Dietitians Australia
The Leading Voice of Nutrition

Terms of reference for the Royal Commission into Defence and Veteran Suicide

Response to public consultation
May 2021

Recipient

Office of the Secretary, Department of Veterans' Affairs

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Department of Veterans' Affairs and the Attorney General regarding the Terms of Reference for the Royal Commission into Defence and Veteran Suicide.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role across the spectrum of mental illnesses. Dietitians can help prevent, treat and manage both the symptoms of many mental illnesses and the chronic physical conditions commonly associated with mental illness.

This submission was prepared by Dietitians Australia staff in consultation with members with expertise in mental health nutrition and veteran care following the Conflict of Interest Management Policy and process approved by the Board of Dietitians Australia.

Recommendations or summary

Dietitians Australia recommends that APDs and dietetic services be specifically identified in the terms of reference for the Royal Commission to examine, particularly with respect to the following themes:

1. Systemic issues and analysis of the contributing risk factors relevant to defence and veteran death by suicide, including the availability, quality and effectiveness of health, wellbeing and support services.
   APDs, particularly those working in mental health, should be included among those providing health, wellbeing and support services to Veterans and their families
2. The protective and rehabilitative factors for defence members and veterans who have attempted or contemplated suicide or have other lived experiences of suicide.
   Protective and rehabilitative factors should include diet and nutrition, including provision of and access to quality food, which would be appropriately supported by the services of APDs, especially those who work in mental health
3. The quality and availability of support services for families and others impacted by defence and veteran death by suicide.
   APDs, particularly those working in mental health, should be included among those providing health, wellbeing and support services to families and others
4. The engagement of defence members and veterans with Commonwealth, State or Territory Governments about support services, claims or entitlements.
   APD services should be eligible for all veterans to claim on appropriate entitlements; APD services should be incorporated into programs, plans and services that support all defence members and veterans in their mental health and wellbeing

Summary Points

- APDs play a critical role in mental health and need to be recognised as a vital part of multidisciplinary mental health care teams.

- Veterans are at particularly high risk of trauma (specifically Post-Traumatic Stress Disorder) and other anxiety disorders, depression, substance use and severe mental illness, contributing to early aging and heightened risk of suicide.
- These mental illnesses often co-occur and are commonly associated with eating disorders and disordered eating, weight gain, cardiovascular disease, metabolic disease, diabetes and other chronic physical illnesses that can be prevented, treated or managed with effective, evidence-based dietetic interventions.
- Early dietary intervention, with referral to an APD, is key in preventing progression and enhances the management of these long-term health impacts.
- Adjunctive dietary interventions lead by APDs offer cost-effective approaches to managing mental health symptomology and physical health.
- Dietitians are uniquely positioned to provide the intensive behaviour and lifestyle change techniques using individualised, flexible and adaptable methods appropriate to mental health care.
- Veterans identified system inefficiencies, changing goal posts, system inconsistencies, lack of transitional support, sense of isolation, and mistrust of and difficulties dealing with the Department of Veterans' Affairs (DVA) as among factors that impact on their mental health and wellbeing.

Discussion

The evidence presented below is derived from research, expert opinion and from consultations held by APD members with veterans in their care. Veterans' views are separated out for ease of reference. Further correspondence that demonstrates the Veteran experience is included at **Appendices A and B**. Overall, Veterans expressed serious concerns and frustrations about inadequate and dwindling access to appropriate healthcare, with increased barriers to care. Access to appropriate and adequate support services, including those provided by dietitians, would have a significant positive impact on the mental health and wellbeing of Veterans. The Royal Commission is asked to investigate quality, availability and adequacy of current health care services, with particular reference to the cost-effective, preventative health care that dietitians are well-positioned to provide.

APDs are qualified in clinical, food service, community and public health nutrition and are highly equipped with assessment, intervention, monitoring and evaluation, counselling and psychoeducation skills, in addition to extensive behaviour and lifestyle modification techniques to help people living with mental illness.

Veterans are at particularly high risk of trauma (specifically Post-Traumatic Stress Disorder) and other anxiety disorders, depression, substance use and severe mental illness, contributing to early aging and heightened risk of suicide.[1] These mental illnesses often co-occur and are commonly associated with eating disorders and disordered eating, weight gain, cardiovascular disease, metabolic disease, diabetes and other chronic physical illnesses that can be prevented, treated or managed with effective, evidence-based dietary interventions.[2] Medications used in the treatment of prevalent mental illnesses in the Veteran community further exacerbate these impacts on physical health. Early dietary intervention, with referral to an APD, is key in preventing progression and enhances the management of these long-term health impacts. Adjunctive dietary interventions lead by APDs offer cost-effective approaches to managing mental health symptomology and physical health.[3-8]

Evidence for the role of dietitians in high-prevalence mental illnesses including depression and anxiety is documented. A systematic literature review identified that, (i) whole of diet (rather than

individual nutrient) interventions are an effective method in improving symptoms of depression and anxiety, and (ii) dietitians should deliver the nutrition intervention.[9] Other studies have demonstrated that dietitian-led interventions show efficacy in improving symptoms of depression and anxiety.[10-12] Dietetic interventions can be considered effective adjunctive care in high-prevalence mental illness.

Dietitians have also been shown to provide more effective nutrition interventions for the physical health of people with severe mental illness than other clinicians.[13] In addition to nutrition-related side effects, dietitians are ideally placed to manage the specific psychotropic medication-nutrient interactions. The role of dietitians working in severe mental illness, and practice recommendations, are well-documented.[14, 15]

Psychotropic medications (used in the treatment of depression, anxiety and psychotic disorders) stimulate appetite and excessive food intake. Mental illness can have a marked impact on energy levels and motivation. Mental illness may also impact on a person's life and nutrition status in many other ways, including social stigma, social and geographical isolation, access to transport, financial status and self-esteem. These factors can impact on an individual's capacity for lifestyle change and to follow a healthy lifestyle. They impact on the individual's ability to plan, access, prepare and consume nutritious food and undertake physical activity. These challenges mean that lifestyle intervention often requires intensive behaviour change and lifestyle change techniques that dietitians are uniquely placed to provide using individualised, flexible and adaptable methods.

Ensuring veterans have early access to APDs as a routine part of their mental health care can help equip them with essential preventative tools they can use to help combat the typical effects of mental illness and the side effects of drugs used in treatment. Providing access to dietitians early in treatment, rather than after negative effects of mental illness and drug therapy have arisen, can bolster Veterans' ability to prevent and manage long-term illnesses with much greater effectiveness.

Veterans living with mental illness can have poor dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity. Poor diet quality, often characterised by foods high in energy and sodium, can contribute to physical illness and is prevalent in people across the spectrum of mental illness.[16] Dietitians are well-placed to address the issues that commonly impact those living with mental illness.

The veteran perspective

Through APD member discussions with veterans in their care, some common themes relating to mental health and well-being were identified. Dietitians Australia recommends that the following areas be specifically identified in the Terms of Reference for the Royal Commission:

1. **System inefficiencies**. Veterans interviewed expressed frustration with obtaining supplements through DVA. The convoluted process of having the dietitian request the supplement and forward a copy of the form to DVA and the doctor, slows the process of acquiring the supplement. The extra step of the doctor needing to write the prescription often slows the process. This often results in the Veteran continuing to lose weight, even when the need for the supplementary support has already been recognised. Although there are multiple examples of this happening, a recent example involved an 82YO veteran with malabsorption issues. A request was made to trial a new supplement to help gain weight. His weight on request was 53kg. The request was initially lost by the doctor. When he eventually rang for the supplement, he was mistakenly told it was not listed. Over a period of three visits by the veteran to the doctor and multiple calls from the dietitian to the doctor and DVA, the situation was resolved. However, it took six weeks and the veteran lost a further

3kg. The whole scenario created a lot of stress for the veteran which impacted his mental health:

> *"I'll be dead before I get this drink. I feel like just giving up!"*
> - EM aged 82 (White card holder)

2. **Changing goal posts.** A number of veterans expressed a frustration that the DVA guidelines and rules change all the time. This unstable situation has a negative impact on the veteran's sense of self-worth and subsequently, their mental health. A number expressed the concern about the impact that the Cycle of Care program (in 2019) has had on them. The system takes up a lot of the veterans' time for what they see as no benefit to them. This approach is part of the feeling of having something they believe they are entitled to (and earnt), whittled away. It has increased their visits to doctors to ask for referrals. For example:

> *"This getting referrals all the time. It takes a lot of time and causes stress. Why did they have to change the system? It was working fine."*
> – PD aged 65 (White card holder)

> *"Why are they doing this anyway? I know, they're trying to save money. But they're not. With all the visits I made to doctors, I bet it has cost them money. Just another example of giving something and then taking it away."*
> – RD aged 76 (Gold card holder)

3. **System inconsistencies**. Several veterans expressed frustration that the inconsistencies in the DVA system is impacting their mental health. This is exemplified by the different requirements for access to physiotherapists for totally and permanently incapacitated (TPI) veterans. The requirement for veterans to get a referral after 12visits to the dietitian and not have to do that for the physiotherapist is confusing and frustrating.

> *"I'm back and forth to the doctor all the time. It's not just for* [the dietitian]*, it's for all the other people I see too. This is pissing me off. Tell me this, why do I have to get a referral all the time for* [the dietitian] *when I don't need it for my physio? Aren't you guys' part of the same team?"*
> . – BL aged 76 (Gold card holder)

4. **Lack of trust:** There is an undercurrent of a lack of trust (highlighted in the quotes above) which is also expressed by others in the discussions. Veterans feel they were promised support when they leave the service, but it doesn't get delivered.

> *"They don't help us, they're against us. They spend $90million discrediting soldier injuries. They don't make things easier"*
> – PT aged 49 (Gold card holder)

> *"They promise all this stuff but don't deliver. When you ask for it, DVA say they can't afford it"*
> – KM aged 71 (Gold card holder)

5. **Lack of transitional support.** A number expressed the frustration when moving from very ordered and structured environment in the military to civilian life.

> *"DVA need to help them get a job. They get a pension and some live on that. But they should get a job. They've been wrapped in a cocoon in the service with their mates. They need structure to help them get back. Or otherwise, they binge on alcohol. There's more stuff now but more needs to be done"*
> – GL aged 74 (Gold card holder)

> *"Need to look for ways to cope in the civilian world"*
> – PD aged 65 (White card holder)

6. **Sense of isolation**. As a result of a number of these points, veterans expressed a sense of isolation. Almost like an "us against them" and it is too hard to keep fighting.

> *"Veterans are loyal people, but they (DVA) don't deliver loyalty. They deny things like Agent Orange. So, you feel isolated and you never know who's going to top themselves"*
> – KM aged 71 (Gold card holder)

7. **DVA is difficult to deal with.** A number of veterans expressed frustrations dealing with the department. They are promised things that do not eventuate or are exceedingly hard to get. For example:

> *"The problem is the hurdles and hoops you need to go through to get things. There's too much red tape. And it is a box ticking exercise. If the box isn't ticked, you get nothing. Everything might be there, but they tell you nothing. They're frustrating to deal with"*
> – PD aged 65 (White card holder)

There was also a comment on the type of people employed by DVA. One Vietnam veteran was having his concerns at DVA addressed by an Asian operator who was unhelpful. Although this comment has an undercurrent of racism, it is a real frustration and an example of ways DVA can assign appropriate staff to deal with certain veterans. He commented:

> *"I just came back from dealing with them and now I have to cow tail to them".*
> – TD aged 76 (Gold card holder)

8. **Pension is not adequate**. For some of those who are totally and permanently incapacitated, there was a feeling that the pension was not adequate.

> *"I am totally incapacitated, and I get 75% pension. I live below the poverty line"*
> – PT aged 49 (Gold card holder)

> *"I was told I could take 20-30% of my pension as a cash payment up front and reduce my pension. But I have to keep paying it back. When I asked how long this goes for, they said for ever. They didn't tell me that to start. The goal posts change all the time."*
> – KM aged 71 (Gold card holder)

References

1. Australian Institute of Health and Welfare. Health of veterans. 2020 [Available from: https://www.aihw.gov.au/reports/australias-health/health-of-veterans.

2. National Mental Health Commission. Equally Well Consensus Statement: improving the physical health and wellness of people living with mental illness in Australia. Sydney NMHC 2016.

3. Chatterton ML, Mihalopoulos C, O'Neil A, Itsiopoulos C, Opie R, Castle D, et al. Economic evaluation of a dietary intervention for adults with major depression (the "SMILES" trial). BMC Public Health. 2018;18(1):1-11

4. Holt RI, Hind D, Gossage-Worrall R, Bradburn MJ, Saxon D, McCrone P, et al. Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT. Health Technology Assessment (Winchester, England). 2018;22(65):1

5. Meenan RT, Stumbo SP, Yarborough MT, Leo MC, Yarborough BJH, Green CA. An economic evaluation of a weight loss intervention program for people with serious mental illnesses taking antipsychotic medications. Administration and Policy in Mental Health and Mental Health Services Research. 2016;43(4):604-15

6. Osborn D, Burton A, Hunter R, Marston L, Atkins L, Barnes T, et al. Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial. The Lancet Psychiatry. 2018;5(2):145-54

7. Segal L, Twizeyemariya A, Zarnowiecki D, Niyonsenga T, Bogomolova S, Wilson A, et al. Cost effectiveness and cost-utility analysis of a group-based diet intervention for treating major depression–the HELFIMED trial. Nutritional neuroscience. 2020;23(10):770-8

8. Verhaeghe N, De Smedt D, De Maeseneer J, Maes L, Van Heeringen C, Annemans L. Cost-effectiveness of health promotion targeting physical activity and healthy eating in mental health care. BMC Public Health. 2014;14(1):1-9

9. Opie RS, O'Neil A, Itsiopoulos C, Jacka FN. The impact of whole-of-diet interventions on depression and anxiety: a systematic review of randomised controlled trials. Public health nutrition. 2015;18(11):2074-93

10. Forsyth A, Deane FP, Williams P. A lifestyle intervention for primary care patients with depression and anxiety: a randomised controlled trial. Psychiatry research. 2015;230(2):537-44

11. Jacka FN, O'Neil A, Opie R, Itsiopoulos C, Cotton S, Mohebbi M, et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES'trial). BMC medicine. 2017;15(1):1-13

12. Parletta N, Zarnowiecki D, Cho J, Wilson A, Bogomolova S, Villani A, et al. A Mediterranean-style dietary intervention supplemented with fish oil improves diet quality and mental health in people with depression: A randomised controlled trial (HELFIMED). Journal of the Australasian College of Nutritional and Environmental Medicine. 2018;37(1):6-18

13. Teasdale SB, Ward PB, Rosenbaum S, Samaras K, Stubbs B. Solving a weighty problem: systematic review and meta-analysis of nutrition interventions in severe mental illness. The British Journal of Psychiatry. 2017;210(2):110-8

14. Teasdale S, Samaras K, Wade T, Jarman R, Ward P. A review of the nutritional challenges experienced by people living with severe mental illness: a role for dietitians in addressing physical health gaps. Journal of human nutrition and dietetics. 2017;30(5):545-53

15. Teasdale SB, Latimer G, Byron A, Schuldt V, Pizzinga J, Plain J, et al. Expanding collaborative care: integrating the role of dietitians and nutrition interventions in services for people with mental illness. Australasian Psychiatry. 2018;26(1):47-9

16. Teasdale SB, Ward PB, Samaras K, Firth J, Stubbs B, Tripodi E, et al. Dietary intake of people with severe mental illness: systematic review and meta-analysis. The British Journal of Psychiatry. 2019;214(5):251-9

Appendix A – The Veteran Experience

Dear Peter,

Following our recent discussion over the Royal Commission into Defence and Veteran Suicide, I submit the following information.

- I was a National Serviceman, called up into the Army for 2 years from February 1966, aged 21. After basic training in Kapooka, NSW, I trained as a medic in the School of Army Health in Victoria. Subsequently, I was posted to South Vietnam from April to December 1967.As a medic I was initially based with 8 Field Ambulance (Army Hospital) in Vung Tau and then was attached to 3 successive infantry units, 6, 7 and 2 Royal Australian Regiments (RAR) as a company (or combat) medic. As a company medic, I was in 6 RAR, D company which consisted of about 100 soldiers and 2 RAR comprised of 800 – 1000 soldiers which had their base at Nui Dat, in the rubber plantation. I was part of the infantry and went on overnight ambushes and operations for weeks, often in helicopters. I was then assigned to 7 RAR and 2 RAR for the rest of my tour. During this time, I was involved in many infantry operations and conflicts. I completed my tour of Vietnam in December 1967 and returned to Australia. I completed my National Service and was discharged from the Army in February 1968.
- Returning home, like many other returned Vietnam veterans, I was badly treated. In anger, I binned my war service medals and went through several jobs, making sure that I deleted my war service from my resume as it prevented me from getting a position. I was of the opinion that my country had rejected me. I subsequently married and we had 2 children and 3 miscarriages, almost losing my wife. Since then, my oldest son and his wife lost their first child through miscarriage. This shattered them at the time and I believe that this is a more common incident with Vietnam Veterans than with the general population.
- An extract from the recent book “The Long Shadow” by Peter Yule, 2020, applies to me and many Vietnam Veterans “Most veterans were either alcoholics or workaholics and I fitted into the latter category”. This soldier also served with 6 and 7 RAR in 1967.
- I find it rather galling to read on the front page of a national newspaper a few days ago with the new Defence Minister, Peter Dutton, stating about veterans “We have got your back”. This has not been the case, particularly, for veterans from more recent conflicts.
- The above incidents were very difficult to bear, but I got through it with a very supportive wife; dedication to work and study, continuing participation in war veteran organisations and improving my health and fitness through sport and medical and allied health professionals.
- As part of my allied health support, I have experienced wonderful treatment and success with my weight and fitness with the years that I spent in your [dietetic] care. Integral to this, are regular consultations to maintain and extend this marked improvement. Recent changes in the DVA system require me to get an addition referral from my GP after 12 visits. This does not apply to other allied health professionals and is an impost on the GP, the dietician and myself. It reeks of penny pinching from DVA, with no consultation with veterans.
- I believe that the Royal Commission should examine this cutback in allied health service by DVA and reverse it. Only then will I believe in the dictum “We have got your back”.

Regards

BL, Veteran

Appendix B – The Veteran Experience

To Whom it May Concern,

This letter details what the veterans our team has seen across the country have detailed as issues, as well as the roadblocks that we have seen placed on our profession in particular in our role in a veteran's life, and the prevention of veteran harm and suicide.

Eligibility of DVA White Card Holders for Dietetic Services

Previously dietitians facilitated the implementation of interventions to optimise dietary intake to improve mental health, while assisting in the management of side effects resulting from mental health medications which impair client's quality of life. Improving the physical health of these veterans also often has a direct affect on their mental health, as much of their lives was centred around their ability to be active and do things. Many feel useless, but when assisted feel more empowered as individuals. In the last 6-9 months, The Department of Veterans' Affairs declared that mental health is no longer a service which dietetics can assist with and now very rarely approve this service. This neglects the strong body of evidence which supports the role of nutrition in improving mental health and managing impactful side effects of mental health medications, despite this previously being accepted via Prior Approval for several years.

Prior Approval System

The prior approval system was developed to be an individual-based decision process, however, more recently dietitians have been receiving generic letters which are not individualised to the client and in some cases, do not reflect the content written in the prior approval request and clinical justification.

For example, the below client was rejected on claims of 'obesity not being an accepted condition', however, there is no mention of obesity in the clinical justification letter which was discussing nutrition and mental health (figure 1, figure 2). This re-emphasises the need for the prior approval system to be reviewed.

Figure 1 – Clinical Justification

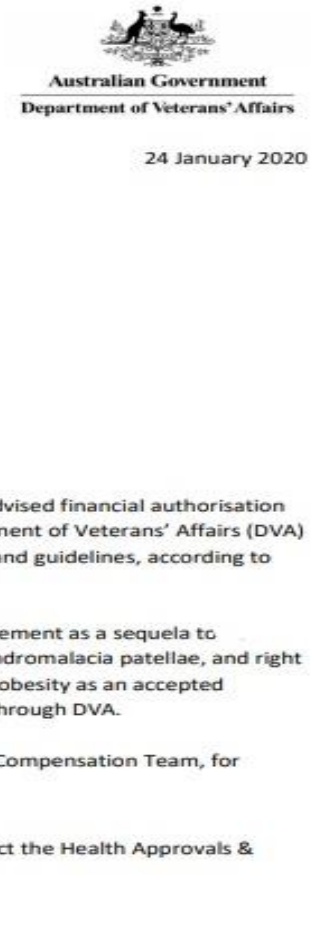
De-identified client has major depressive disorder with anxiety distress, research suggests that a diet rich in fruit and vegetables, wholegrains, dairy and some good quality protein such as fish and lean meats, nuts and seeds and oils can improve mental health (Sathyanarayana Rao et al., 2008; Dietitians of Canada, 2012). Complex carbohydrates, are slowly digested and provide a more stable source of energy for the brain (Sathyanarayana Rao et al., 2008). Increasing wholegrains, vegetables, beans, chickpeas and lentils for example can help to produce neurotransmitters needed to maintain healthy brain activity patterns (Sathyanarayana Rao et al., 2008). Essential fatty-acids, omega-3 and omega-6 which are not produced by the body, but are essential for brain function and development, and can only be obtained from foods we eat such as oily fish (salmon, mackerel, herring), seeds, dark green leafy vegetables, vegetable oils, dairy and legumes (Sathyanarayana Rao et al., 2008). The evidence suggests that amino acids, particularly tryptophan, along with essential vitamins and minerals from a variety of fruit and vegetables, are vital for numerous functions within the body and are beneficial for mental health (Sathyanarayana Rao et al., 2008). Additionally, adequate intake of water based on the individual requirements is required to assist with optimal brain function. Dietetic interventions to ensure adequate intake of the above macronutrients and micronutrients is vital for improving the mental health of *De-identified client*, whilst also improving her overall health. Furthermore, ensuring processed foods including refined carbohydrates are kept to a minimum to reduce spikes in insulin will assist with mood. Ensuring stimulants such as coffee and alcohol are avoided where possible, will further improve *De-identified client* mental health through achieving optimal brain sensitivity to neurotransmitters (Sathyanarayana Rao et al., 2008; Dietitians of Canada, 2012).

References:

Sathyanarayana Rao, T., Asha, M., Ramesh, B. and Jagannatha Rao, K. (2008). Understanding nutrition, depression and mental illnesses. Indian Journal of Psychiatry, 50(2), p.77.

Dietitians of Canada (2012). Promoting Mental Health through Healthy Eating and Nutritional Care

Figure 2 – Prior Approval Rejection Letter



Australian Government
Department of Veterans' Affairs

24 January 2020

Dear

Re: Request for Dietetics for

Thank you for your request received on 22 January, 2020. Please be advised financial authorisation for to receive dietetic treatment, at the Department of Veterans' Affairs (DVA) expense, has been declined as this does not meet current DVA policy and guidelines, according to the *Treatment Principles* of the *Veterans' Entitlements Act 1986*.

is requesting dietetic services for weight management as a sequela to approved disabilities of depressive disorder with anxiety distress, chondromalacia patellae, and right knee bursitis. will need to apply for approval of obesity as an accepted disability to access dietitian services for weight management funded through DVA.

The client has been advised to lodge a claim for obesity with the DVA Compensation Team, for consideration.

If you have any questions or require further information, please contact the Health Approvals & Homecare section on 1800 550 457.

Yours sincerely

This letter is not in isolation, and we have many similar letters and situations from DVA stating we are discussing weight, when weight was never mentioned. It seems to us that DVA have either not been reading Prior Approvals seeking treatment for veterans struggling with mental illness or have been completely ignoring what was said and then replying with an irrelevant justification for refusal of treatment for the veteran. This is overwhelming for veterans, especially those that were previously seen, as to how DVA could 'abandon' them like that. We have had to stop seeing 100s of veterans because of this change, and we fear that the mental health of these veterans will have suffered (and they started as such), not to mention their physical health. We fear that the continuing deterioration of veterans' mental health could lead to self-harm, suicide ideation and suicide. Many veterans we work with already have these thoughts, and our dietitians often are one of their main supports and connection to community. That being taken away, for veterans that already feel alone, can only lead to undesirable consequences.

We urge you to review these processes, particularly around White Card holders with mental health conditions. Please also consider the body of evidence which demonstrates a clear link between optimising nutrition to improve mental health, health outcomes and quality of life for the veteran community. Reinstating the ability for veterans with mental illness to seek dietetic support will have benefits to the community and may assist in reducing incidence of veteran suicide. In essence, what we ask is that DVA takes applications for treatment on their merits, that they do not provide generic and irrelevant letters back to providers, and ultimately allow those that NEED treatment and assistance with their mental illnesses to receive it.