



Consultation Report

Exposure Draft of the Defence
and Veteran Mental Health
and Wellbeing Strategy

2025

Scope of this report

This report summarises the feedback received during consultation for the *Exposure Draft Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029* (the Exposure Draft). Consultation for the Exposure Draft was conducted between 28 January and 07 March 2025.

The Department of Veterans' Affairs (DVA) and the Department of Defence (Defence) conducted consultation to gather feedback on how well the Exposure Draft supports the mental health and wellbeing of the Defence and veteran community.

This report does not make any recommendations on the Exposure Draft. It sets out the common themes present in the feedback received during the consultation.

Exposure Draft of the Defence and Veteran Mental Health and Wellbeing Strategy 2025-2030

Defence and DVA worked together to develop the Exposure Draft. The Exposure Draft was developed following consultation held in late-2023 through a series of surveys, webinars and professional roundtables. Initial consultation with the Defence workforce occurred in early 2024 across 52 Defence establishments to gather information on key issues relating to Defence and veteran mental health and wellbeing.

The Exposure Draft sets out the proposed joint approach of Defence and DVA to promote and support mental health and wellbeing for the Defence and veteran community. The Exposure Draft proposed goals include the promotion of wellbeing, early intervention and prevention, timely access to care and support, a positive and connected community, suicide prevention, and using data to drive positive outcomes.

Feedback gathered from the consultation on the Exposure Draft will be used to inform finalisation of the *Defence and Veteran Mental Health and Wellbeing Strategy 2025-2030* (the Strategy) and associated Action Plans.

**The Strategy's vision is to empower
and support the Defence and veteran
community for optimal mental health and
wellbeing during service or employment,
during transition to civilian life and beyond.**

Consultation overview

Public feedback was sought on the Exposure Draft to help inform what is important when it comes to supporting the mental health and wellbeing of the Defence and veteran community. Feedback on the Exposure Draft was gathered during a 6-week consultation period. Responses were able to be provided via an online survey or written submission.

Public consultation received 336 responses:

- 279 responses were received via an online survey
- 57 written submissions.

When responding to the survey or making a submission, providing identifying data and permission to publish responses was optional, with many electing not to provide any identifying information. Where identifying data was recorded, most responses were from veterans (40%) and current serving members (25%).

Key take-aways

Support for a targeted mental health and wellbeing strategy for the Defence and veteran community.

Most responses strongly supported a joint Defence and DVA approach to mental health and wellbeing, emphasising the need for consistency, tailored intervention and prevention for the Defence and veteran community.

The Goals outlined in the Exposure Draft are the right areas to focus on

Most responses strongly supported the Goals outlined in the Exposure Draft as the most important areas to focus on to address and improve mental health of the Defence and veteran community.

Implementation of the Strategy will be the main driver of its success

Many responses emphasised implementation and the actions that operationalise the Strategy are key for the Strategy to be successful.



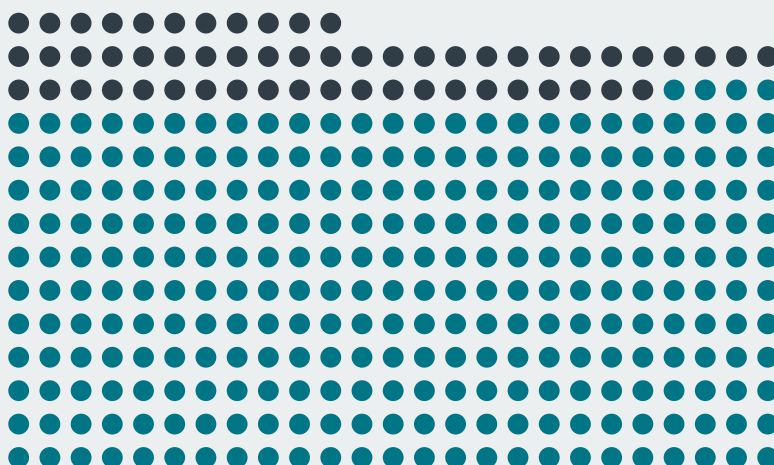
6
weeks of
consultation



279
online survey
responses



57
written
submissions



Major themes raised by responses

Support for a targeted mental health and wellbeing strategy for the Defence and veteran community

There was strong support in almost all responses for a joint Defence and DVA approach to mental health and wellbeing. Many responses highlighted the need for mental health and wellbeing to be consistent across the Defence and veteran journey, and signalled a joint strategy may meet that need. There was strong support for the joint strategy to focus on prevention and tailored intervention, to meet the military-specific mental health and wellbeing needs of the Defence and veteran community.

The Goals outlined in the Exposure Draft are the right areas to focus on

There was a strong consensus that the Goals outlined in the Exposure Draft are the correct areas to focus on. Most of the responses supported the Goals and their focus on empowering and supporting the mental health and wellbeing of the Defence and veteran community.

Implementation of the Strategy will be the main driver of its success

Responses indicated a need for a proactive approach from Defence and DVA; and the value of specific, implementable activities to drive the success of the Strategy. Comments noted specific performance measures would be useful to improve the efficiency and overall success of the Strategy. There was a strong view that a collaborative approach and effective implementation will be critical to the Strategy's success.

Cultural change is needed to improve mental health and wellbeing

A prominent theme across responses and submissions was the current cultural challenges regarding mental health and wellbeing for the Defence and veteran community. Those who

shared this perspective stated for the Strategy to be successful in tackling mental health, it also needs to enable and support a cultural shift within the Australian Defence Force (ADF), Defence and DVA. Some feedback suggested cultural change may be achieved by identifying training opportunities in mental health, wellbeing and psychosocial safety for ADF, Defence and DVA staff. Feedback was supportive of an early intervention approach to proactively promote mental health awareness, tackle stigma and develop a culture of openness.

Accessibility to mental health and wellbeing supports must be improved

Feedback consistently called for improved accessibility to mental health treatment and services for serving members, veterans and their families. The importance of access to services across the Defence and veteran career journey (i.e. from recruitment through to post service) was raised, with respondents calling for improved access to providers, training, programs, and social supports for serving members, veterans and their families. Feedback consistently noted the significance of the stepped care model and its value in ensuring veterans receive the right level of support at the right time.

Defence and DVA should prioritise early intervention and prevention

Feedback indicated Defence and DVA should take a proactive approach to mental health; focussing on early intervention and suicide prevention developed through trauma-informed care principles. Some feedback emphasised the importance of tailored interventions to address the specific factors contributing to suicide within different subgroups of the Defence and veteran community. It was noted early intervention and prevention programs should be flexible so they can be adjusted to fit an individual's needs and experiences.

Consultation feedback on priority areas to improve mental health and wellbeing of the Defence and veteran community

In addition to the opportunity to comment on the Exposure Draft, the survey invited respondents to provide feedback on priority areas to improve the mental health and wellbeing of the Defence and veteran community. The most frequently raised priorities were:

1. Ensuring there is accessibility to health services for serving members, veterans and their families

Comments addressing accessibility included a need for timely access to meaningful and effective support, an adequate range of types of mental health support to suit individual needs, and the need for coordinated mental health services across Defence, DVA and ex-service organisations (ESOs).

2. Prioritising cultural change within Defence and DVA

Comments about cultural change focused on the need to eliminate stigma to meaningfully improve mental health and wellbeing. Proposed ways to address this included improving access to training on ways to support staff; promoting help-seeking; and reviewing processes for bullying, harassment and psychosocial safety.

3. Focusing on early intervention and prevention services

Comments on early intervention emphasised the need for proactive approaches to mental health care, particularly improved after-hours care and services in rural and remote areas. Preventative measures addressing loneliness, improving social connection, prompting healthy choices, and empowerment through education were identified as further opportunities to meet this need.

4. Providing support to families of serving members and veterans through targeted programs and services

Comments highlighted the need to provide support for families caring for serving members and veterans and invite families to directly engage with the Defence culture and community. Comments encouraged Defence and DVA to consider family wellbeing as part of improving mental health and wellbeing of Defence members and veterans, and to support family wellbeing across all stages of the Defence and veteran journey. The need to provide support for children of serving members and veterans who are struggling with their own mental health was specifically addressed.

5. Education should be a high priority

Feedback consistently raised the importance of improving accessibility and quality of education for mental health, wellbeing, and suicide prevention, including access to support and improving personal resilience. Comments supported increasing capacity for wellbeing within Defence, DVA and service providers, including education and review of systems to enable effective care, decision-making and support.



Other themes raised in consultation

Survey respondents also provided general feedback on the Strategy. While mentioned less frequently than the priority themes, several ideas appeared consistently across submissions and warrant further consideration:

- Military-specific factors should be considered when tackling mental health and wellbeing of the Defence and veteran community.
- System coordination is fundamental for the delivery of high-quality mental health care.
- Community engagement, co-design, diversity, inclusion, and social connection all play key roles in improving mental health and wellbeing for the Defence and veteran community.
- Defence workforce capability and transitioning veterans needs (such as employment/ meaningful activity) could be more specifically addressed within the Strategy.