

Department of Defence
Department of Veterans Affairs

***Defence and Veteran Mental Health and Wellbeing Strategy
2024: Exposure Draft***

Occupational Therapy Australia submission

March 2025

Introduction

Occupational Therapy Australia welcomes the opportunity to provide feedback on the draft Defence and Veteran Mental Health and Wellbeing Strategy 2024.

Occupational Therapy Australia (OTA) is the peak membership body representing occupational therapists nationally. We empower and elevate over 30,000 exceptional professionals who, in turn, work in partnership with clients and communities to lead meaningful lives. We're the single, unifying connection point for occupational therapists in the nation, leading the profession through education, support and advocacy, so every OT is informed, inspired and fulfilled in their profession.

Occupational therapists specialising in mental health provide support veterans through the DVA scheme and are passionate about supporting veterans to ensure their quality of life is maintained and, in many cases, improved. Occupational therapists draw on a broad range of frameworks and models to provide evidence-based assessments and interventions and are trained in OT-specific tools and approaches, as well as focussed psychological techniques.

Key recommendations

Recommendation 1: The draft strategy is enhanced by insertion of additional specific detail that shows how the strategic goals will result in specific outcomes, and includes specific reference to the commitments and work arising from the implementation of the Royal Commission.

Recommendation 2: The strategy's outcomes are strengthened through the inclusion of more specific detail on what will be achieved and who is responsible for achieving them (e.g. Defence, DVA, support services).

Recommendation 3: Government reviews and updates the draft strategy to include more specific and appropriate links to related government strategies and work across the Defence, veteran, health, mental health and disability portfolios and includes more specific linkages to the commitments and work arising from the Royal Commission.

Recommendation 4: Government must include definition and detail on the specific protective factors that influence mental health and psychological wellbeing and ensure the strategy appropriately recognises and responds to these and promotes them within the defence and veteran community.

Recommendation 5: Government should ensure the strategy acknowledges and responds to the broader prevalence of mental illness in the Australian community.

Recommendation 6: Government works with individuals and groups with lived experience of mental illness to ensure that the language used within the document that refers to mental health conditions or mental illness is person-centred, contemporary, appropriate and resonates with people with mental illness or who have sought mental health supports and services.

Recommendation 7: The strategy contains specific reference to the episodic and fluctuating nature of mental illness and the associated impacts on functioning in the form of psychosocial disability.

Recommendation 8: The Strategy should include a dedicated seventh strategic goal 'Identifying and responding to cultural needs' which specifically recognises the needs of First Nations people, LGBTQI+ people and those from culturally and linguistically diverse communities, and include specific commitment to develop and deliver tailored, culturally safe preventative and ongoing supports and services. The strategy should also include two new specific outcomes of 'Increased knowledge and understanding of culturally safe service provision' under the first year, and 'Increased capability to deliver culturally safe services' under the third year.

Recommendation 9: Under Goal 1, the Strategy should contain more detail on how it will promote the protective factors of wellbeing. It should also include specific focus and commitment to promote the protective factors for mental health and psychological wellbeing (refer to Recommendation 4).

Recommendation 10: Under Goal 3, the strategy should specifically address the needs of people with ongoing mental health needs.



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Recommendation 11: Goal 3 should be updated to commit the strategy to work with Defence personnel, veterans, and other external stakeholders to identify and overcome systemic barriers that impact access to mental health services and supports.

Recommendation 12: Goal 6 should be updated to include a commitment to regularly share data relating to the strategy and its progress and impacts with partners, stakeholders and the public.

Recommendation 13: The strategy should include specific reference to the DVA claims process and the ways this can impact mental health support access, and personal wellbeing, and commit to reducing the negative impacts of the claims process.

Key issues

OTA welcomes the Government's commitment to improving the mental health and wellbeing of the Defence and veteran community. We broadly support the overarching vision of the Defence and Veteran Mental Health and Wellbeing Strategy and its aim 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.

OTA offers the following feedback to enhance the strategy's focus and effectiveness to address the current and future mental health needs of the defence and veteran community.

Overarching approach and strategic alignment

OTA is concerned that the expected strategy Outcomes (listed on page five) are overly vague, and lack alignment with the listed strategy goals, or the recommendations of the Royal Commission into Defence and Veteran suicide (Royal Commission). The Strategy could be enhanced through more direct and detailed linkages between the expected outcomes and the strategic goals, and how they are expected to contribute to each outcome.

Recommendation 1: The draft strategy is enhanced by insertion of additional specific detail that shows how the strategic goals will result in specific outcomes, and includes specific reference to the commitments and work arising from the implementation of the Royal Commission.

The outcomes can also be strengthened and made more specific. For example, the medium-term outcome of 'improved mental health and wellbeing capability' lacks clarity and it is unclear if this relates to the capability within the Defence department, DVA, or the mental health services that Defence personnel and veterans' access.

Recommendation 2: The strategy's outcomes are strengthened through the inclusion of more specific detail on what will be achieved and who is responsible for achieving them (e.g. Defence, DVA, support services).

More broadly, it is unclear how the strategy interlinks with other key government strategies and priorities in both the veterans and mental health sectors. There are limited references to other interrelated Defence wellbeing strategies including the Veteran Transition Strategy and the Defence and Veteran Family Wellbeing Strategy, and limited references to the recommendations of the Royal Commission. There are no identified interlinkages with the National Mental Health and Suicide Prevention Agreement. We note the comments of the Royal Commission Final Report which found "... though numerous strategies have been developed in the areas of health, wellbeing and safety, it is unclear how the associated documents relate to each other or fit within the broader Defence

strategic plan. Most of these strategies do not contain measures of success from which to assess the achievement of objectives and intended outcomes regarding preventing suicide and suicidality.”¹

Given this criticism we believe the strategy should respond to this feedback and offer an enhancement that better aligns across the broader Defence and government mental health portfolios, and more specifically link to the commitments being implemented as part of the Royal Commission recommendations.

Recommendation 3: Government reviews and updates the draft strategy to include more specific and appropriate links to related government strategies and work across the Defence, veteran, health, mental health and disability portfolios and includes more specific linkages to the commitments and work arising from the Royal Commission.

Framing and approach to mental health

The strategy should specifically define and identify the protective factors for mental health, which are interrelated but distinctly nuanced from personal wellbeing factors. As noted by Heinsch et al, “it is possible for someone to have a mental illness and high levels of wellbeing. Likewise, it is also possible for someone to have low levels of wellbeing without having a mental illness.”² The Strategy’s focus only on wellbeing factors may not address those factors for that directly influence mental and psychological wellbeing, and mental health conditions. Defining these factors and linking them to the strategy outcomes and goals will better target the strategy’s focus and enhance effectiveness for those at risk of or experiencing mental illness.

Recommendation 4: Government must include definition and detail on the specific protective factors that influence mental health and psychological wellbeing and ensure the strategy appropriately recognises and responds to these and promotes them within the Defence and veteran community.

The Strategy is silent on the broader incidence of mental illness in the Australian community. The Australian Institute of Health and Welfare has identified that 22% of Australians experienced some

¹ Royal Commission into Defence and Veteran Suicide: Final report (2024), Page 24

² Milena Heinsch, Hannah Wells, Dara Sampson, Addie Wootten, Melissa Cupples, Clare Sutton, Frances Kay-Lambkin (2022) Protective factors for mental and psychological wellbeing in Australian adults: A review. Mental Health & Prevention, Volume 25, 2022 <<https://doi.org/10.1016/j.mhp.2020.200192>>

form of mental illness in the previous 12 months.³ Contextualising the Defence and veteran community within this broader societal baseline is important to assist with reducing stigma, and linking this strategy to broader government efforts to address and respond to mental health conditions and suicide.

Recommendation 5: Government should ensure the strategy acknowledges and responds to the broader prevalence of mental illness in the Australian community.

OTA also questions the use of language throughout the strategy that refers to ‘mental health concerns’ rather than ‘mental illness.’ As stigma reduction is a stated objective of the strategy, OTA feels that use of this language appears to downplay or obfuscate mental illness by using more opaque language, which can perpetuate stigma about mental illness. Many people with mental illness have embraced this term and feel that language that doesn’t correctly identify their diagnosis and experience are unhelpful or possibly even harmful. OTA recommends that Defence and DVA specifically engage with people with lived experience to understand the terms and language that resonates with them and use this throughout the document. This is the approach taken in the Australian Government’s recent Autism Strategy. If the strategy’s current language choice has a specific rationale, then a note on language choice at the beginning of the strategy should explain this.

Recommendation 6: Government works with individuals and groups with lived experience of mental illness to ensure that the language used within the document that refers to mental health conditions or mental illness is person-centred, contemporary, appropriate and resonates with people with mental illness or who have sought mental health supports and services.

The Strategy should also be more explicit in how it will manage and respond to those experiencing mental illness within the identified cohort. There is a significant focus on returning people to the ‘well’ end of the mental health and wellbeing continuum, however for some people mental illness is episodic and recurrent and may fluctuate many times over a period or life span. The strategy should acknowledge this fluctuation to ensure the strategy is better tailored to experiences of mental illness

³ Australian Institute of Health and Welfare (2024). Prevalence and impact of mental illness <<https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>>

and reduce stigma for those who experience mental illness across the lifespan. The strategy should also acknowledge that for some people, mental illness may also mean they experience psychosocial disability which may impact functioning in some or all areas of life, which require appropriate supports.

Recommendation 7: The strategy contains specific reference to the episodic and fluctuating nature of mental illness and the associated impacts on functioning in the form of psychosocial disability.

Cultural awareness and cultural safety

The Strategy is entirely silent on the needs of Defence and veteran personnel with diverse cultural experiences and backgrounds, including First Nations people, LGBTQI+ people and those from culturally and linguistically diverse communities. There is one reference under Goal 3 to “using lived experience to gather diverse perspectives and enable delivery of initiatives, programs and services that meet the needs of diverse groups.” The Defence and veteran community reflects the diversity of the Australian community and the strategy must specifically acknowledge and respond to the needs of specific cohorts.

It is concerning that the Strategy has not addressed this need in more specific and concrete ways, as research commissioned by the Royal Commission found that in comparable populations in the US, suicide death rates have been found to be higher for minority groups such as American Indian/Alaskan Native and transgender veterans, and sexual and gender minority status was a potential risk factor for suicide death and suicidality among U.S. service members.⁴

Inappropriate or culturally unsafe services and supports can act as a significant barrier that prevents people seeking out support for mental illness or suicidality. The Strategy must elevate this issue and specifically commit Defence and DVA to identify and address cultural needs in all elements of the strategy, spanning from a nuanced understanding of the factors that influence mental health and wellbeing, through to delivering tailored, culturally safe preventative and ongoing supports and services, specialised data collection, and engagement with key stakeholders to better develop importance of cultural safety and inform service planning and implementation.

Recommendation 8: The Strategy should include a dedicated seventh strategic goal ‘Identifying and responding to cultural needs’ which specifically recognises the needs of First Nations people, LGBTQI+ people and those from culturally and linguistically diverse communities, and include specific commitment to develop and deliver tailored, culturally safe preventative and ongoing supports and services. The strategy should also include two new specific outcomes of ‘Increased knowledge and understanding of culturally safe service provision’ under the 1st year, and ‘Increased capability to deliver culturally safe services’ under the third year.

⁴ Phoenix Australia (2023) ADF members and ex-members suicide literature review: An update.

<<https://defenceveteransuicide.royalcommission.gov.au/system/files/2023-10/adf-members-and-ex-members-suicide-literature-review-an-update.pdf>>

Goal 1: Promote and assist wellbeing

The Strategy has identified and discusses the protective factors for personal wellbeing. It refers to 'promoting well-being factors' but is not specific about what aspect of these will be promoted and how they will be promoted. It is also unclear how the Defence portfolio has the scope, authority or resources to address many of these factors. They are also not directly linked to any of the stated goals in the strategy, our expected outcomes.

Recommendation 9: Under Goal 1, the Strategy should contain more detail on how it will promote the protective factors of wellbeing. It should also include specific focus and commitment to promote the protective factors for mental health and psychological wellbeing (refer to Recommendation 4).

Under Goal 3: Facilitate timely access to quality care and support

The strategy should more fulsomely acknowledge the need for services and approaches that also adequately respond to those with ongoing mental health needs. For some people, recovery from mental illness may be lifelong and requires ongoing management. It is important that this is stated to ensure that the strategy also meets the needs of people who require ongoing mental health support services.

Recommendation 10: Under Goal 3, the strategy should specifically address the needs of people with ongoing mental health needs.

This goal should also explicitly commit to identifying and overcoming systemic barriers that impact access to mental health services and supports. This should include barriers that impact help-seeking, and those that are within Defence's control including the quality and availability of mental health supports and services. For example, low fees for DVA services, and high levels of red tape within the DVA scheme both impact the availability of providers offering DVA-funded mental health services. Included within this should be a commitment to work with external stakeholders including peak bodies to understand barriers that impact access services and supports and ways to improve service delivery and better utilise existing workforces which includes allied health mental health professionals working with in DVA schemes.

Recommendation 11: Goal 3 should be updated to commit the strategy to work with Defence personnel, veterans, and other external stakeholders to identify and overcome systemic barriers that impact access to mental health services and supports.

Goal 6: use evidence and data to drive positive outcomes

The strategy should include a commitment to share data with partners, stakeholders and the public to assist in understanding Defence's progress in advancing the strategy and enabling others in the ecosystem to support and respond as needed.

Recommendation 12: Goal 6 should be updated to include a commitment to regularly share data relating to the strategy and its progress and impacts with partners, stakeholders and the public.

Additional comments

OTA is concerned that the strategy is silent on the DVA claims process as this can create significant negative impact on veterans' wellbeing and access to mental health treatment when claims processing involves significant bureaucracy, delays in claims processing can delay treatment access or payment for treatment, and adverse claims decisions create feelings of disempowerment and can traumatised veterans. The DVA claims process has clear links to several aspects of the personal wellbeing factors including 'income and finance' and 'health'.

Recommendation 13: The strategy should include specific reference to the DVA claims process and the ways this can impact mental health support access, and personal wellbeing, and commit to reducing the negative impacts of the claims process.

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