

Defence and Veteran Mental Health and Wellbeing Strategy 2024 – Exposure Draft

Consultation Feedback

Provided on behalf of: Vasey RSL Care

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Prepared by:



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Patron: The Honourable Margaret Gardner AC, Governor of Victoria

Introduction

Vasey RSL Care welcomes the opportunity to provide feedback on the Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft. As an organisation dedicated to supporting veterans, we commend the joint collaboration between Defence and the Department of Veterans' Affairs (DVA) in developing this strategy. Ensuring continuity of care from active service to civilian life is a crucial step in improving veteran mental health outcomes.

While the strategy outlines important measures for early intervention and crisis response, there is insufficient focus on addressing the underlying causes that contribute to poor mental health outcomes. This is a missed opportunity to reduce long-term reliance on mental health services by proactively addressing key transition challenges such as post-service employment, housing, and life skills.

Key Feedback

1. Strengthening Preventative Measures to Reduce Demand for Mental Health Services

The current strategy primarily focuses on responding to mental health issues rather than preventing them from occurring. While mental health services are essential, a stronger preventative approach would significantly reduce the need for these services over time.

One clear example that Vasey RSL Care observes in our V Centre and Ex-Service Accommodation is that many veterans requiring mental health support do so because of difficulties in post-service transition, particularly:

- Lack of post-service qualifications and employment opportunities, leading to loss of identity and purpose.
- Unstable housing situations on discharge, which increases stress and anxiety.
- Limited life skills training, leaving some veterans unprepared for civilian responsibilities.

Veterans who struggle with these issues often develop concomitant mental health conditions, increasing their reliance on mental health services. If these root causes were addressed early, through structured transition programs and greater recognition of military skills in civilian employment, the need for mental health interventions would be significantly reduced.

Recommendation: Expand the strategy's focus to include proactive employment, housing, and life skills support programs as integral components of mental health care.

2. Recognition, Identity and Confidence: A Key Factor in Veteran Mental Wellbeing

A common challenge we see among veterans is a loss of identity and recognition after discharge, leading to a sense of disconnection from the broader community. The challenges of transition may also result in a lack of confidence, which may have further impacts the wellbeing of veterans transitioning to civilian life. These issues of identity and confidence contribute to anxiety, depression, and in some cases, homelessness.

Currently, the strategy does not adequately address how recognition, purpose and confidence/self-wroth impact mental health. Veterans frequently express that their skills, leadership, and service experiences are not valued in the civilian workforce, making reintegration difficult.

Recommendation: The strategy should include specific initiatives aimed at:

- Recognising and translating military skills into civilian qualifications and employment pathways.
- Building a sense of confidence and self-worth in veterans exiting service.
- Encouraging employers to actively recruit veterans and acknowledge their contributions.
- Expanding peer/community and mentoring networks to maintain a sense of belonging post-service.

By fostering stronger recognition of veterans' skills and contributions, the strategy can help prevent mental health issues associated with the loss of identity and purpose.

3. Holistic Transition Support Beyond Mental Health Services

Mental health support cannot exist in isolation. A holistic approach that integrates housing, employment, financial literacy, and social connection is required to prevent veterans from falling into crisis situations that demand high-cost mental health interventions.

At the V Centre, we see firsthand how early intervention with practical support reduces reliance on mental health services. For example:

- Veterans provided with stable housing on discharge are far less likely to experience anxiety and depression.
- Those who secure meaningful employment report higher self-esteem, lower stress, and reduced engagement with crisis mental health services.



Veterans equipped with life skills training (e.g. budgeting, tenancy rights, healthy living and wellbeing, job-seeking skills) transition more successfully, with fewer mental health concerns.

The current strategy does not sufficiently integrate these elements as primary prevention mechanisms. Instead, it focuses on treatment after veterans are already experiencing distress.

Recommendation: Broaden the strategy to explicitly integrate employment, housing, and life skills programs as preventative measures to reduce mental health service demand.

Connection to Defence and Veteran Family Wellbeing Strategy 2025-2030

From our extensive experience with the ex-service community, and particularly through the first year of operation of the V Centre Veteran Empowerment Program, it has become clear that Veteran Wellbeing and Defence/Veteran Family Wellbeing are implicitly and bi-directionally correlated.

Those veterans with positive familial relationships and support find transition more manageable, while we have found that for those who are struggling, programs which promote health, wellbeing and positive life skills have encouraged re-connection with family, healthier family relationships and a reduction in behaviours (e.g. aggression, substance misuse) which may destabilise family relationships. Investment in programs to support Defence and Veteran Wellbeing goes on to have a broader positive impact in the community.

Recommendation: Ensure the current strategy more explicitly acknowledges the significant role that family relationships play in Defence and Veteran Wellbeing, and the concurrent impact that Veteran Wellbeing has on Defence and Veteran Family Wellbeing.

Conclusion

Vasey RSL Care commends and supports the joint approach between Defence and DVA in developing this strategy. To truly improve veteran mental health outcomes, however, the strategy must shift from a reactive model to a proactive one that actively works to promote wellbeing and psychological health and prevent mental health issues before they develop.



By investing in employment pathways, stable housing, life skills training, and veteran recognition initiatives, we can reduce reliance on mental health services and ensure that veterans transition to civilian life with purpose, dignity, and stability.

We appreciate the opportunity to provide this feedback and look forward to further discussions on improving veteran mental health outcomes.

Yours sincerely,

