The *Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029*

The Veterans Care Association, a veteran peer-led, clinician supported, veteran support organisation, is pleased to comment on the proposed *Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029*.

The following comments are based on our experience over the past 10 years with the 1000 veterans and family members who have participated in 30 residential health and wellbeing activities from 9-13 days in length, both in Australia and in Timor Leste.

Overall, we note that the strategy builds on earlier plans, and we certainly endorse most proposed actions.

However, the proposed strategy is focused on Defence and the Department of Veterans Affairs. It lacks specific guidance on how DVA can/will interact, collaborate and synergise with veteran support organisations, including Veterans Care Association, PTSD Resurrected, Trojans Trek, and Disaster Relief Australia, as well as others in the "ecosystem" the strategy acknowledges.

If we are collectively seeking to improve veteran health and wellbeing, a holistic networked approach will provide the best outcomes.

Veteran support organisations enable engagement with DVA

Veteran support organisations contribute significantly in enabling DVA programs, including through **early engagement and intervention**. Veterans and families, who are experiencing difficulties, may be reluctant to engage with DVA or unaware that their health and wellbeing can be improved before they become acute cases.

DVA services primarily are reactive, relying on the veteran or family to initiate contact. DVA responds well to veterans in crisis, and with clearly identified needs. By contrast, veteran led wellbeing organisations proactively seek out and provide early intervention health and wellbeing education and programs, which can help prevent deterioration requiring downstream acute care.

Cultural obstacles may prevent veterans and their families accessing, or even being aware of supports that DVA can assist with in this transition.

Veteran organisations enable improved transition outcomes

The Royal Commission on Defence and Veteran Suicide (RCDVS) identified the period of transition from Defence to civilian life as the most critical period for health and wellbeing, requiring greater attention by the veteran "ecosystem".

The Australian Government agreed to the RCDVS recommendation that DVA take the lead in facilitating transition programs. The strategy does not address this.

Veterans Care Association and other organisations are already running lived-experience, evidence-based programs that can meet this requirement, but without government funding and thus limited in the numbers of leaving ADF members that can be supported.

Despite multiple DVA Secretaries and Repatriation Commissioners observing the delivery of these programs, and remarking that DVA has should fund these programs, no funding has eventuated.

Recommendations for improvement

Our specific recommendations for improving the value and outcomes of the strategy are:

Implementation details: While the strategy outlines ambitious goals and a strong vision, it lacks clarity on how these goals will be implemented. Without clear steps and deadlines, the strategy risks remaining aspirational rather than becoming actionable and measurable.

Recommendation: Include detailed actions with responsibilities, timelines and measures of effectiveness for each of the stated objectives.

Over-reliance on existing structures: The strategy emphasises leveraging existing systems and partnerships, like collaboration with ex-service organisations and other government bodies. However, it does not sufficiently address the ongoing systemic barriers that have historically restricted access to timely and effective care. There is a lack of recognition of the bureaucratic challenges that veterans and their families often face within the Department of Defence and the DVA.

Recommendation: implement the RCDVS recommendation 87, which includes co-designing wellbeing supports – to work with veterans and ESOs to co-design new prevention and early intervention wellbeing programs and services at the local level, supported by a dedicated funding stream under the redesigned grants program for ESOs.

Limited attention to cultural barriers: Although the strategy highlights the importance of reducing stigma around mental health, it lacks a comprehensive approach to change the deeply ingrained military cultural attitudes identified in the RCDVS report. The hierarchical nature of Defence often discourages open discussions about mental health. More robust measures, including targeted leadership training and grassroots mental health advocacy, are needed to promote a cultural shift.

Recommendation: to support implementation of recommendation 63, Defence and DVA should engage veteran support organisations to help reduce stigma and remove structural and cultural barriers to seeking help.

Insufficient emphasis on transition support: The strategy's discussion of post-service life acknowledges veterans' challenges but does not sufficiently propose innovative solutions. Many veterans experience a loss of identity and purpose after leaving service, and the strategy's reliance on existing community programs may not adequately address these unique challenges.

Recommendation: DVA should invest in tailored programs that help veterans build new skills, find meaningful employment, and maintain social connections. Veteran support organisations can design and deliver peer-led, clinician supported programs to promote health and wellbeing among ADF members, including giving veterans a sense of identity and purpose during their transition.

Data use and transparency concerns: The commitment to evidence-based decision-making and data collection is positive; however, there is no precise mechanism for ensuring transparency or accountability in how data will be used to drive improvements.

Recommendation: As lack of trust is a serious issue identified by the RCDVS, the strategy should ensure that stakeholders, including veterans themselves, have access to aggregated data and insights to foster confidence in DVA and support collaborative problem-solving across government, veteran support and ex-service organisations.

Suicide prevention efforts need expansion: The strategy's focus on suicide prevention is critical, but it must go beyond generalised initiatives.

Recommendation: Tailored interventions are required to address the specific factors contributing to suicide within different subgroups of the Defence and veteran community. Furthermore, program design must integrate lived experiences to enhance meaning and relatability for veterans.

Conclusion

While the strategy is a step in the right direction, its effectiveness hinges on addressing these critical gaps. Greater specificity, a stronger commitment to cultural change, improved post-service support, transparent data practices, and more tailored suicide prevention measures are essential to improving the mental health and wellbeing of Australia's Defence and veteran community.

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