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Submission on the Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft

Prepared by Everymind

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About Everymind

Everymind is a leading institute dedicated to the prevention of mental ill-health and suicide, with a vision of empowering people and organisations to implement change - for themselves, for each other and for the future.

The Institute has a long-standing reputation for designing, implementing and evaluating tailored policy advice, research, and programs. This includes more than three decades of experience designing and delivering programs, policy responses and translational research.

Everymind's highly reputable programs are scaled to meet people where they live, work, learn and connect. We work with the media, workplaces, and families and caregivers to bridge the knowledge to practice gap in the prevention of mental ill-health and suicide so that fewer people are impacted in the future.

Our work focuses on five priority areas:

1. Elevating prevention as a priority through strategy and policy
2. Using knowledge translation to build capability across sectors
3. Influencing media, organisations and communities to apply best-practice communication
4. Transforming the supports available to family, friends and carers
5. Promoting a mentally health approach across business and community.

Submission summary

This submission outlines Everymind's feedback on the *Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft* (the Strategy).

We believe that the Strategy is a vital document for guiding efforts to improve the individual and collective mental health and wellbeing of the defence and veteran community and commend the work that has been done to date.

We recommend the following to further enhance the Strategy:

- Increase the primary prevention and mental health content and focus within the document, including actions to reduce the drivers of distress and mental health concerns within the defence and veteran ecosystem.
- Ensure accurate, safe and non-stigmatising language is used throughout the Defence and Veteran Mental Health and Wellbeing Strategy and associated public communication.
- Expand on the Goal 3 action "*considering the family when developing and managing care and support pathways*" (page 11) by recognising the crucial role of family, friends and carers in supporting defence and veteran community members who are experiencing mental ill-health or suicidal distress.

Additional detail on recommendations

Enhance the primary prevention and mental health content and focus within the Strategy

The Strategy's vision is to empower and support members of the Defence and veteran community to develop and maintain optimal mental health and wellbeing. This approach has a strong alignment with a prevention and mental health promotion approach. However, the content within the Strategy document can be strengthened to deliver on this vision. Some suggestions to achieve this are summarised below.

Include the Dual Continua Model of Mental Health

The mental health and wellbeing continuum used in the Strategy (see page 8) presents mental health and mental ill-health as one continuum. Mental health and wellbeing and mental ill-health are influenced by one another but are not opposites as depicted. We would recommend that the Dual Continua Model of Mental Health would be better suited to this Framework as it shows how mental health and wellbeing, and mental ill-health can be viewed as belonging to two interrelated but separate domains that influence each.

The model demonstrates how a person has the capacity for good mental health and wellbeing while also living with mental ill-health. Similarly, a person may have significant concerns with their mental health and wellbeing but not meet the criteria for a mental illness. This understanding allows for a proactive approach that builds policies, systems and culture for promoting mental health and wellbeing across settings.

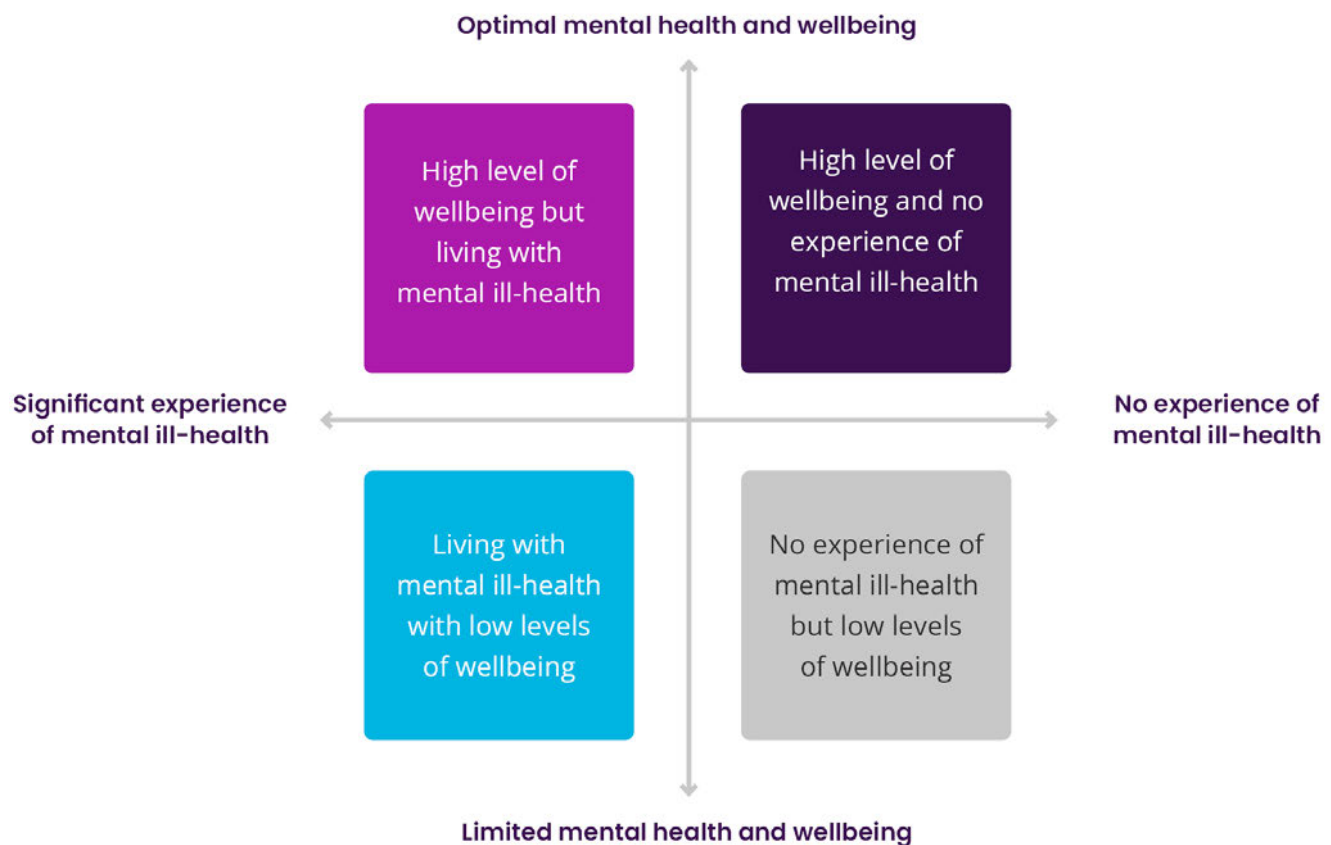


Image: Dual Continua Model of Mental Health (adapted from Tudor, 1996), from Everymind's Prevention First Framework

Increase the prevention content included under Goals 2 and 5

Goal 2 of the Strategy is to improve mental health and wellbeing through “*prevention and early intervention*”. However, most of the description relates to early intervention approaches that respond at the point of concerns or distress. This section would be enhanced through adding a focus on reducing factors in the work, transition and veteran ecosystem that contribute to risk and mental health concerns. It would also be improved by directly aligning with the ‘protect’ pillar under the National Mental Health Commission’s [Blueprint for Mentally Healthy Workplaces](#).

Goal 5 of the Strategy focussed on suicide prevention, which is an important inclusion. However, a stronger focus on prevention would include identifying and mitigating the drivers of distress and suicidal behaviour in the Defence and veteran ecosystem. The current examples are more focussed on response, rather than prevention, with some further alignment with the National Suicide Prevention Strategy recommended.

Ensure accurate, safe and non-stigmatising language is used throughout the Defence and Veteran Mental Health and Wellbeing Strategy

The way suicide and mental ill-health are reported, portrayed or communicated about in public documents and setting can impact the way people access help-seeking information and services. The use of non-stigmatising language, the correct use of statistics and not detailing graphic information can have a profound impact on vulnerable people in our community.

Mindframe is a national program managed by Everymind, providing best practice communication guidelines and resources to support the safe reporting, portrayal and communication about suicide, mental health concerns and alcohol and other drugs (AOD). The program aims to reduce the use of language that can harm or stigmatise individuals at risk of, or impacted by, these issues while improving help-seeking and help-offering behaviours.

In reviewing the *Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft*, the following points related to language were identified for consideration:

- Ensure that the term ‘mental health’ is used in a positive capacity that is innate to each individual and exists within a continuum. The World Health Organisation defines mental health as: *“a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.”*
For example, on page four of the draft, the sentence *“Our leaders and managers are key to embedding mental health, wellbeing and effectiveness in our work environments”*, implies that mental health is not experienced by all individuals as an implicit experience of being human. We recommend instead identifying that managers are key to creating environments where individuals’ mental health and wellbeing are supported and able to flourish.
- Ensure the term ‘recovery’ is synonymous with person-centred frameworks of recovery. As per the *Mindframe* glossary of terms, this approach identifies that there is *“no single description or definition of recovery because recovery is different for everyone, recovery often refers to being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health concerns or alcohol and other drug concerns. Central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy”* (*Mindframe*, 2024).
For example, on page 11, Goal 2, the draft states *“Early identification of the signs and symptoms of struggling or being unwell enables timely help. This can prevent a person’s condition from becoming worse and harder to treat. Early intervention with proper care and treatment makes it possible for individuals to recover from mental health challenges.”* We recommend revising the use of recovery in this context which implies that recovery is synonymous with a reduction of symptoms of mental health concerns. As per the Dual Continua Model of Mental Health, a person has the capacity for good mental health and wellbeing while also living with ongoing symptoms of mental ill-health. We also caution against the use of ‘treatment’ as it implies that something is being done to the individual, rather than with the individual seeking support. We also recommend caution using the phrase ‘proper treatment’ as this may narrow support options to fit within a western medical model and exclude other holistic avenues of support, particularly those that are central to social and emotional wellbeing for First Nations peoples and culturally and linguistically diverse people.
- We recommend when referring to ‘lived experience’ that this phrase is expanded to include ‘lived and living experience’. ‘Living experience’ may be preferred by some people to indicate that the personal experience is current or ongoing and not in the past.
- We recommend reconsidering language that uniquely places the individuals at the centre of responsibility experiencing a crisis or state of unwell. For example, on page 11, Goal 2 states, *“Avoid a point of crisis or state of unwell, and know about the support that is available.”* It is important to acknowledge the complex structural,

social, cultural and individual factors that may lead to a point of crisis that at times may not be avoidable by the individual, even if they are actively seeking support for their mental health and wellbeing.

- We recommend including specific actions relating to implementing safe and non-stigmatising language and communication at all levels of government and community. That includes media and organisations working with veterans to share their lived and living experience. This may be through implementing the *Mindframe* guidelines or undertaking *Mindframe* best-practice communication training.
- We recommend including promoting the fact that people within the defence and veteran community who are sharing their lived and living experience of mental health concerns, suicide or alcohol and other drug use have access to education about safe storytelling frameworks. This could be done through sharing the *Mindframe* resource suite *Our Stories Matter*, or facilitating training through Everymind and its sector partners for people interested in sharing their stories publicly.

Expand on the action ‘considering the family when developing and managing care and support pathways’ by recognising the crucial role of family, friends and carers

Everymind suggests expanding on the action “*considering the family when developing and managing care and support pathways*” listed under Goal 3 “*Facilitate timely access to quality care and support*”, by recognising the crucial role of family, friends and carers in supporting defence and veteran community members who are experiencing mental ill-health or suicidal distress.

Everymind acknowledges the significant contribution of family, friends and carers, who often become the primary source of support for those experiencing mental ill-health or suicidal distress due to barriers in accessing formal mental health services. The stigma associated with mental health conditions remains a significant barrier to seeking professional help, making the role of family, friends and carers even more crucial.

Everymind recognises the nuanced challenges faced by those caring for individuals with mental health concerns, including the episodic and temporal nature of this care. Family, friends and carers providing support to individuals experiencing mental health concerns or suicidal distress face an elevated risk to their own mental health and wellbeing. Support and caring roles are commonly associated with disproportionate rates of stress, relational distress, loneliness, fatigue, neglect of own needs, and poorer physical, emotional and mental health outcomes. Carers of someone with a mental illness are also more likely to be diagnosed with a mental illness themselves or to experience suicidal distress.

Research shows that by providing targeted training, skill building and resources for mental health support, the following outcomes are possible for carers:

- Increased mental health and wellbeing for themselves by providing supports that improve mental health literacy, build communication skills, self-care skills, emotional regulation skills and support social connection. These supports can reduce distress and increase carers’ coping and self-efficacy.
- Improved mental health and wellbeing of the care recipient. Carers, when working in partnership with those experiencing mental health concerns or suicidal distress, can support therapeutic goals, identify changes in wellbeing and advocate for professional services.

Everymind recommends expanding existing supports for family, friends and carers of defence force personnel and veterans as part of the Strategy’s implementation.

