

Comment on the Draft Defence and Veteran Mental Health and Wellbeing Strategy

Thank you for the opportunity to review and comment on the draft **Defence and Veteran Mental Health and Wellbeing Strategy** (the draft Strategy).

Phoenix Australia: Centre for Posttraumatic Mental Health (Phoenix Australia) is a national and international leader in the field of veteran and military mental health and wellbeing. We have had the great privilege of working very closely with both the Departments of Defence and Veterans' Affairs (DVA) on a broad range of mental health and wellbeing initiatives over the past 30 years.

Due to the nature of our relationship with both Departments, we are uniquely positioned to provide comment on this draft Strategy. Phoenix Australia has provided strategic advice to DVA since our inception, and programs of work have included policy and clinical advice, research and evaluation projects, and workforce training and development activities. We hold the Defence funded Professor of Military Mental Health position, which sits in Joint Health Command to lead mental health research. We have had leadership roles in many of DVA/Defence's long-term research projects including the Longitudinal Australian Defence Force Survey of Resilience, Transition and Wellbeing Research Programme, and evaluation of the DVA Trauma Recovery Programs. We also provided substantial support to the Defence and Veteran Suicide Royal Commission (DVSRC) through expert witness statements, the delivery of a comprehensive literature review, research projects, and participation in advisory committees.

As the Phoenix Australia Professor Director and Chief Executive Officer, I have positions on the DVA Mental Health Advisory Committee and the Defence Mental Health Expert Advisory Group. I am also a Brigadier in the Army Reserve and senior advisor to Defence on military mental health, and I served in the full-time Army as a psychologist for over 20 years.

Strengths of the draft Strategy

Firstly, we would like to commend both Departments on their ongoing commitment to having a strategic approach to mental health and wellbeing for serving and ex-serving ADF members and their families. As well as recognising the requirements to support Australian Public Service (APS) staff and contractors.

Over recent years we have assisted several other 'high-risk' organisations (i.e., police, state emergency services, ambulance services, lifesaving) to develop mental health and wellbeing strategies, and we acknowledge the challenges involved in meeting the needs of large and diverse workforces and in articulating this in strategic level documentation.

The strengths of the draft Strategy in our opinion include:

- Coordinated approach which takes into account whole-of-career and beyond mental health and wellbeing issues for individuals and their families
- Consideration of factors which impact the mental health and wellbeing of all individuals working within the Departments, including APS staff and contractors
- Focus on wellbeing factors and not only on mental health
- Consideration of systems and organisation-level factors and how these need to integrate and coordinate to make a meaningful and sustained impact on mental health and wellbeing
- Inclusion of frameworks and systems to support implementation and evaluation of initiatives
- Incorporation of findings and recommendations from the DVSRC.

Areas requiring additional focus

The following points are provided for consideration to strengthen the draft Strategy. Some of these are omissions in the draft Strategy, while others have been mentioned, but in our opinion, are insufficiently incorporated into the strategic direction and associated initiatives.

Addressing military specific mental health and wellbeing risks for this workforce: It is our opinion that in seeking to consider the needs of a large and diverse workforce, the draft Strategy has become too generic, and it could be easily applied to almost any Australian workforce.

Considerable components of the workforce, including APS staff and contractors, but particularly uniformed staff, are exposed to specific risk factors and psychosocial hazards due to the nature of military service and tasks associated with the defence of the nation. The current geopolitical climate, which is clearly articulated in the Defence Strategic Review (DSR, 2023), requires Defence to be preparing for potential conflict. This is not evident in the draft Strategy. In the context of both the DSR and the recent report from the DVSRC (2024), clear consideration of the psychosocial risks associated with working within Defence and how these risks should be mitigated and managed should be included in the Strategy. These risks should encompass the diversity of work settings including garrison, remote and deployed environments, and include consideration of how individuals and teams are prepared for, maintained during, and returned from conflict.

Psychosocial risks for this workforce include **exposure to potentially traumatic events (PTEs) (direct and vicarious)** and particularly **cumulative trauma exposures**.

Exposure to PTEs is a known risk factor for this workforce, and the trauma-related mental health impacts are higher than in the general community. For example, 12-month prevalence rates of posttraumatic stress disorder (PTSD) in current serving ADF personnel (approximately 8%) and in the veteran population (approximately 17%) (Van Hooff et al., 2018) are higher than in the general Australian adult population (less than 6%) (ABS, 2025).

Trauma has recently been identified as a specific psychosocial hazard for Australian workforces, with employers required to demonstrate evidence of strategies, policies, and procedures to effectively monitor, mitigate/manage and remediate these exposures and the impacts of these exposures (Safe Work Australia, 2025). Further, the Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder (ASD), Posttraumatic Stress Disorder (PTSD) and Complex PTSD (Phoenix Australia, 2020) highlight the necessity of ensuring effective pathways to evidence-based treatments delivered by appropriately trained clinicians.

Despite trauma exposure being a known risk factor for this population, and the requirements for trauma to be managed as a psychosocial hazard within Australian workforces, the draft Strategy does not include mention of trauma exposure, trauma-informed practices, or detailed information on strategies or initiatives relating to the management of trauma exposures.

Addressing the known mental health impacts associated with this workforce: The Departments have made considerable investments over recent years in better understanding the prevalence of mental health conditions and issues for contemporary serving and ex-serving ADF personnel and their families, and how these differ from the general community (e.g., Transition and Wellbeing Research Programme). This research has demonstrated that the prevalence rates of many mental health disorders and suicidality (Van Hooff et al, 2018) are higher in currently serving and ex-serving ADF personnel when compared to the matched Australian community. In our opinion this should be more overtly reflected in the draft Strategy, including consideration of the strategic intent and initiatives relating to the prevention, identification and early intervention, and treatment and rehabilitation for relevant mental health disorders and suicidality.

Key elements which should be reflected include:

- Intersection between physical, social, psychological health and wellbeing
- Effective identification and management of sub-syndromal symptoms (e.g., sleep, anger, substance abuse, relationship problems) as well as mental disorders
 - Inclusive of management in deployed, remote and garrison settings
- The importance of ensuring individuals receive evidence-based treatments
 - Provided by trained and military/veteran-culturally competent and confident providers and clinicians
- Systems and services to facilitate effective return to work (RTW) and / or quality of life post service
- The role of leadership in managing mental health disorders and RTW
- The role of families and significant others in managing mental health disorders and RTW
- Stigma and barriers to care.

Innovations and collaborations to ensure mental health and wellbeing initiatives are aligned with best-practice. Finally, there is no mention of seeking innovation in approaches to ensure the workforce continues to have access to initiatives, programs and services which are aligned to best-practice. Nor is there mention of how collaborations with other organisations (beyond Defence and DVA), nationally and internationally, may occur to advance understanding, and expand the evidence-base of best-practice for military and veteran populations and their families, as well as other Defence employees. In our opinion this is an oversight, with innovation and valuable advancements made in military and veteran mental health and wellbeing through collaborations on research and programs.

Conclusion

The draft Strategy has many strengths, but there are still areas for refinement.

It is recognised that other documents and frameworks will complement and further articulate specific mental health and wellbeing initiatives and programs for this workforce and for veterans and their families. These may cover the issues highlighted above. However, in our opinion this high level strategic document needs to adequately include key elements / risk factors of relevance to this population, as it will be used to identify and prioritise resources and effort. Further, it will be used to hold the Departments to account in relation to protecting the mental health and wellbeing of the workforce and veterans. Unfortunately, this may include during and following periods of conflict.

Arguably earlier iterations of mental health strategies for ADF and veteran populations have more clearly identified and addressed the unique risk and challenges associated with military service, as well as the known mental health impacts associated with military service. These documents may provide useful guidance on how these elements could be incorporated into the draft Strategy.

Thank you again for the opportunity to provide comment on the draft Strategy.

Please forward all correspondence in relation to this submission to:

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References:

Australian Bureau of Statistics (2020-21). National Study of Mental Health and Wellbeing, ABS Website, accessed 5 March 2025.

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Van Hooff M, Lawrence-Wood E, Hodson S, et al. (2018). Mental Health Prevalence, Mental Health and Wellbeing Transition Study, the Department of Defence and the Department of Veterans' Affairs Canberra.