



Queensland Alliance for Mental Health

Defence and Veteran Mental Health and Wellbeing Strategy Submission

March 2025

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.



Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Background

Thank you for the opportunity to comment on the Defence and Veteran Mental Health and Wellbeing Strategy 2024 Exposure Draft (the Strategy). The Royal Commission's findings have painted a concerning picture of the mental health challenges within Australia's Defence and veteran communities.¹ While implementing the 122 evidence-based recommendations will take time, the Strategy represents a positive step forward.

Historically, the Defence Force has faced challenges in addressing mental health issues among its personnel. The community mental health sector has often supported personnel and their families when institutional support was insufficient. This new Strategy, emphasising a holistic approach to mental health and wellbeing, signals a necessary shift in perspective. We particularly value the support the Department of Veteran's Affairs provides to veterans, which demonstrates best practice in terms of affordability and availability of mental health services to those who need it.

What We Like About the Strategy

The Strategy emphasises a holistic approach to mental health and wellbeing. It recognises the multifaceted challenges faced by serving and ex-serving Australian Defence Force members and integrates mental health considerations into broader decision-making processes.

We support the Strategy's shift from managing mental illness to actively supporting wellbeing. We appreciate that it covers the entire journey from recruitment through to post-defence life and acknowledges the critical importance of community connections, family, kin, and loved ones in supporting mental wellbeing.

The inclusion of diverse initiatives spanning leadership accountability, cultural change, and enhanced support structures for transitioning veterans demonstrates a commitment to meaningful improvement.

We support the Strategy's focus on:

- Strengthening protective factors
- Early intervention approaches
- Improving defence force culture and reducing stigma

- Integrating non-clinical and clinical care
- Comprehensive coverage from prevention through to recovery and postvention
- Commitment to research and evaluation for informed decision-making

What We Would Like to See Strengthened

Replace the linear model for mental health and wellbeing with a holistic model

While the overall Strategy embraces a holistic framework, the linear Mental Health and Wellbeing continuum on page eight does not align with this broader understanding of mental health and wellbeing.

The dual continuum model proposed by Keyes (2005) and adapted for the Queensland Alliance for Mental Health Wellbeing First report, as shown in Figure 1, is particularly relevant in this context.^{2,3} It highlights that mental wellbeing and mental illness are distinct but interconnected constructs, each moving along separate continuums. This model emphasises that good mental health or wellbeing is not simply the absence of mental illness; it involves a proactive, ongoing process of cultivating positive mental states.

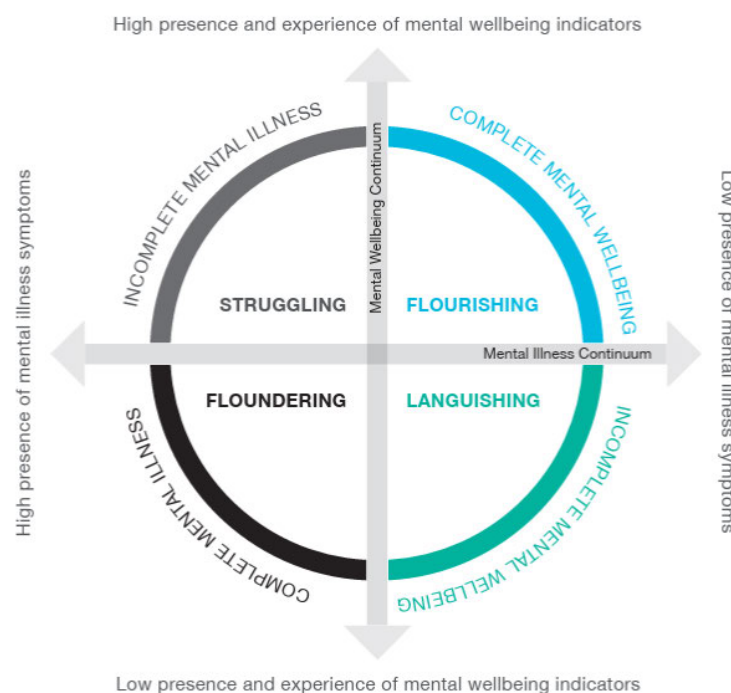


Figure 1: Dual Mental Illness – Mental Wellbeing Continuum (adapted from Keyes, C 2005)

In contrast to the traditional linear model included in the Strategy where individuals progress from "well" to "coping", to "struggling," then to "unwell," the dual continuum model understands that individuals may move between different states of mental wellbeing and mental illness, without necessarily following a linear path. It recognises that mental wellbeing is a dynamic and ongoing process requiring early intervention, community support, and continuous care.

By adopting this dual continuum approach, the Strategy would better reflect its stated vision. The clinical sector addresses mental illness along one continuum, while the community-based sector fosters mental wellbeing. Acknowledging both continuums provides a more comprehensive, sustainable, and proactive approach to mental health—one that not only addresses mental illness but also nurtures overall mental wellbeing of individuals within the Defence Force.

Focus on the needs of First Nations Defence staff

According to the 2021 Australian Bureau of Statistics census, 3.7 percent of current Australian Defence Force members and 2.3 percent of former members identify as Aboriginal or Torres Strait Islander.⁴ Despite this representation, apart from the Acknowledgement of Country, there is no reference to recognising the specific needs of this group of defence staff within the Strategy. We know that First Nations peoples experience poorer mental health outcomes than non-indigenous Australians.⁵ A culturally responsive approach that acknowledges the unique experiences, strengths, and challenges faced by First Nations Defence personnel is essential.

The Strategy could be strengthened by incorporating specific considerations for First Nations staff, including culturally appropriate mental health supports, recognition of cultural obligations, and pathways that incorporate connection to Country and community as part of wellbeing frameworks.

Ensure the voices and needs of Defence and veteran families are heard and addressed

Although Lived Experience is briefly referred to in Goals 3 and 5, it is not embedded across the Strategy. Lived Experience is an invaluable resource in shaping effective mental health strategies, as it offers real-world insights and a deeper understanding of the challenges faced by individuals and those caring for them.

Strengthening the integration of Lived Experience throughout the Strategy would ensure it is not only more responsive but also more empathetic and relevant to the actual needs of Defence personnel. Incorporating Lived Experience will help create solutions that are practical, grounded, and better equipped to address the mental health challenges within the Australian Defence Force. It will also empower individuals, reduce stigma, and foster a culture of openness and support, ultimately alleviating the burden of mental health issues across the force.

We recommend including in the Strategy, perhaps adding a strategy goal to developing the peer workforce that has both military and mental health Lived Experience.^{6,7}

Remain Accountable to the Recommendations

While this Strategy represents progress, we recognise the true challenge lies in following through on the Royal Commission's recommendations. Every effort must be made to ensure that these recommendations are fully embedded, and that meaningful, lasting change is achieved for the Defence and veteran communities.

Conclusion

The Defence and Veteran Mental Health and Wellbeing Strategy 2024 represents a significant and positive advancement in addressing the mental health needs of Defence personnel, veterans, and their families. The Queensland Alliance for Mental Health are particularly encouraged by the Strategy's holistic vision, its recognition of the vital link between mental wellbeing and operational readiness, and its commitment to cultural change within Defence.

Implementing the dual continuum model, increasing the focus on First Nations personnel and strengthening the Lived Experience peer workforce are critical enhancements that would help ensure the Strategy fully delivers on its promise of comprehensive mental health support. These improvements are essential to creating a truly inclusive and effective mental health framework.

As the Strategy moves from planning to implementation, we look forward to seeing its principles translated into tangible supports and services. We remain optimistic about the pathway forward and commend the Australian Government and Defence leadership for this important initiative that has the potential to transform mental health support for those who serve our nation.

¹ Royal Commission into Defence and Veteran Suicide. (2024). Final Report. Accessed 06/03/2025 <https://defenceveteransuicide.royalcommission.gov.au/publications/final-report>

² Keyes C. (2005). Mental Illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*. 73(3), 539-548. <https://pubmed.ncbi.nlm.nih.gov/15982151/>

³ Queensland Alliance for Mental Health. (2022). Wellbeing First, Second Edition, Accessed 06/03/2025 chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.qamh.org.au/wp-content/uploads/Wellbeing-First-Report_Second-Edition_WEBSITE.pdf

⁴ Australian Bureau of Statistics. (2022). Service with the Australian Defence Force: Census. Accessed 06/03/2025 [https://www.abs.gov.au/statistics/people/people-and-communities/service-australian-defence-force-census/sort#:~:text=3%2C159%20\(3.7%20per%20cent\)%20of,or%20Torres%20Strait%20Islander%20origin.](https://www.abs.gov.au/statistics/people/people-and-communities/service-australian-defence-force-census/sort#:~:text=3%2C159%20(3.7%20per%20cent)%20of,or%20Torres%20Strait%20Islander%20origin.)

⁵ Australian Government Dept of Health and Aged Care, Gayaa Dhuwi (Proud Spirit) Australia. (2024). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035

⁶ Australian Government, National Mental Health Commission. (2024). Lived Experience Workforce Guidelines. Accessed 06/03/2025 <https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines>

⁷ Black Dog Institute. (). Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide: A learning tool for All Peer Workforces and Organisations. Accessed 06/03/2025 [Lived Experience Workforce Guidelines | National Mental Health Commission](#)