me about your posting/s or deployment/s?</p> <p>Would you like to tell me how long you served for?</p> <p>What were your roles?</p>

<b>Purpose</b>	<b>Why</b>	<b>Suggested ways to enquire</b>
Clarifying DVA funding eligibility	Understanding a patient's Department of Veterans' Affairs (DVA) card details helps determine available services and funding options. In some instances, veterans with one or more days of service can receive free mental health treatment regardless of card colour, as well as additional support through organisations such as Open Arms. It's recommended you check if this applies in your setting.	If you'd like DVA to fund this, I'll need to know your veteran card colour and number so I can understand what services are available to you.
Identifying carer responsibilities	If the patient has brought another person with them, it's worth asking whether that person has also served and about the nature of their relationship. This may indicate whether the patient is both a veteran and a carer for someone who is a veteran, which can affect mental health and personal responsibilities. Note that many people may not identify themselves as a carer.  Additionally, the Australian healthcare system can sometimes place veterans into rigid categories.	Has the person with you also served in the military?  Would you like to tell me what your relationship is to them?  Do you provide support or care for each other in any way?  Do you help look after someone who's a veteran, or do they help look after you?  Sometimes people don't think of themselves as a carer – is that a term that feels right for you?
Discussing transition and current circumstances	Employment can be a vulnerable topic for veterans. Difficulties translating military skills, stigma, health challenges and loss of identity can make finding meaningful civilian work feel overwhelming and impact their sense of purpose and wellbeing. Take this conversation slowly.	Would you like to tell me when and how you transitioned or separated from service?  Would you like to tell me what you've been doing since you left?  Are you working at the moment and would you like to tell me about that employment?  Have you done any volunteering or study?
Understanding home environment and supports	Knowing who's at home early in the conversation can inform safety planning and support needs, particularly if there's a disclosure about family violence or a concern about risk to self.	Who's at home with you?
Exploring current concerns and personal circumstances	When a person has experienced trauma, it can be difficult to open up to friends, family or children for fear of being a burden. This can be a heavy weight to bear and may impact mental health.	Is there anything about your personal circumstances, such as cultural, religious, financial or relational factors that you'd like me to know that might be impacting your mental health?  Let me know which of these details you'd like me to include in your referral.  I want to acknowledge that it can be hard to ask for help. Can you tell me what's of most concern to you right now?

# Asking about your patient's physical and emotional health

Purpose	Why	Suggested ways to enquire
Asking for your patient's consent to discuss how they're feeling physically and emotionally	<p>These questions help you understand your patient's physical and emotional health. Asking about the body or physical health is a safe place to begin the conversation about how a patient is feeling. Many veteran patients may feel more comfortable discussing physical ailments than emotional ones.</p> <p>Seeking permission first reassures the patient that they remain in control of what they share. Framing the questions as something asked of everyone reduces stigma, helps bridge cultural differences in discussing emotions or mental health and creates space for the patient to talk openly.</p>	<p>If it's okay with you, I'm going to ask about physical and emotional symptoms/experiences. These are questions I ask everyone.</p> <p>Is it okay if I ask about how you're feeling in your body, how your eating is and how you're sleeping?</p>
Understanding your patient's physical symptoms	<p>Veterans are more likely than the general population to have degenerative change in their joints due to high-impact activities and weight-bearing exercise. Pain and mental health have a two-way relationship.</p>	<p>Any muscle, bone, joint pain?</p> <p>Racing heart or feeling short of breath?</p>
Understanding your patient's eating habits	<p>Asking a patient about their eating habits helps you gain a holistic understanding of their wellbeing. Eating patterns can indicate underlying mental health concerns such as stress, anxiety, depression or eating disorders. Changes in appetite or nutrition may be key symptoms that inform diagnosis and management. Diet can also affect mood, energy levels and physical health, all of which interact with mental health.</p>	<p>Are you enjoying the food you are eating?</p> <p>Do you have a change in your appetite?</p> <p>Has there been a change in your weight that you're concerned about?</p> <p>Do you find it difficult to think of food or to cook for your family?</p>
Understanding your patient's sleep patterns	<p>Asking about your patient's sleeping patterns is important because sleep is closely linked to mental health. Difficulties such as insomnia, oversleeping or disrupted sleep can be symptoms of conditions like depression, anxiety or trauma, while poor sleep can worsen mood, concentration and overall functioning.<sup>2</sup></p>	<p>How is your sleep? How long does it take you to fall asleep? Do your worries keep you awake at night?</p> <p>Does something stop you falling asleep? Are you having any nightmares? How frequent and severe are they?</p> <p>Are you having interrupted sleep? What's interrupting it?</p> <p>Are you waking up feeling refreshed?</p>
Understanding your patient's energy and how they're feeling day to day	<p>Asking about your patient's energy levels can help you assess how their mental health is affecting daily functioning. Low energy or fatigue can be a common symptom of depression, anxiety or stress, while unusually high or fluctuating energy may indicate other mental health conditions.</p>	<p>How is your energy – high or low? Are your energy levels making it difficult to do your normal activities?</p>

<b>Purpose</b>	<b>Why</b>	<b>Suggested ways to enquire</b>
Understanding more about your patient's emotional wellbeing and things that could be impacting their mental health	<p>Some veterans may have an ongoing heightened level of threat perception that was developed as part of their military service. This can be useful, or even necessary for their duties while serving, but after service can lead to them feeling like 'being on' all the time. PTSD and poor sleep can also cause changes in emotions.</p> <p>There are screening tools to identify and effective ways to manage this – check the Open Arms resource on treating problematic anger in the resources section of the guide.</p>	<p>Are you feeling suddenly fearful, for no reason?</p> <p>Have you been sad or crying lately?</p> <p>Have you been feeling uncomfortable, irritable, angry easily, losing your temper?</p> <p>Are you having more thoughts than usual?</p> <p>What's going on in your mind?</p> <p>Do you have any worries that you can't stop thinking about or do you have a busy brain?</p> <p>Are you forgetting things?</p> <p>Feeling like your mind isn't working properly?</p> <p>How is that affecting you?</p>
Understanding if the patient may use drugs or alcohol to cope with how they're feeling, and how this may be impacting them	<p>Substance use can further impact a person's mental health or be the cause of it. Ask about substance use in a culturally safe and trauma-informed way to gain a clear picture of a patient's overall wellbeing. Drugs and alcohol can significantly affect mood, coping and mental health, and reducing stigma creates space for honest disclosure.</p> <p>Note that some communities use traditional substances like khat to self-medicate. Others may use caffeine, soft drinks or chain smoking. Other people may use gambling, shopping, sex or other behaviours as coping mechanisms.</p>	<p>Sometimes when people are going through difficult times, they can drink a bit more or use drugs to make themselves feel better.</p> <p>To remind you, anything you say about this is kept confidential unless I think you're at risk of harming yourself or others.</p> <p>Are there any substances you use to help cope?</p> <p>Anything else you do to make yourself feel okay?</p>
Asking further about DVA claims that may impact the patient	<p>Non-liability health care (NLHC) is mental health treatment funded by the Department of Veterans' Affairs (DVA), regardless of whether the condition is service-related.</p> <p>People need to have a gold veterans card or a white card with NLHC-MH listed to be eligible. All veterans are eligible for NLHC, but those who served some time ago may not have obtained a card. They can call DVA on 1800 838 372 (1800 VETERAN) to get one. Veterans can access Open Arms counselling even without a card.</p> <p>Veterans can obtain financial compensation by submitting a claim for a specific condition. For some, this process is adversarial or stressful. A rejected claim may cause mental distress.</p>	<p>Is there anything related to your DVA compensation claims that you think may be affecting your mental or physical health that you would like me to know about?</p>

# Enquiring with your veteran patient about self-harm, suicide and safety

## Asking for help

There's often a stigma around asking for help among veterans, rooted in the culture of stoicism, resilience and self-reliance that is ingrained in military life. Some veterans internalise the belief that seeking support, especially for mental health concerns, is a sign of weakness or failure. This, conflicts with the identity of being capable and dependable. This can lead to silence, shame and delayed access to care, even when struggles with trauma, adjustment or emotional distress are significant. Because of this, it can be helpful to use validated outcome measures to explicitly ask the veteran about their current state.

Purpose	Why	Suggested ways to enquire
Asking your veteran patient about safety or harm from others	<p>These questions help identify the patient's safety in their day-to-day situations. They can open up conversations about family violence, bullying, sexual assault, or unsafe environments that can significantly impact mental health and wellbeing. They also address housing, finances, community safety and interpersonal relationships, often compounded by trauma exposure and mental health conditions such as PTSD.</p> <p>Asking these questions helps identify risks, even if disclosure doesn't happen immediately, and can open pathways for early intervention and connection to supports.</p> <p>Exploring safety concerns, including whether the Veteran has ever lashed out unintentionally, acknowledges the complexity of trauma responses and reduces shame, while ensuring care plans address both the Veteran's and their loved ones' safety. These questions must be asked sensitively, respecting privacy and readiness to share, as disclosure can be difficult, especially for female Veterans who may fear family repercussions.</p>	<p>I ask everybody these same questions, and I want to acknowledge that you may not be comfortable answering them with me. If you are, great, I'm here with you to listen. If not, we can find someone you feel comfortable with.</p> <p>I'm going to ask some questions about your safety, and about suicide and self-harm.</p> <p>Can I ask about your housing? Do you have somewhere safe to sleep?</p> <p>Do you have any worries about money or finances at this time?</p> <p>Are you feeling safe within your community?</p> <p>(If the patient is working) Are you feeling safe at work?</p> <p>Is there anywhere you don't feel safe at the moment?</p> <p>Some veterans have experienced bullying and assault. I'd like to ask and you don't need to tell me the details; have you experienced sexual assault or bullying?</p> <p>Do you feel uncomfortable or unsafe at home? If this changes, you can let me know.</p> <p>Some people who have been through traumatic situations have diagnoses like PTSD. PTSD can cause people to lash out unintentionally, sometimes unexpectedly, sometimes when they're asleep, which can affect those around them. I'm only asking this to fully understand where you're at, and you don't need to answer. Have you experienced situations where you've lashed out at loved ones?</p>

Purpose	Why	Suggested ways to enquire
Asking your veteran patient about safety or harm from themselves	<p>Asking about suicide risk is imperative. Understanding whether a patient is experiencing suicidal thoughts, intent or has a plan is critical in determining next steps and ensuring safety. Assessing suicidality with these questions helps identify severity and intensity, whether thoughts are fleeting, constant, overwhelming or accompanied by distress, and whether they're chronic or new, with new thoughts often posing a higher risk.</p> <p>Asking about a patient's self-perceived ability to manage these thoughts, their intent, and any identified method provides further insight into their risk level and immediate danger, informing whether safety planning or urgent intervention is required. It also highlights existing support systems and strengths that can be built upon in care planning.</p> <p>Because the word 'suicide' can be stigmatising, culturally safe and trauma-informed practice may involve using gentler, alternative language such as 'end your life', 'disappear' or 'give up', while making clear that the purpose of the question is to ensure the patient's safety and wellbeing. Framing the conversation with respect, sensitivity and consent creates a safe space for disclosure and supports effective, culturally responsive mental health care.</p>	<p>For people who've a lot on their mind, or who've been through very difficult things, it can cause thoughts around wanting to hurt yourself or end your life.</p> <p>Have things ever felt so bad that you wanted to hurt yourself?</p> <p>Have you wanted to end your life?</p> <p>How bad are the thoughts?</p> <p>Are they affecting your work? Personal life?</p> <p>Are they new or have you had them before?</p> <p>Have you made any plans to harm yourself?</p> <p>How close have you come to doing something?</p> <p>Are you able to tell me if you've had any past attempts of suicide?</p> <p>Have you shared these thoughts with anyone else?</p> <p>What helped you get through that moment?</p>

## An important note on the complexity of veterans and their families

Support for spouses of veterans who leave relationships affected by intimate partner violence remains limited. In many cases, when a spouse leaves, even with children, they may lose access to financial support tied to the veteran's status. This creates significant barriers to independence. Additionally, some shelters are unable to accommodate male children over the age of 12, leaving families with few safe housing options.

These challenges can make it difficult for some spouses to leave unsafe situations. It's therefore essential to meet these families with understanding, safety and non-judgment, and to advocate for more inclusive and accessible support services.

Additionally, GPs should look out for elder abuse. Elderly patients can be at increased risk of abuse due to factors such as physical or cognitive decline, social isolation, reliance on carers and financial vulnerability (eg pensions or compensation payments).

GPs are often in a unique position to notice warning signs such as unexplained injuries, changes in mood, withdrawal or inconsistent medication use. Early intervention can ensure safety, dignity and access to support services.

# Trauma disclosure

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<b>Purpose</b>	<b>Why</b>	<b>Suggested ways to enquire</b>
While it isn't your role to unpack a patient's trauma, it is your role to ask in the right way	<p>Open-ended questions about experiences should only be asked when there's sufficient time, privacy and emotional safety to explore the response. Veterans may answer differently depending on rapport and trust, and disclosures often come in layers over time.</p> <p>Asking about experiences can be relevant for developing a MHTP and gives the patient the option to share if they wish. However, there's a risk of triggering re-traumatisation or reactivation of trauma symptoms. The patient may not have the skills to regulate themselves. Symptoms of PTSD are clinically relevant and can include intrusive thoughts, flashbacks, hypervigilance, insomnia with nightmares, distress triggered by reminders and avoidance of people, places or objects.</p> <p>Ask only about symptoms the patient is experiencing, not the details of what caused them. The specifics of trauma should only be explored in a therapeutic context by a mental health clinician trained in trauma therapy.</p> <p>There's a fine balance between offering the opportunity to share and setting boundaries to ensure safety. Boundaries should never feel like dismissal. Reassure the patient that anything they choose not to share now can be discussed later with you or with a mental health provider if they opt for referral.</p>	<p>Veterans may have seen and experienced extremely difficult things. I don't need to know the details about what you've been through, unless you want to share them. Is there anything that you'd like to talk about that's happened to you, that could be affecting your health or the way you're feeling now?</p> <p>Are you having any memories of things that've happened in the past? Are the memories so strong you feel like it's happening now?</p> <p>You don't need to tell me anything you don't want to.</p>

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## Asking your veteran patient about their strengths and support networks

Purpose	Why	Suggested ways to enquire
Understanding what support networks your patient has and what strengths get them through tough moments	<p>Asking about strengths and supports can help ascertain what the patient has in their life that might help them through this difficult time. It's helpful for people to identify their support network and successes.</p> <p>Veterans often have some very close connections with others who've served with them or who've had similar experiences. If they don't have these existing connections, a local ex-service organisation can help. Open Arms peer support can also be an effective gateway to mental health care or step-down care for veterans.</p> <p>Veterans may be very community minded and take pride in making things better for others. They may have useful skills for planning, coordination, communication and rapid response activities. Finding an avenue for them to use these skills in their community can support mental health after service.</p> <p>Veterans have also often exercised regularly throughout their service and returning to helpful exercise patterns can be easier than for the general population and offer significant benefits.</p>	<p>Who or what is helping you at the moment? Friends, partner, colleagues, pets, exercise?</p> <p>Who do you vent to when you're having a bad day? Are they around to support you?</p> <p>Do you have a faith-based belief system that helps you?</p> <p>What makes you smile?</p> <p>What are some things you do when you're having a better day?</p> <p>Are there any community activities or groups you're involved in?</p>

## Making a plan for future care

Purpose	Why	Suggested ways to enquire
Ensuring your patient feels supported in their care now and in the future	<p>When developing a care plan with a veteran, it's important to clearly communicate that your goal is to provide ongoing, supportive care. This reassurance helps strengthen their sense of safety and trust in the therapeutic relationship. Offering the veteran choices about what happens next aligns with trauma-informed care principles of autonomy and empowerment, helping them feel in control of their recovery journey. Discussing small, achievable lifestyle changes can make a significant difference to wellbeing and provides practical steps they can work on between visits. Setting these goals collaboratively ensures the plan feels realistic and meaningful, fostering hope and a sense of progress.</p>	<p>Would you feel comfortable if we took a trauma-informed approach to your care, meaning we'll prioritise your safety, choice and control throughout treatment?</p> <p>Would you like to explore support options like seeing a psychologist, counsellor or someone from your community?</p> <p>Is there a type of support or approach you'd prefer or anything you'd prefer not to do?</p> <p>Lifestyle changes can have a big impact on how you feel. Is there anything you'd like to work on in that area with me, such as sleep, stress management, exercise or diet?</p>

## Administration section

In 2025, Minister Keogh announced that work would be undertaken to develop DVA-specific mental health codes. This resource will be updated once that work is completed.

Medicare item numbers	Time	What you need to know
2715	20–40 min	Development of a MHTP
2717	40+ min	Development of a MHTP
2725	Up to 40 min	Completion of Focussed Psychological Strategies (FPS) session
2727	40+ min	Completion of FPS session
701	No more than 30 min	Brief health assessment
703	No more than 45 min	Standard health assessment
705	No more than 60 min	Long health assessment
707	More than 60 min	Prolonged health assessment

## Veteran-specific administration for GPs

Topic	Key points	GP actions/notes	Links
Department of Veterans' Affairs Mental Health Quick Guide	A quick guide to the mental health supports available to veterans and their families		<a href="https://www.dva.gov.au/sites/default/files/2025-02/P04814-mental-health-quick-guide.pdf">https://www.dva.gov.au/sites/default/files/2025-02/P04814-mental-health-quick-guide.pdf</a>
Veteran cards	Can be used to access medical and mental health treatment and prescription medicines in Australia	Cards are referred to as gold, white or orange and have different eligibility rules. Bill eligible care in line with Medicare rules through Services Australia. Treatments outside Medicare arrangements can be requested via prior financial approval	<a href="https://www.dva.gov.au/get-support/health-support/veteran-healthcare-cards">https://www.dva.gov.au/get-support/health-support/veteran-healthcare-cards</a>  <a href="https://www.dva.gov.au/about-us/dva-forms/treatment-prior-financial-approval-request">https://www.dva.gov.au/about-us/dva-forms/treatment-prior-financial-approval-request</a>
Eligibility	Determined by providers for white card holders if care is necessary for the treatment of a white card condition or covered under NLHC for mental health or cancer. Gold card holders are eligible for all healthcare that fits Medicare Benefits Schedule (MBS) arrangements	If unsure about eligibility, DVA can be contacted by phone	<a href="https://www.dva.gov.au/get-support/financial-support/income-support/eligibility-benefits-and-payments">https://www.dva.gov.au/get-support/financial-support/income-support/eligibility-benefits-and-payments</a>

Topic	Key points	GP actions/notes	Links
DVA forms and claims	DVA-specific forms for claims, referrals and transport	Submit via Health Provider Portal or by post and maintain appropriate records	<a href="https://www.dva.gov.au/get-support/find-forms">https://www.dva.gov.au/get-support/find-forms</a>
Referrals (other specialists, allied health)	GPs can refer without DVA pre-approval	Use DVA forms or your standard referral letter as long as it contains the required information. For white card holders, include which accepted condition is being treated. Review at a minimum after 12 visits or after three months if ongoing care required	<a href="https://www.dva.gov.au/providers/allied-health-professionals">https://www.dva.gov.au/providers/allied-health-professionals</a>
Mental health (non-liability health care)	Free care for any mental health condition, regardless of diagnosis or service connection	Apply for a white card for mental health care and consider referral to Open Arms	<a href="https://www.dva.gov.au/get-support/health-support/health-services/mental-health-care/non-liability-health-care-mental-health-veterans">https://www.dva.gov.au/get-support/health-support/health-services/mental-health-care/non-liability-health-care-mental-health-veterans</a>
Medicare vs DVA billing	Veterans with DVA cards are billed for eligible services via Services Australia to DVA	Use DVA codes in your practice software. No gap fees allowed	<a href="https://www.dva.gov.au/get-support/providers/fees-forms-claims-providers">https://www.dva.gov.au/get-support/providers/fees-forms-claims-providers</a>
Transport and reimbursement	Funded under Repatriation Transport Scheme	Use form D1217 or submit online	<a href="https://www.dva.gov.au/get-support/providers/travel-treatment-bookings-information-health-providers">https://www.dva.gov.au/get-support/providers/travel-treatment-bookings-information-health-providers</a>
Veterans' Health Check	Free health check within 12 months of discharge and then annually. Eligibility criteria apply	Refer to the DVA website for full details and eligibility requirements	<a href="https://www.dva.gov.au/what-we-help-with/health-support/veterans-health-check">https://www.dva.gov.au/what-we-help-with/health-support/veterans-health-check</a>
Coordinated Veterans' Care (CVC) program	Funding for practices to provide care coordination for eligible veteran card holders with chronic health conditions and complex care needs	Work collaboratively with veterans to develop a comprehensive care plan that addresses their health goals	<a href="https://www.dva.gov.au/get-support/providers/programs-services/coordinated-veterans-care/coordinated-veterans-care-cvc-program">https://www.dva.gov.au/get-support/providers/programs-services/coordinated-veterans-care/coordinated-veterans-care-cvc-program</a>
Support for GPs	DVA provider support line: 1800 550 457	Get help with billing, referrals and eligibility	<a href="https://www.dva.gov.au/get-support/providers/contacts-providers">https://www.dva.gov.au/get-support/providers/contacts-providers</a>

## Additional resources, tools and templates

Organisation	Resource	Link
RACGP	RACGP aged care clinical guide (Silver Book)	<a href="https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b/care-of-older-veterans">https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b/care-of-older-veterans</a>
Open Arms	Veteran mental health support services	<a href="https://www.openarms.gov.au/get-support">https://www.openarms.gov.au/get-support</a>
	Guide to treating problematic anger	<a href="https://www.openarms.gov.au/health-professionals/assessment-and-treatment/treating-problematic-anger">https://www.openarms.gov.au/health-professionals/assessment-and-treatment/treating-problematic-anger</a>
General Practice Mental Health Standards Collaboration (GPMHSC)	Trauma-informed care and practice	<a href="https://www.gpmhsc.org.au/resourcehub">https://www.gpmhsc.org.au/resourcehub</a>
National Center for PTSD	PTSD screening questions	<a href="https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp">https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp</a>
	The PTSD Treatment Decision Aid (interactive tool to help people understand evidence-based PTSD treatment options)	<a href="https://www.ptsd.va.gov/apps/decisionaid/">https://www.ptsd.va.gov/apps/decisionaid/</a>
	Line in the Sand	Book recommended for gaining deeper insight into veteran lived experience
Women Veterans Health Care	Intimate partner violence resources	<a href="https://www.womenshealth.va.gov/topics/intimate-partner-violence.asp">https://www.womenshealth.va.gov/topics/intimate-partner-violence.asp</a>
Medcast	Veterans Healthcare eLearning Platform (VETs HeLP)	<a href="https://medcast.com.au/veterans-health/resources-tools">https://medcast.com.au/veterans-health/resources-tools</a>
Department of Veterans' Affairs	DVA quick guides, tools and resources	<a href="https://www.dva.gov.au/get-support/providers/quick-guides-and-tools">https://www.dva.gov.au/get-support/providers/quick-guides-and-tools</a>

## Referral and support services

Organisation	State/national	Services provided
Open Arms	Australia-wide	Free, confidential counselling and support for veterans and their immediate families, as well as other support tools
Mates4Mates	Qld	Recovery and rehabilitation services, social connection and psychological support
Soldier On	Australia-wide	Support in employment, education, health and social connection
Legacy Australia	Australia-wide	Focused on supporting the families of veterans, particularly partners and children
Gallipoli Medical Research	Qld	Provides evidence-based resources, PTSD support and resilience programs for veterans
Young Veterans	Australia-wide	Peer-led network supporting the wellbeing and connection of younger veterans
Invictus Australia	Australia-wide	Sports and recovery programs for veterans and their families
RSL Australia	Australia-wide	RSL advocates can assist with accessing supports and lodging DVA claims. Subbranches also provide peer support, social contact and companionship
Advocate Register	Australia-wide	An online register of advocates

## References

1. Primary healthcare practitioners' perspectives on traumainformed primary care: a systematic review. <https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-024-02573-4>
2. Comorbid Insomnia and Psychiatric Disorders. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5906087/>

