



Australian Government  
Department of Veterans' Affairs

# Veteran Mental Health Strategy

A TEN YEAR FRAMEWORK  
2013 – 2023



| PREVENT | RECOVER | OPTIMISE

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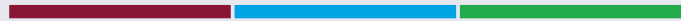
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# Our Vision

*Improved quality of life for the veteran and ex-service community, achieved through a person-centred approach to prevent mental illness if possible, recover from mental illness if it does occur, and optimise mental health and wellbeing.*

# Minister’s foreword

The health and wellbeing of Australia’s serving ADF members and of our veteran population continues to be a primary focus for the Federal Government. We need to make sure our servicemen and women have the support they need into the future.

Considerable progress is being made in the care and support services available for our current and former ADF members, as well as ensuring the Defence and Veterans’ Affairs departments remain responsive to their changing needs.

The need for strong mental health support and working to overcome any perceived barriers or stigmas associated with seeking help are too important to ignore.

The Federal Government has made significant investments in health care, recovery and rehabilitation. The Government, through the Department of Veterans’ Affairs, spends approximately \$166 million per annum on mental health services. The most recent budget included an additional commitment of \$26.4 million to make further improvements in the mental health of our veterans and their families.

The Veteran Mental Health Strategy sets out the pathway for the next decade. It acknowledges the continuing evolution of our understanding of the mind and the stressors related to military service.

As we see more of our personnel returning from Afghanistan, the support and care available for them becomes increasingly important.

I know Defence and Veterans’ Affairs are committed to working closer together to support ADF members as they transition back into civilian life. The support available begins from a member joining the ADF and continues for the rest of their life.

Existing services, including the Veterans and Veterans Families Counselling Service (VVCS), do a great job and are acknowledged across the veteran community for the work they do.

At the same time, new and novel approaches are being introduced to address mental health among our ADF and veteran communities. Through smart phone apps and online videos, we are engaging with contemporary veterans.

I am proud that the Australian Government, the Department of Veterans’ Affairs and Defence are committed to improving mental health resilience, promoting and enabling early intervention and ensuring the care and support available meets the needs of all our veterans.

Building a solid foundation of mental resilience and having the care and support structures available are important to servicemen and women, veterans and their families.



The Hon Warren Snowdon MP  
Minister for Veterans’ Affairs

# Commissions’ foreword

For almost a century, Australia’s repatriation system has supported the veteran and ex-service community through care, compassion, compensation and commemoration, including supporting former Defence Force personnel in their transition from military service and return to civilian life. Today, after more than a decade of intense operational activity, Australia’s repatriation system continues to assist those men and women who have served our country.

The Repatriation Commission and the Military Rehabilitation and Compensation Commission are committed to mental health being a priority for the veteran and ex-service community.

Military service is a unique and rewarding experience, and it has many benefits for those who serve including a sense of camaraderie, purpose, and the opportunity to serve our country. By its very nature, however, this service also sometimes places personnel “in harm’s way” including exposure to mental health risk.

The Defence Force has significantly increased its focus on mental health in recent years, and the Department of Defence is committed to promoting mental health and building mental fitness as it prepares its personnel for the unique requirements of military service. With around 5,000 serving personnel leaving the Defence Force each year, it is important that the Department of Veterans’ Affairs arrangements continue this momentum for personnel transitioning to civilian life. Mental health conditions may emerge many years after discharge, and former serving personnel need to be aware of support available to them, if and when they need it.

The Department of Veterans’ Affairs must remain responsive to the needs of existing clients while continuing to reposition itself in the context of twenty first century veterans and their families.

The Veteran Mental Health Strategy 2013 sets out a ten year framework and objectives to support the mental health and wellbeing of the veteran and ex-service community. The Strategy includes the core principles, prevent, recover, and optimise and takes a person-centred approach to mental health and wellbeing. This document will be supported by a mental health action plan, providing additional detail on activities to achieve the six strategic objectives.

The Strategy has been developed after extensive consultation with the veteran and ex-service community and in cooperation with the Department of Defence and other agencies. The Commissions appreciate the constructive and useful feedback and comments provided throughout the consultation period, and thank those who put forward their views.

The Commissions are pleased to make available and support the Veteran Mental Health Strategy 2013.

Repatriation Commission  
Military Rehabilitation and Compensation Commission



## Veteran Mental Health Strategy 2013

*The Veterans' Affairs portfolio is responsible for carrying out government policy and implementing programs to fulfil Australia's obligations to veterans, war widows and widowers, serving and former members of the ADF, certain Australian Federal Police officers with overseas service and Australian participants in British nuclear tests in Australia, and their dependants* — DVA Annual Report 2011–12

The Veteran Mental Health Strategy 2013 sets out a ten year framework and objectives to support the mental health and wellbeing of the veteran and ex-service community.

The Strategy recognises the breadth and diversity of this community, and that the journeys undertaken by those experiencing mental health concerns are not undertaken alone. This recognises the important role of family, carers, ex-service organisations and health providers in supporting mental health and wellbeing.

The term 'veteran and ex-service community' is used in the Strategy to broadly refer to veterans and former serving personnel, and their families, carers and organisations that support them.

The Strategy will be supported by the development of an action plan that will provide detailed plans for implementation. Over the course of the next ten years, the Department may release updates to the action plan as needed.

### A person-centred approach

Biological, psychological and social influences underpin a person-centred approach to preventing mental illness if possible, and enabling recovery from mental illness when it does occur. Optimising mental health means individuals can create meaning and purpose for their lives to achieve wellbeing, whether mental illness is present or not.

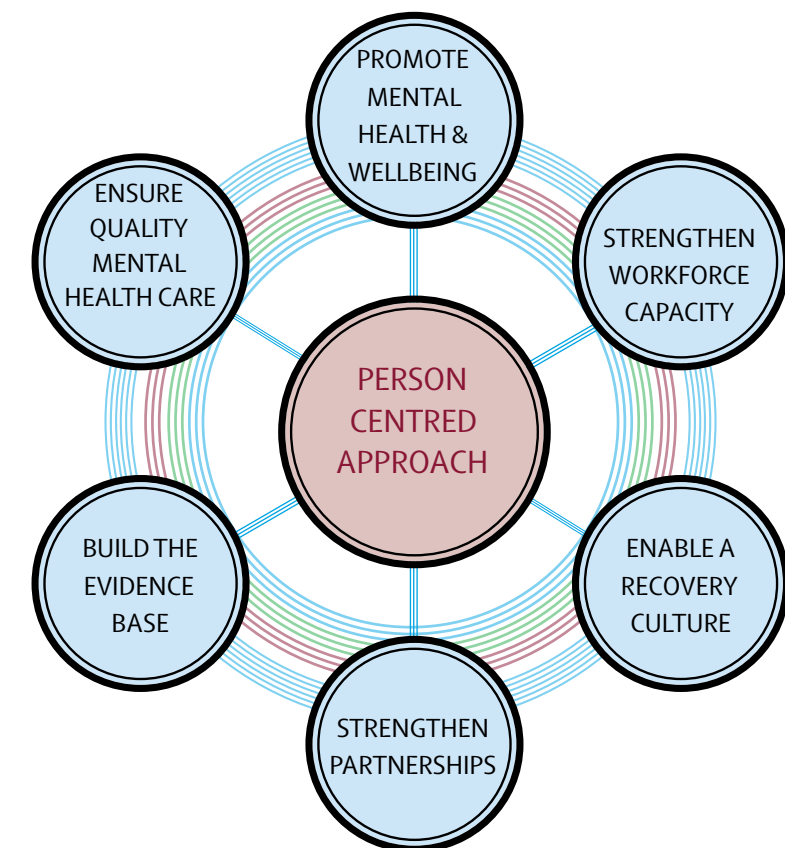
The Strategy recognises a broader social orientation to mental health and wellbeing. Individuals need social supports, including from family, friends and carers, ex-service organisations or health providers. The Veteran Mental Health Strategy 2013 will be complemented by DVA's first Social Health Strategy to promote good health and wellness, prevent illness and sustain healthy lifestyles. This approach will provide ongoing benefits and enable individuals to make healthy choices.

## Purpose

This Strategy is the latest in a series of initiatives to support the mental health and wellbeing of the veteran and ex-service community. It follows the Government's 2013 budget package to expand mental health services, strengthen mental health support for veterans, and improve claims processing.

The Veteran Mental Health Strategy 2013:

- identifies principles and a vision for the mental health and wellbeing of the veteran and the ex-service community;
- sets the context for the provision of mental health services and addressing mental health needs in the veteran and ex-service community for the next ten years; and
- establishes six strategic objectives (below), underpinned by a person-centred approach to guide mental health policy and programs, with implementation activity detailed in an action plan.



# Principles

Our strategic objectives for mental health and wellbeing in the veteran and ex-service community are underpinned by three principles:

**Prevention** aims to reduce the onset and prevalence of mental health conditions. This means not only early intervention, but also treatment and services to prevent or minimise negative impacts of a mental health condition. Prevention may include:

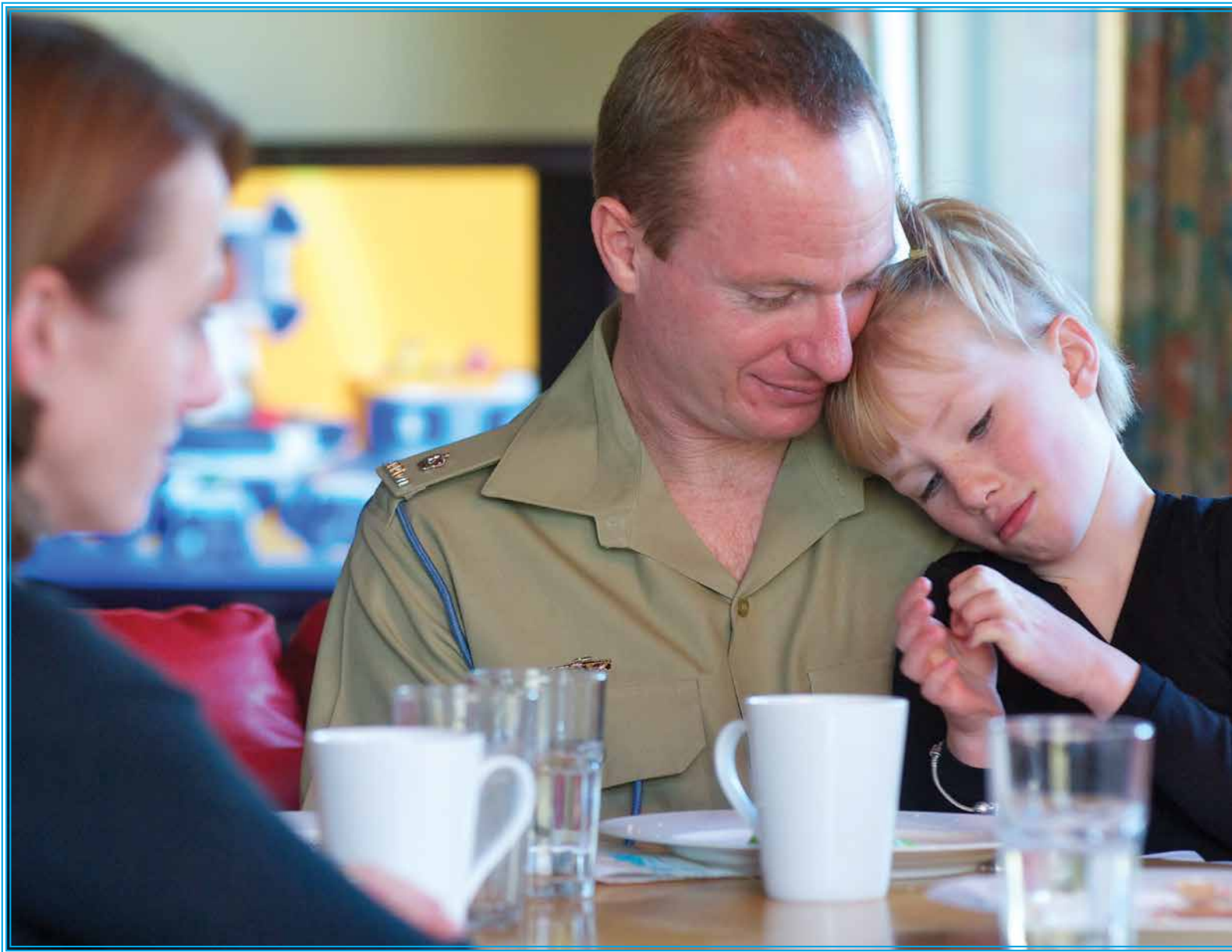
- education, self-care and self-management;
- strategies to modify poor health behaviours;
- reducing stigma and barriers to care and increasing help-seeking;
- increased social connectedness; and
- building individual, family and community resilience.

**Recovery** recognises that some DVA clients will experience a mental health related concern or illness and require treatment, interventions or management. Recovery goes beyond the traditional notion of ‘cure’, and creates opportunities to live personally fulfilling and meaningful lives, even with the presence of symptoms. Recovery may include:

- meaningful engagement (including employment or volunteering);
- individualised, goal oriented, rehabilitation;
- an increased ‘recovery culture’ amongst health providers; and
- integrated care coordination.

**Optimisation** maximises individual mental health and quality of life. It recognises individual capacity in maintaining and improving physical and mental fitness. The goal is to reach the highest attainable level of mental health and wellbeing. Optimisation may include:

- building resilience in the absence of mental health conditions;
- improved social supports and networks;
- an increased sense of empowerment and self; and
- enhanced wellbeing through both physical and mental health.



# Our clients

## The changing and diverse needs of our clients

As the environment in which the Australian Defence Force (ADF) operates continues to change, so too do the composition and needs of current and future veteran cohorts and their families.

These needs will present and fluctuate over the course of an individual's lifetime.

We are committed to service systems, products and programs that are sensitive and responsive to these needs.

## Contemporary veterans

An increase in military operations over the last decade or so has resulted in a new cohort of contemporary veterans. While this contemporary cohort share the military experience of previous generations, they may also have different needs compared to their predecessors. Considerations include:

- the impact of multiple deployments or deploying as smaller contingents or individuals, rather than larger unit formations;
- the nature of warfare, including increased operations in urban environments;
- extended periods away from family both on operations and during training (this includes families with dependants and instances where both parents are ADF members);
- the impact of new technologies on treatments and interventions (for instance, telemedicine);
- a different level of expectation regarding care and service;
- a significant potential working life for many members post-discharge; and
- the changing role of women in the ADF.

## Defining contemporary veterans in military operations

The Department defines this cohort as those who have seen operational service with the ADF from 1999 onwards. This is a useful benchmark as the year in which the operational tempo for the ADF significantly increased and intensified, with deployments to East Timor, followed by other significant deployments, such as Afghanistan. In 2011, just over 60 per cent of serving personnel reported that they had been deployed, including 43 per cent reporting multiple deployments. Alongside this cohort, it is also useful to consider those veterans who served in deployments such as the Gulf War, Rwanda, Somalia and on other operations post-Vietnam occurring during an otherwise long peacetime period. It is estimated that approximately 4,000 ADF members served in United Nations sanctioned peacekeeping forces in the early to mid 1990s.

## Aged clients

At December 2012, about 44 per cent of the Department's treatment population was over 85 years old. Today there are more opportunities for healthy, engaged and meaningful active retirement and successful ageing than ever before. The challenge is to ensure optimal quality of life and opportunities for our older clients to contribute their experience, while acknowledging that their physical and mental health needs may become increasingly complex as they age. They may be more susceptible to mental health concerns if they experience any of these risks:

- chronic physical health conditions, including chronic pain;
- decreased mobility and loss of independence;
- grief, guilt and loss associated with the death of a spouse, partner or significant other;
- the impact of dementia related illness on traumatic memories;
- housing and financial uncertainty and reduced social supports;
- providing long term care to others without respite; and
- a cumulative effect of multiple exposures to trauma over a lifetime (in both civilian and military settings).

## Vietnam veterans

At June 2012, there were about 46,800 Vietnam veterans. Many have struggled with the physical and emotional effects of their service and their return to Australia. The shared experience of this cohort has left many Vietnam veterans with a remarkable commitment and determination to look after one another, including their legacy to all cohorts in establishing a counselling service (the Veterans and Veterans Families Counselling Service) to address the mental health needs of themselves and their families. For some in this cohort, physical health problems associated with ageing may exacerbate existing mental health conditions. The high prevalence of mental health conditions in this group may increase the complexity of care needs for some of these clients. Some Vietnam veterans will be reaching retirement, while others may be moving into residential care. The impact of these key life events on mental health and wellbeing must be considered.

*Your family are now the friends who were with you when you were away. And your real family have got no idea what's going on for you anyway. You're back, so they think you're okay* — East Timor veteran



War widow(er)s

The Department recognises the sacrifice made by war widow(er)s and the effect these losses may have on mental health and wellbeing. In December 2012, the Department supported approximately 89,400 war widow(er)s. The group of war widow(er)s span all ages and the needs of an older widow(er) may be substantially different from those of a younger widow(er) from more recent conflicts or operations. The mental and physical health needs of these clients must be considered in the context of the generation to which they belong.

Families

This Strategy recognises that supportive families can help protect mental health and encourage help-seeking for mental health concerns when it is needed. Modern family structures are often diverse and complex, and mental health care needs to take this into account. Recent mental health reform has increased the focus on family inclusion for positive mental health outcomes. The Strategy also recognises the effect that living or caring for someone with a mental health condition can have. Evidence suggests a higher prevalence of mental health conditions for partners and children of some veterans compared to their civilian counterparts. This is not only important for those dependants with entitlement to services or healthcare, but also needs to be considered when developing and implementing broader population-based health measures.

*She’s so busy looking after everybody else I worry that she may not last the distance* — Mother of a veteran’s partner

Carers

Carers are critical to the mental health and wellbeing of our clients and they may be the only ongoing support in an individual’s healthcare journey. They provide personal care, support and assistance. Some carer arrangements are formally recognised, for instance through the carer payment or carer allowance. However other carer supports are provided through less formal channels, such as family members, friends or neighbours. Carers span all ages, from the very young to the very old, and carers are not restricted to partners or family members—they can be members of the veteran or ex-service community. Involving carers as partners in care can have positive results for all. It is acknowledged that carers play a significant role in providing support to our clients by providing emotional support and encouragement to seek help for mental health conditions. Some respite services may be available to carers. The Department acknowledges the role, skill, experience and needs of carers.

The military experience

Service in the Australian Defence Force brings with it a range of unique benefits and protective mental health effects, including a strong sense of identity, purpose and camaraderie. There are also unique mental health risks for service. Significant periods on exercise and in training can adversely affect family relationships and dynamics. The mobile nature of life in the ADF can reduce accessibility to social supports and affect the continuity of education, employment and healthcare of family members. Employment in the ADF may also expose members to additional physical stress and risk, potentially causing or exacerbating mental health conditions.

Women

The role of women in the ADF is continuing to change, including with the Australian Government formally agreeing that women may perform combat oriented roles. This is providing greater opportunity and equity for women in the ADF than ever before. A range of mental health challenges that may be attributed to service for women in the ADF include:

- perceptions of an authentic ‘veteran identity’ given that this has traditionally been a masculine identity;
- potential sex differences in trauma response;
- being a member of a minority group in the ADF and the veteran community; and
- the consequence of maternal separation on motherhood for those who have been deployed.

The Department has historically provided most services and programs for male veterans. We need to ensure equity in access across all services available for all those who are entitled to services and support.

In January 2013, of the approximate 82,000 serving ADF personnel (permanent and reserve forces) about 15 per cent were women. Women currently serve a median of 7 years in the permanent forces compared to about 8 years for their male counterparts.

Reservists

Active reservists comprise about 27 per cent of the ADF. Approximately 34 per cent of reserve forces have been deployed since 1999. Reservists experience dual identities of military and civilian. This duality may affect an individual’s sense of belonging and social connectedness. It may also require rapid readjustment when returning to a civilian environment or employment. As much as possible, the Department and the ADF will work to ensure the continuity of care across providers for this group. Additional work is also required in ensuring these members are aware which Department assumes responsibility for their healthcare and when.

Diverse groups in the veteran and ex-service community

There are a range of diverse groups within the veteran and ex-service community, including various cultural backgrounds, ethnicities, religions, same sex partnerships and single parents. We need to design and implement programs that are flexible and responsive to these differences rather than assuming a ‘one size fits all’ approach to mental health. Understanding individual needs, reducing stigma and barriers to help-seeking, celebrating diversity, investing in education and a continued focus on reducing discrimination will aid in improving fairness for all groups.



# Emerging issues

The increased operational tempo of the ADF since 1999 has influenced the profile of mental health for contemporary veterans. The 2010 ADF Mental Health Prevalence and Wellbeing Study reported a range of mental illness prevalence rates for current serving personnel, highlighted a range of mental health profiles and identified barriers to help-seeking. These barriers include stigma and concerns that seeking help would reduce prospects of being deployed. A reduction in operations by the ADF after the drawdown in Afghanistan may see an increase in presentations for mental health related concerns, including as personnel transition into civilian life.

## Mild traumatic brain injury

Traumatic brain injury has come under increasing attention from military medicine in terms of concussive injuries. As a result of blast injuries and the use of improvised explosive devices in recent Middle East Areas of Operations, mild traumatic brain injury is emerging as a particular focus. While there is an international body of evidence on the prevalence and impact of this injury, there is also ongoing discussion on the methods used to measure and diagnose it, particularly as the symptoms may mask posttraumatic stress disorder. Further research is required regarding the efficacy and risks of existing treatments (including drug treatments). This will enhance understanding of mental health conditions, best practice and evidence-based healthcare.

## Dementia

The impact of dementia related illnesses on behaviour and symptoms of posttraumatic stress disorder requires more research, as does the influence of posttraumatic stress disorder on the onset of dementia. Some evidence suggests posttraumatic stress disorder may result in a different profile of dementia symptoms. The Department will acquire a greater understanding of these issues to help provide the right assistance to this cohort. This will include ways to reduce stresses on family and carers.

## Transition

DVA and the ADF are jointly responsible for providing support to those discharging from the military and entering civilian life—a process referred to as ‘transition’. Effective transition requires information and support relating to available services and benefits. For those with a mental health condition, it can help them to recognise any future mental health concerns, and inform them how to access entitlements to support them. Personnel discharging from the ADF need to be adequately informed and equipped during the transition period, so they have knowledge of available services after they leave the military.

### Volunteers

Ex-service organisations have a strong role in volunteer welfare and advocacy services and provide significant support to the veteran and ex-service community. This support may be directly or indirectly related to mental health and wellbeing. The characteristics of this volunteer workforce and the clients for whom they offer services are changing. Existing models and programs may need to adapt to remain sustainable and viable. This Strategy acknowledges the role of these support networks and the Department will continue to closely work with ex-service organisations, including on mental health matters.

### Suicide

An *Independent Study into Suicide in the Ex-Service Community*, released in 2009, acknowledged that suicide is not an issue unique to the ex-service community but is a national issue affecting all areas of society. The study further recognised that ‘healthy worker’ selection effects may mean that suicide within military populations is less than the general population. This finding is supported by the *2010 ADF Mental Health Prevalence and Wellbeing Study* for serving personnel. Although there is some international evidence supporting higher rates of suicide in veteran populations than the general community, there is no evidence to suggest that this is the case for Australia. This Strategy acknowledges the ongoing need to reduce the risk and incidence of suicide, and in supporting the wellbeing of those affected by suicide. Operation *Life* workshops, offered through the Veterans and Veterans Families Counselling Service (VVCS), can assist members of the veteran and ex-serving community in building skills to feel more confident and competent in helping prevent the immediate risk of suicide.

#### Operation Life

In 2007, DVA released a framework for suicide prevention for the veteran and ex-service community. Operation *Life* aligns with the national *Living Is For Everyone* suicide prevention framework and has the following objectives:

- Promote resilience, mental health and wellbeing through education, training and self-awareness;
- Enhance protective factors and reduce risk factors for suicide and self-harm within the veteran community;
- Deliver support through VVCS and allied health providers for veterans and their families at increased risk of suicide;
- Develop partnerships with the veteran and ex-service community; and
- Research the evidence base for suicide prevention and good practice.

### E-health

Advances in e-health technologies and service platforms help us engage with, and provide services to, our clients, including:

- online mental health information in formats relevant to the diverse range of DVA clients;
- personally Controlled Electronic Health Records (e-Health Records) providing opportunities for care planning and coordination;
- in-home monitoring; and
- trials of online self-paced and clinician-assisted mental health care and interventions.

The Department will continue exploring ways to use online services. The National Broadband Network infrastructure will allow for further innovation and development of e-mental health care, and the ability to consider new models of service delivery, such as video-based care which could complement mainstream mental health services.

### Substance abuse and misuse

For some in the veteran and ex-service community, sustained alcohol, tobacco and other drug use may have a bigger impact on overall health and wellbeing than any other health condition. Substance use may be a means of coping with, or a consequence of, mental health or other emotional concerns. Treatment of problems associated with substance use often occurs together with treatment of mental illness. Targeting health promoting behaviours to prevent the onset and impact of substance misuse is a focus. The Department works to provide health practitioners with the range of skills necessary to effectively treat comorbid substance and mental health conditions. Harm minimisation approaches such as the *The Right Mix—Your Health and Alcohol* project provide education and resources to assist in promoting healthy behaviours. From July 2014, eligible veterans and ex-serving members will be able to access free treatment for diagnosed alcohol and substance misuse disorders, without the need to lodge a compensation claim.

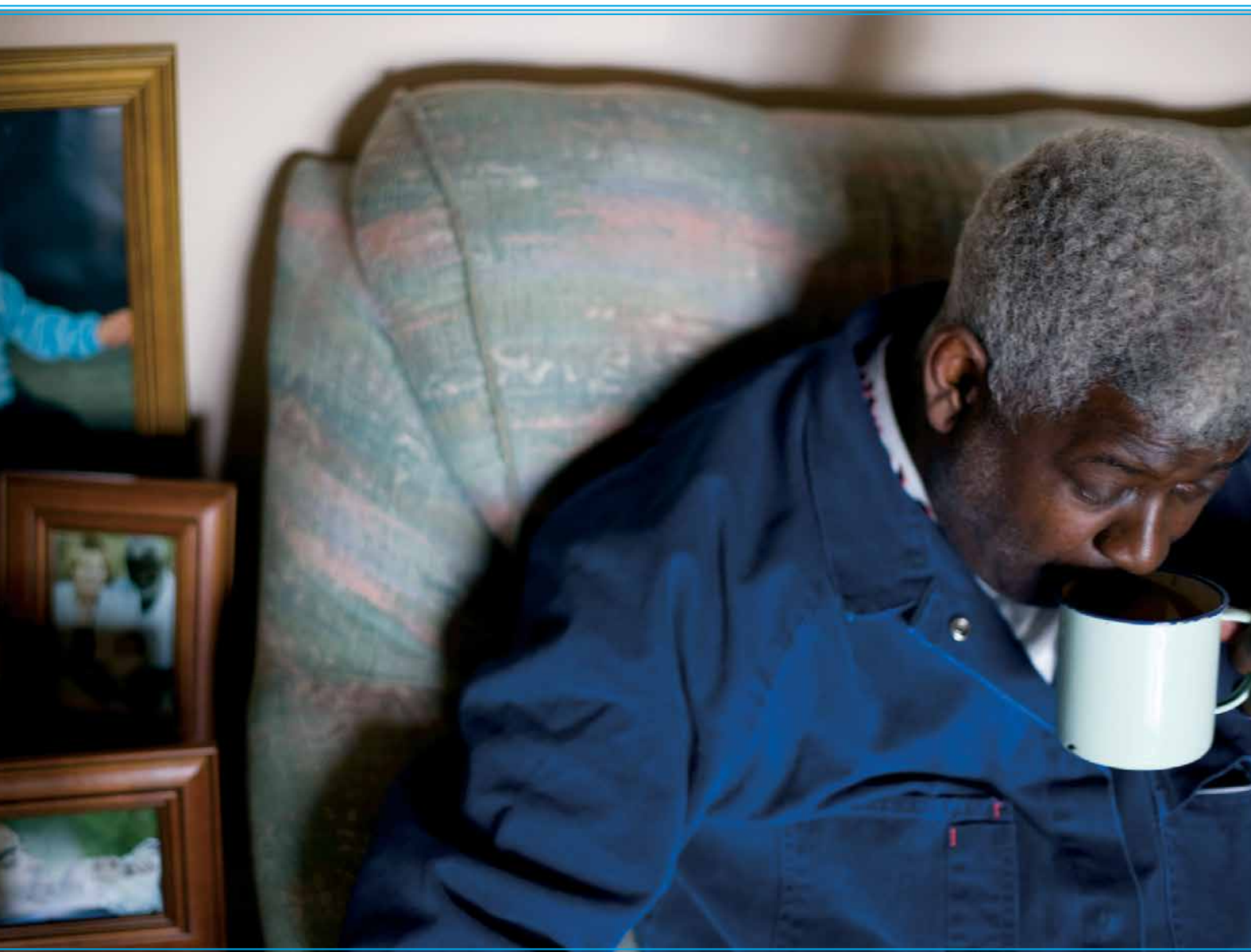
### Changes in social environments

Social connectedness helps in the prevention of, and recovery from, mental illness, and the optimisation of mental health. An increase in single person households may bring with it a decrease in social supports for a number of clients. Isolation is a risk factor in developing or exacerbating mental health conditions in vulnerable individuals. The DVA Social Health Strategy will outline how a social health approach can inform improved mental health and wellbeing.

#### The veteran identity

Some returned service men and women of recent operations do not readily identify with the status or term ‘veteran’, particularly while still serving in uniform. Engaging with these clients requires new approaches. These contemporary cohorts are less likely to join ex-service organisations, therefore new support and ways of communicating must be considered. This includes use of social media and online or mobile mechanisms.





# Policy background

## Policy statement: 2001

In 2001, DVA released *Towards Better Mental Health for the Veteran Community*, a mental health policy and strategic direction document. Its four strategic goals were:

- Enabling a comprehensive approach to mental health care;
- Responding to specific mental health needs;
- Planning and purchasing effective services; and
- Strengthening partnerships and participating in mental health care.

This policy document guided the Department’s planning, purchase and provision of mental health services for the following decade. It broadened the focus of mental health beyond trauma and stress related disorders, acknowledged the need for the Veterans’ Affairs system to respond to changing mental health needs as people age, and put the issue of mental health in a social and community context, including a focus on families and carers.

## Policy development and implementation

In keeping with national reforms in mental health, policy development in veteran mental health has had a focus on early intervention, prevention and mental health literacy, as well as better equipping the first point of contact such as general practitioners and allied mental health providers. Recent years have seen new initiatives aimed at preventing or minimising acute mental illness and broadening the base of mental health care beyond that of hospital admissions, and extending care into the community sector. The Department has sought to balance the mix of care between the hospital sector and appropriate community care options. In 2008–09, the Australian Government commissioned Professor Dunt to undertake two key pieces of work related to mental health: *An Independent Study into Suicide in the Ex-Service Community* and *A Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*. Both reviews continue to inform and influence improvements in the delivery of mental health services to the serving, ex-service and veteran communities.

This Strategy reflects the significant changes since 1999, including:

- an increased operational tempo for the ADF;
- an increase in female ADF members being deployed and in 2011, the Government formally agreeing to women entering combat oriented roles;
- development and reform in broader government mental health policy, including the 4th National Mental Health Plan, the Council of Australian Government initiatives, establishment of the National Mental Health Commission and the Roadmap for National Mental Health Reform 2012–22;
- move to a greater focus on a whole-of-person approach to rehabilitation and recovery in DVA arrangements;
- advances in technology and communications and associated social and behavioural changes;
- emerging types of care and service responses to meet mental health needs (for instance, coordinated care planning and stepped care models); and
- the release of the 2011 ADF mental health and wellbeing strategy—*Capability through Mental Fitness*, and the subsequent *ADF Mental Health & Wellbeing Action Plan 2012–15*.

This Strategy builds on the successes and learnings from the past, including capitalising on the findings and recommendations from a range of reviews, evaluations, and research in the areas of veteran and military mental health. This provides the basis for going forward, and sets a framework for strategic objectives and priorities for action over the next decade.

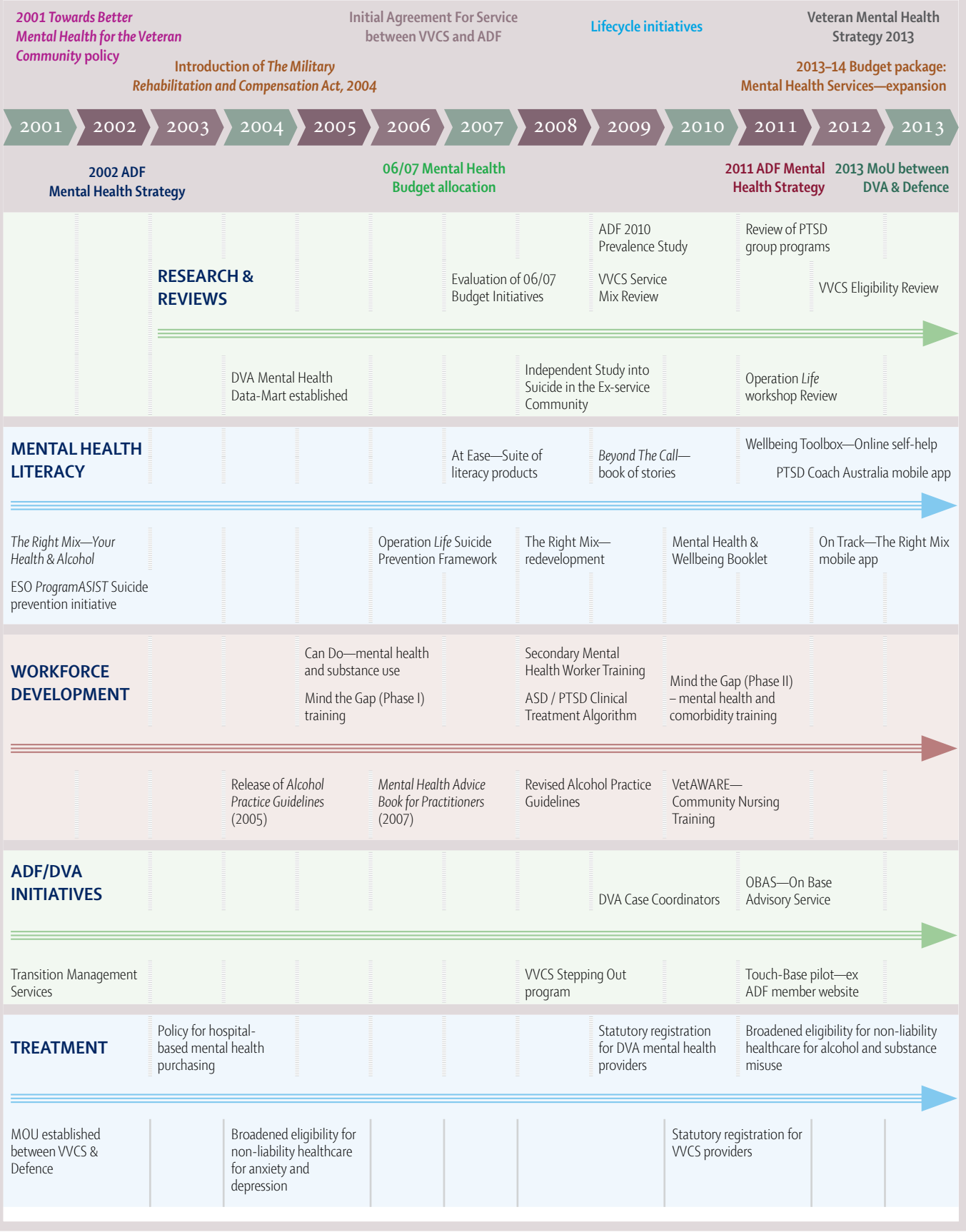
Budget Measures

Policy implementation over the past decade has been supported by the following budget measures:

- 2006–07: Improving access to preventative and community oriented mental health care for the veteran community, particularly younger veterans. \$19.2 million over four years;
- 2008–09: Mental health—support to the Australian Defence Force members and veterans (known as the ‘Lifecycle’ projects). \$2.2 million over four years;
- 2008–09: Applied Suicide Intervention Skills Training—funding suicide awareness workshops for members of the veteran community. \$1 million over four years;
- 2008–09: Support development of Operation Life—extension of program to include online suicide prevention and postvention resources. \$3 million over three years;
- 2008–09: Mental health workers—increased training. \$1.5 million over four years;
- 2009–10: Suicide prevention—response to *An Independent Study into Suicide in the Ex-Service Community*. \$9.5 million over four years; and
- 2009–10: (Defence) Response to *Review of Mental Health Care in the ADF and Transition through Discharge*. \$83 million over four years.
- 2012–13: Suicide awareness and prevention—continuation of Operation Life. \$0.4 million over three years; and
- 2013–14: Mental Health services—expansion (Strengthening veteran mental health) package. \$26.4 million over four years

Veteran Mental Health Milestones

This table provides a snapshot of milestones in veteran mental health since 2001.







# The Strategy and mental health reform

## Mental health reform in the community

The Department purchases services from the mental health system across Australia, which has undergone significant reform and expansion over the past two decades. This includes investment in new mental health prevention strategies and initiatives, treatment pathways, care planning and interventions.

Reforms now underway include:

- improving outcomes for people with severe and debilitating mental illness;
- better targeting primary mental health care services;
- improving the mental health of children and young people;
- increasing economic and social participation for people with a mental illness;
- increased focus on mental health literacy and suicide prevention; and
- ensuring quality, accountability and innovation in mental healthcare.

As mental health involves the whole health system, there are different responsibilities across the Commonwealth and the states. For the latter, these responsibilities are primarily the delivery and management of specialist mental health services in public hospitals and the community. The Commonwealth’s role is to support primary mental health care and subsidise access to private specialist care (including care in private hospitals) as well as funding programs for priority groups.

Mental health continues to have significant workforce shortages in the face of growing demand. As with other areas of health, key pressures will continue to be the growing burdens of chronic disease, higher numbers of people needing long term care and support, and higher community expectations from health services. Meeting these challenges requires best use of our existing workforce, increased accessibility to services and enhanced workforce competence to address the needs of the veteran and ex-service community.

The *Roadmap for National Mental Health Reform 2012–22* will help guide key future directions for where we should focus our attention for mental health across Australia, including for the veteran and ex-service community. The Roadmap was endorsed by the Council of Australian Governments in December 2012 and identifies veterans as a target group for preventative strategies. The National Mental Health Commission, established in 2012, plays an important cross-sectoral leadership role in mental health reform and will evaluate the Roadmap and administer the annual *National Report Card on Mental Health and Suicide Prevention*. The 2012 Report Card has been released and DVA will continue to liaise with the Commission about mental health matters.

The Veteran Mental Health Strategy 2013 aligns with the vision of the new Roadmap, including a whole-of-person approach towards preventing mental illness if possible, recovery from mental illness when it does occur, and optimising mental health and wellbeing.

Mental health reform in Defence

Defence has significantly increased its focus on mental health in recent years. This includes reform to introduce resilience training, increase the mental health workforce and mental health literacy, reduce stigma and gain a better understanding of the mental health needs of ADF personnel to guide future planning. With around 5,000 serving personnel leaving the ADF each year, it is important that DVA continues this momentum for members who transition to civilian life.

Defence released the 2010 ADF Mental Health Prevalence and Wellbeing Study in October 2011. This study provides evidence to help inform future effort on contemporary veteran mental health. The study found Defence members have a higher lifetime prevalence of mental health disorders and have different mental health risk profiles than the general population. Findings to date have indicated that there is broadly no difference between the mental health outcomes of deployed versus non-deployed members and that negative outcomes are often associated with the number of trauma exposures and not the number of deployments. These trauma exposures may occur when not deployed and some members have been subject to previous traumas prior to enlistment in the ADF.

Additional studies from this survey are underway and continue to inform approaches to contemporary veteran mental health.

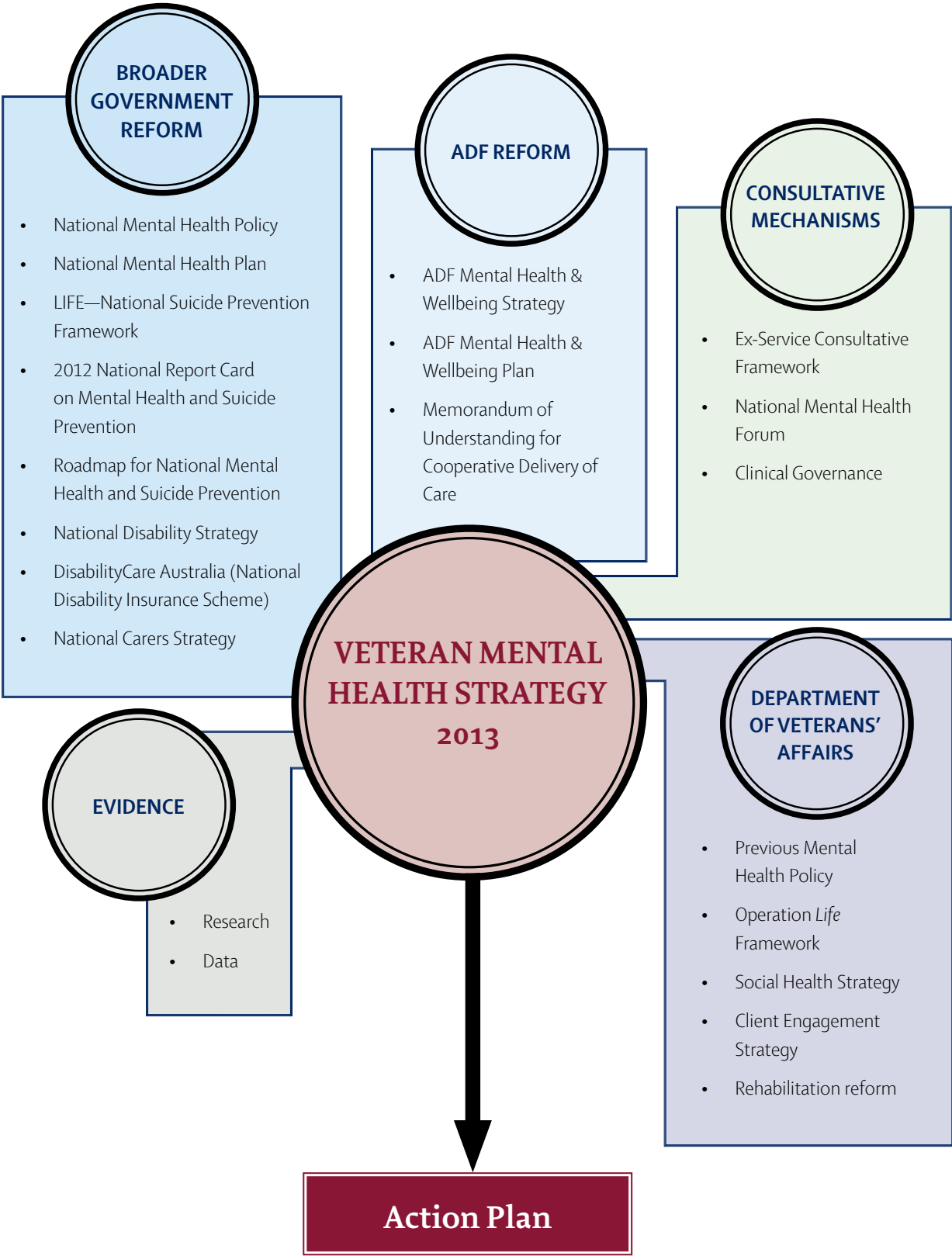
Positioning of the Veteran Mental Health Strategy 2013

The Strategy has been informed by historical and current policies, research, frameworks and evidence. The diagram opposite indicates some of these major influences and illustrates the position of this Strategy within the broader environment.

ADF Mental Health and Wellbeing Strategy

Defence’s 2011 Strategy *Capability through Mental Fitness* sets out six strategic objectives, including promoting and supporting mental fitness, identifying and responding to mental health risks, and delivery of comprehensive, coordinated, customised mental health care. Defence has an employer obligation to provide a continuum of mental health care to meet individual needs across the military career. A four year mental health reform process has prepared Defence for a potentially higher incidence of mental health issues following the high operational tempo of the past decade, and Defence has actively focussed on prevention and early intervention to help mitigate the impacts of the operational tempo on its members.

The themes and objectives identified in this Strategy align with those in the 2011 ADF Strategy.







## Veteran mental health services and clients

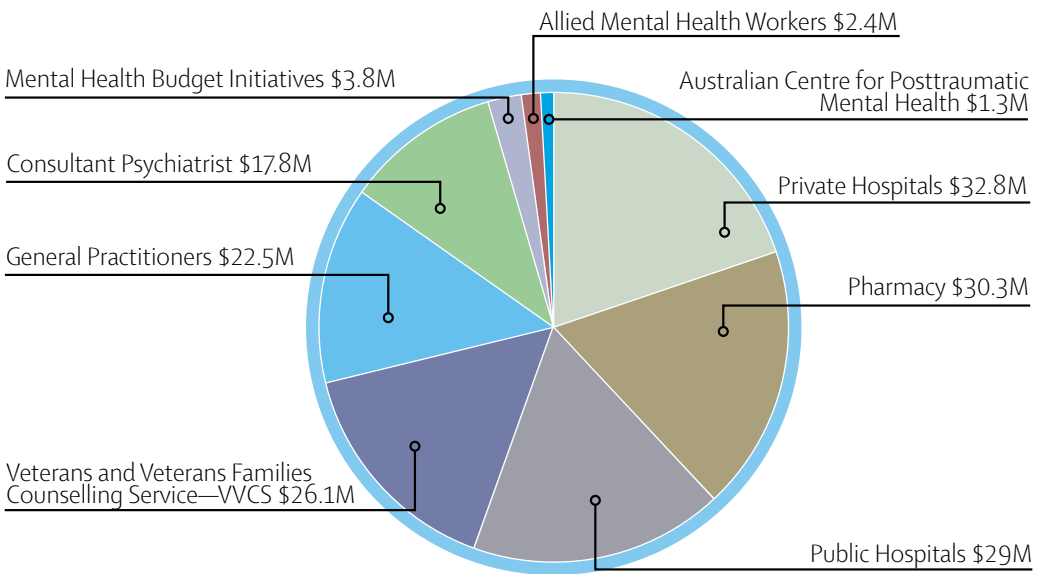
The Department purchases health services in each state and territory, from public and private sectors, from hospital inpatient delivery to primary care in community settings. DVA spends approximately \$166 million per year on mental health services, including online mental health information and support, GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, posttraumatic stress disorder programs, and hospital services for those who need it. The Department also provides funding to the Australian Centre for Posttraumatic Mental Health. Help is also available through the Veterans and Veterans Families Counselling Service (VVCS). VVCS provides counselling and group programs to veterans, peacekeepers and eligible family members. VVCS is a specialised, free and confidential Australia-wide service and may be contacted 24 hours a day by calling 1800 011 046.

Free healthcare for diagnosed posttraumatic stress disorder, anxiety disorders and depression is available for eligible clients, including those with operational service. From July 2014, this will expand to include alcohol and substance misuse disorders, and also be available to those with eligible peacetime service since 1994.

Population based initiatives, mental health information and resources for veterans and their families are also available. These include online self-assessment and self-help modules for mental health through the Wellbeing Toolbox; mobile applications (including PTSD Coach Australia) developed to support those experiencing mental health concerns; and resources to achieve a balance with alcohol and a healthy lifestyle through The Right Mix initiative. All of these are accessible through the At Ease mental health portal at [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au).

Additional information on these initiatives can be found throughout this document.

### Mental Health Expenditure 2011–12 \$166 million

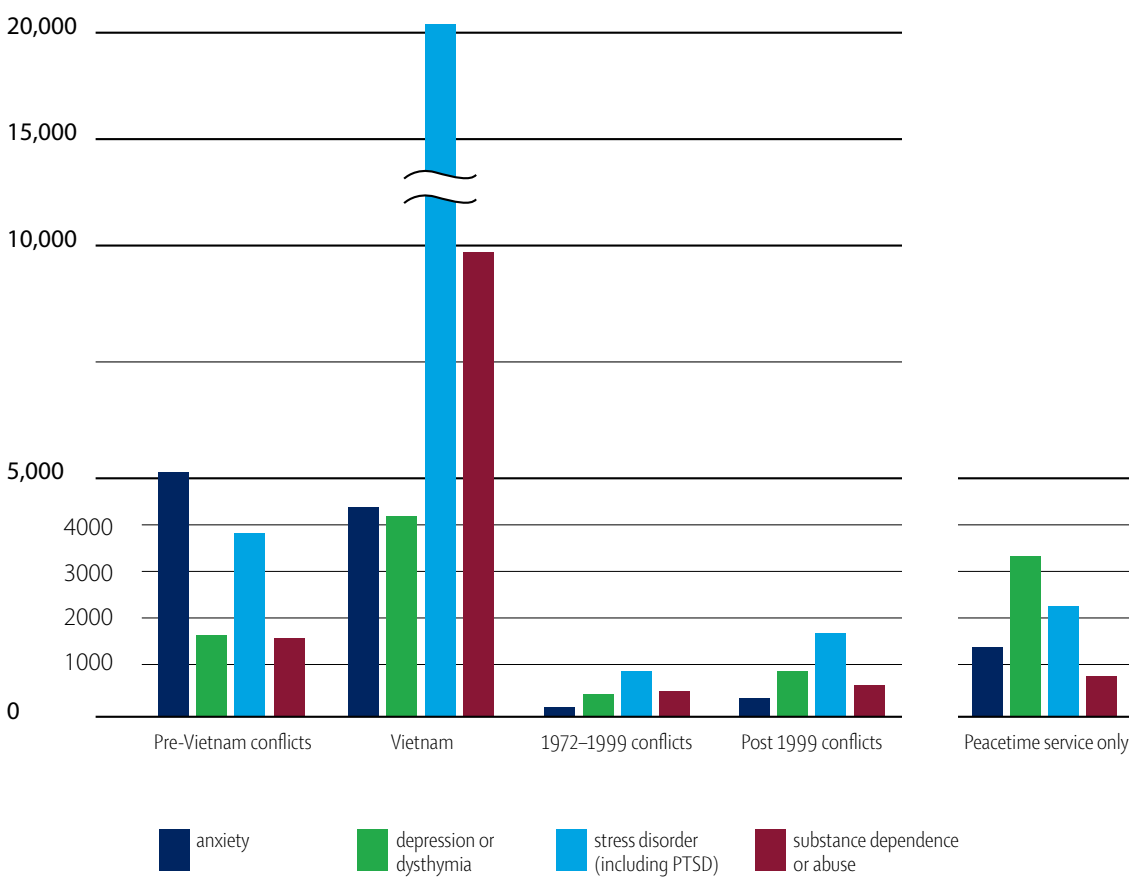


Mental health cohorts in the DVA population

At March 2013, the Department was supporting about 148,700 veterans with one or more service related disabilities under the *Veterans’ Entitlements Act 1986*, the *Military Rehabilitation and Compensation Act 2004*, or the *Safety, Rehabilitation and Compensation Act, 1988*. Of these, about 46,400 had an accepted mental health disability. The most common conditions are generalised anxiety disorder, depression, stress disorders such as posttraumatic stress disorder, and alcohol dependence. Some have more than one accepted disability.

While veterans of contemporary operations currently constitute only a small percentage of the overall mental health cohort, they are a growing number and must be considered in overall data patterns and trends.

Top Mental Health Conditions as at March 2013 includes VEA, MRCA & SRCA



The mental health care journey

Each client will have a different journey into and through the mental health care system. The right level of care should be provided at the right time in the right setting.

Many clients experiencing mental health concerns will benefit from self-care or self-management. For simple conditions, or in a preventative context, self-care or self-management alone may be sufficient. Other clients with acute or complex needs will require coordination of care, supported by care planning and input from multi-disciplinary teams. There should be no ‘wrong door’ for clients when accessing quality mental health care.

Case study 1

A young soldier discharging from the Army visits the Wellbeing Toolbox self-help website, after receiving promotional material from the DVA On Base Advisory Service. He opts to visit the website as a result of repeated sleeping problems and anger management issues. The self-help modules assist him in managing his sleeping concerns, and prompt him to seek additional support for his anger. He attends a series of group psychotherapy sessions run out of his local VVCS centre to address this concern.

Case study 2

A 26 year old war widow with two young children, whose partner was recently killed on operations, self-refers to VVCS for grief counselling after receiving information about the service through her DVA Service Coordinator. VVCS identifies a range of additional issues, including financial problems and behavioural concerns with one of her children. VVCS case manages these issues. Along with individual grief counselling, a referral to child and adolescent mental health services is arranged for her child. She accepts a referral to community-based financial planning assistance.

Case study 3

A 66 year old Vietnam veteran with diagnosed posttraumatic stress disorder suffers an acute episode requiring an inpatient admission to a mental health hospital. Upon discharge, the veteran is referred back to his GP, who prepares a mental health care plan and refers him to a psychiatrist. The psychiatrist reviews his condition and medication management. After several subsequent visits and adjustments to medication, his condition stabilises. The psychiatrist arranges referral to a hospital-based PTSD group program funded by DVA.

Self-care and self-management

A well informed and educated veteran and ex-service community supports mental health self-care and self-management.

- Self-care are those daily activities an individual practises to maintain good mental health and wellbeing.
- Self-management is action taken to cope with the impacts of a mental health condition.

The Department is committed to providing clients with evidence-based information to help them self-manage their mental health conditions. This affords a sense of control, autonomy and empowerment to our clients. Self-care and self-management also encourage adherence to treatment when needed for those clients with acute or complex needs.

Care coordination

Some DVA clients may have complex or acute needs requiring response or support from a range of health care providers and sectors. These may be mental health specific needs, comorbid physical conditions, substance related concerns or other complicating factors. Better coordinated care can improve outcomes for individuals while also increasing capacity of mental health service providers and strengthening collaboration between health and social support services.

The diagram opposite illustrates the range of services available to DVA clients. Combined with an appropriate balance between self-care, self-management and care coordination, is the need for a robust framework to govern both policy and clinical delivery.

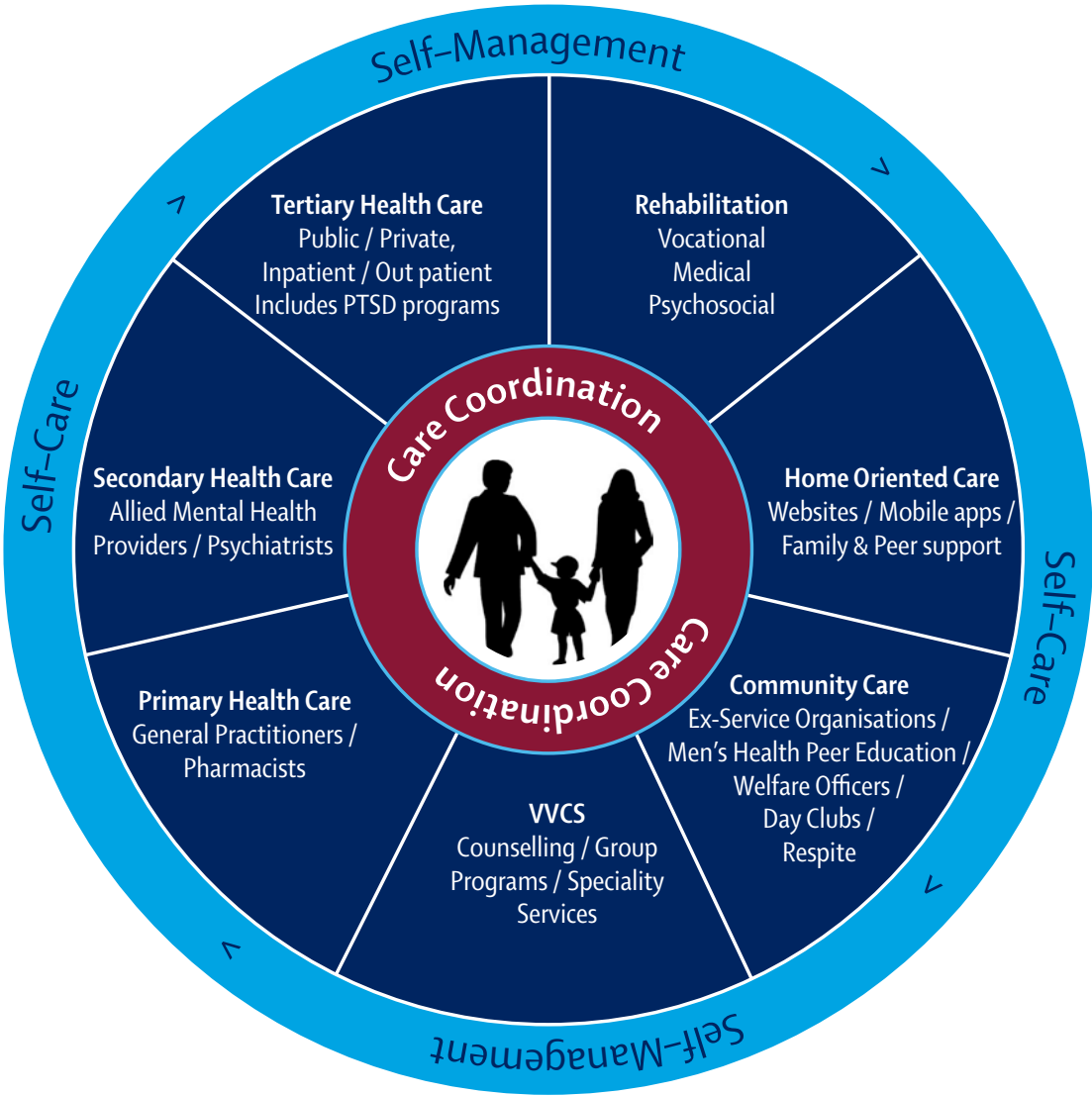
Policy governance

For the Department of Veterans’ Affairs, mental health is everybody’s business. This requires coordination of policy and programs within the Department across many business areas. This is essential in providing considered, integrated and complementary initiatives. Policy governance structures need to be accessible, accountable and have practical application. The Department also needs to work closely with Defence. In February 2013, the Secretaries of the Department of Veterans’ Affairs and the Department of Defence signed a *Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons* identifying key principles for delivering the best possible outcomes for all our members, past and present. This included acknowledging shared responsibilities and establishing a cooperative framework to deliver care and support.

Clinical governance

Key elements of clinical governance for mental health include comprehensive assessment by credentialed practitioners, evidence based and approved therapeutic services, and outcome data and quality assurance. The Department purchases a range of services across the mental health sector and will develop a clinical governance framework to guide and manage this practice.

The range of mental health services available to DVA clients





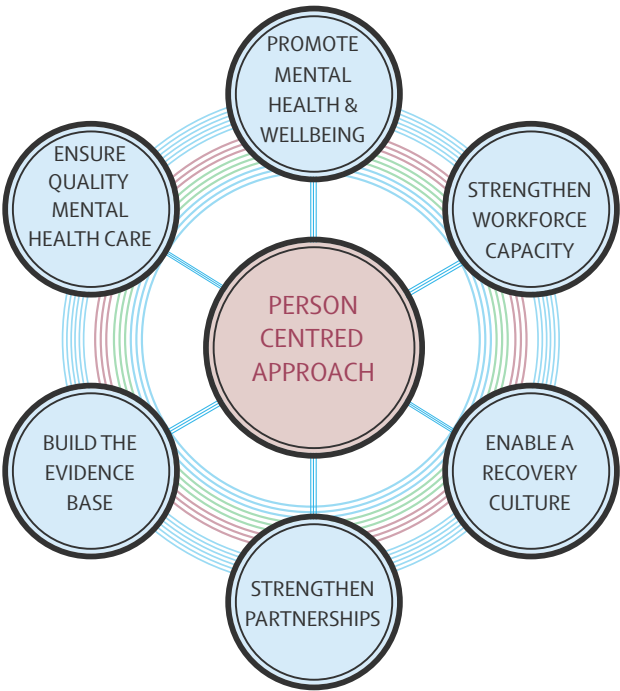


# Strategic objectives

*This Strategy outlines six strategic objectives to guide future mental health policy and programs. The Department will work with the veteran and ex-service community to respond to the changing needs of our diverse client groups, while upholding the notion of a person-centred approach at the core of the strategic objectives.*

*The following pages will outline these objectives in more detail, with priority actions. This will require concerted action across the Department, working closely with the veteran and ex-service community and other stakeholders such as Defence.*

*This Strategy will guide the development and implementation of an action plan.*



# STRATEGIC OBJECTIVE 1:

## ENSURE QUALITY MENTAL HEALTH CARE

Quality mental health care puts the client at the centre, and it is evidence based, efficient, equitable and timely. This requires clear care pathways for clients accessible in different ways, such as through general practitioners, the Veterans and Veterans Families Counselling Service and online. These pathways should reflect stepped care, from social welfare through to specialist mental health. This includes pathways for:

- at-risk populations (such as those exposed to trauma);
- those experiencing mental health concerns for the first time, those experiencing relapse and those managing chronic mental health conditions; and
- those who have sub-clinical issues such as sleep or anger-related problems, in the absence of diagnosed mental illness.

There are different pathways into, and through, mental health care. This requires a coordinated and collaborative approach, underpinned by clinical and policy governance. Within the veteran and ex-service community, responsibility for services may fall with Defence, DVA or a combination of the two.

The 2013 Memorandum of Understanding between DVA and Defence provides that: DVA has the lead in caring for and supporting widows/widowers, dependants and wounded, injured or ill ex-service members; and DVA is responsible for providing compensation and other support to eligible members still serving.

### Stepped care

Stepped care models begin with lower intensity interventions and treatment. Progress is closely monitored, and depending on how an individual responds, these interventions are either stepped up or stepped down in intensity depending on client need. For example, an individual presenting with depressive symptoms might initially receive brief motivational interviewing and strategies for self-management. If the depression fails to respond, additional psychotherapy, psychiatric assessment and / or pharmacotherapy could be considered.

### Priority actions

- Expand access to mental health services, through the 2013–14 Mental health services—expansion budget package.
- Develop a clinical governance framework for how the Department of Veterans’ Affairs purchases and provides mental health care, including alcohol and drug services.
- Establish an expert Clinical Reference Group to provide advice on clinical aspects of mental health care.

A full list of activities will be detailed in the action plan.

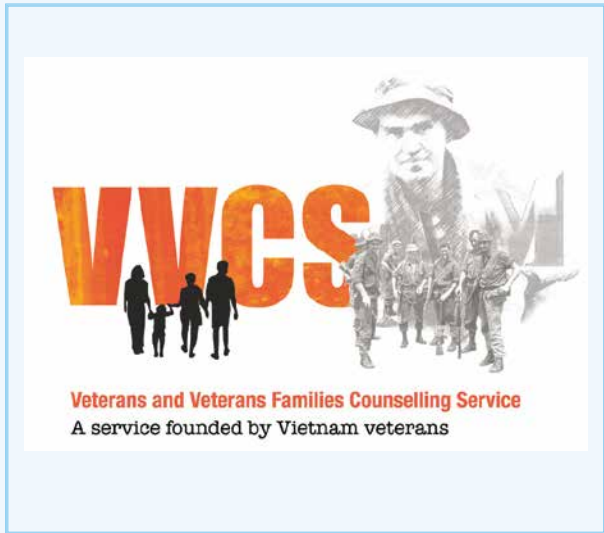
### Veterans and Veterans Families Counselling Service—VVCS

VVCS is a community based mental health service for counselling and group programs for veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service.

VVCS staff are psychologists or social workers with experience working on military and ex-military mental health. They provide treatments and programs for war and service-related mental health conditions including posttraumatic stress disorder.

In 2011–12, VVCS provided 21,205 clients with services. Of these, 12,486 received counselling and/or participated in group treatment or psycho-educational programs. The other clients spoke to a crisis counsellor at Veterans Line, had concerns resolved during initial contact with VVCS, or were referred to more appropriate services.

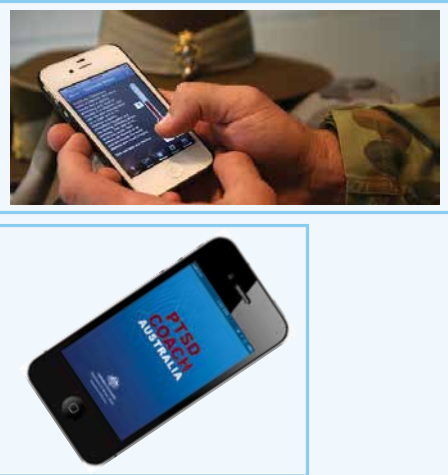
The demand for VVCS services by existing ADF members continues to grow. This occurs via self-referral or through official referrals via a medical officer (under an Agreement for Service with Defence). VVCS also refers clients to DVA if additional services are needed.



### PTSD Coach Australia

The PTSD Coach Australia app is designed for current and ex-serving members of the ADF. It assists users to learn about and manage symptoms that commonly occur after trauma. Features include:

- Information on PTSD and treatment.
- Tools for screening and tracking symptoms.
- A scheduler that allows management of self care, health appointments and activities.
- Direct links to help and support.



# STRATEGIC OBJECTIVE 2:

## PROMOTE MENTAL HEALTH & WELLBEING

*Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community*—World Health Organisation.

Health promoting initiatives and messages should address the diverse needs of clients, and language, imagery, level of detail and delivery method all play an important part. An overarching visual identity or branding will help to ensure that information is consistent and accessible. Under this objective, barriers to help-seeking such as stigma will be addressed. An increase in mental health literacy will also aid in reducing these barriers and encourage help-seeking when people need it.

Health promotion extends beyond literacy and additional areas for action include a focus on policy, community and environmental factors, and health services. The six strategic objectives of the Veteran Mental Health Strategy 2013 highlight the Department’s commitment to action in these areas.

### Mental health literacy

The term ‘mental health literacy’ is used to describe an understanding of and belief about mental health conditions. It includes:

- the ability to recognise and seek relevant information on specific mental health conditions;
- a knowledge of risk and protective factors;
- an understanding of self-management strategies and professional help available; and
- attitudes that promote help-seeking.

### Priority actions

- Maintain the At Ease website to provide mental health information for the veteran, ex-service and defence communities and provide on-line tools for mental health and wellbeing.
- Continue using new technologies (such as online media and mobile applications) to engage with the veteran and ex-service community.
- In collaboration with Defence, build resilience and reduce stigma in the veteran and ex-service community through the development of an on-line program, LifeSMART (Stress Management and Resilience Training).

A full list of activities will be detailed in the action plan.

### At Ease is the visual identity for DVA’s mental health promotion

At Ease provides simple and relevant self-help information and resources for mental health and wellbeing. At Ease encourages its audience to recognise the signs of potential concerns and take the initiative to maintain and optimise their mental health and wellbeing. It does this by promoting the following cues to action:

- Recognise—sign(s) of a potential mental health concern;
- Act—educate yourself and use healthcare providers and supports if needed; and
- Maintain—wellbeing to prevent potential relapse.

This message is communicated through the At Ease website: [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)

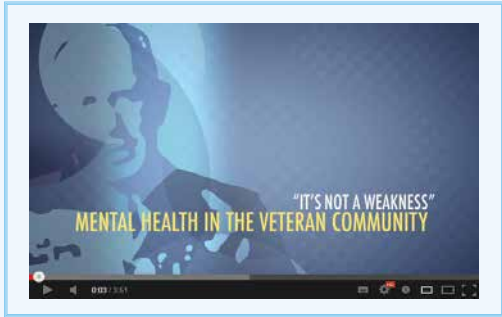
Calls to action are conveyed in hard copy (factsheets, brochures, posters) and electronic publications.



### YouTube videos

Online videos are available to bring greater awareness to the mental health issues faced by current and ex-serving members of the ADF.

The videos are aimed at reducing the stigma of mental health and encouraging help-seeking behaviours. The videos feature current servicemen and women, veterans and family members sharing their experiences in dealing with issues from depression, alcohol and substance abuse through to anxiety and loneliness. They all have the same and simple message: Help is available—Help can make a difference.





# STRATEGIC OBJECTIVE 3:

## STRENGTHEN WORKFORCE CAPACITY

The objective is an accessible workforce with a strong understanding of the military and ex-military experience, and knowledge of best practice mental health interventions, who can relate to our clients and translate this understanding into quality health outcomes.

Military personnel have a unique occupational experience and some individuals need specialist assistance that may not be readily available in the broader community. In other instances, the clinical expertise may be available, but the broader understanding of the military experience is not. Our challenge is to ensure:

- providers have the cultural competence in military and ex-military matters to effectively assist the veteran and ex-service community, and
- access to specialist mental health providers with expertise in areas such as combat related trauma.

The Department will continue to grow this capacity through the Veterans and Veterans Families Counselling Service (VVCS) and the broader mental health workforce, including rehabilitation providers. Continued partnerships (for instance with existing Defence health providers) will also help ensure effective outcomes.

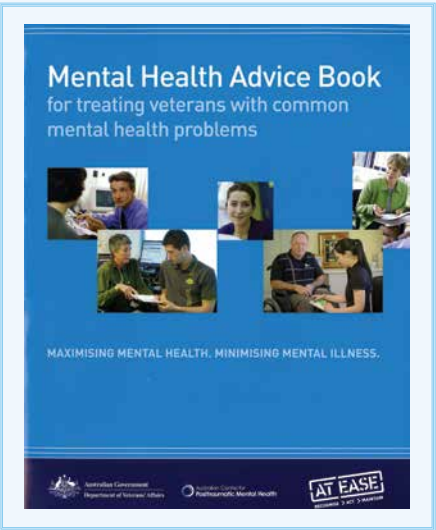
### Priority actions

- Enhance access to evidence-based training, treatment guidelines and information for the mental health workforce on high prevalence veteran mental health conditions.
- Increase knowledge and application of evidence based psychological interventions (including trauma focussed therapies) in providers of mental health care to the veteran and ex-service community.

A full list of activities will be detailed in the action plan.

### Mental Health Advice Book

This book assists health providers caring for veterans, including medical practitioners, psychologists, nurses, social workers, counsellors and rehabilitation service providers. It provides advice on recognising, assessing and treating veterans’ common mental health conditions. It also increases awareness of more specialist mental health advice, services and referral options. It draws upon the latest Australian and international best practice guidelines for the treatment of common mental health problems.



### Online training initiatives

DVA provides mental health training programs. This includes online training modules for DVA staff on topics such as suicide awareness and modules for DVA providers such as VetAWARE—training for Community Nurses about the specific mental health issues facing veterans, and Mind The Gap—a physical and mental health comorbidity education package for primary health care, including general practice.



### Alcohol Screening and Brief Intervention Manual

This manual is a training tool and resource for providers who deliver services to the veteran and ex-service community. These providers are in a unique position for early and appropriate interventions for alcohol use. Some information is also provided for more severe cases warranting a full alcohol-related assessment and more intensive intervention.



# STRATEGIC OBJECTIVE 4:

## ENABLE A RECOVERY CULTURE

The veteran and ex-service community has a proud culture, based upon military experience and shared identity. Members of this community may be reluctant to recognise or identify that they have a mental health problem and seek help when they need it. This reluctance can hinder early identification of mental health conditions, treatment and recovery. A reduction in stigma surrounding mental health will encourage help-seeking and support recovery. Enabling a recovery culture requires a social health focus in partnership with the veteran and ex-service community and health providers.

In response to the Government’s commitment under the *2011 Review of Military Compensation Arrangements*, from July 2014, non-liability health care will be expanded to include alcohol and substance misuse disorders and be available to those with eligible peacetime service since 1994.

The Department is working towards a person-centred approach to rehabilitation and recovery by:

- addressing psychosocial and medical needs and emphasising self-management if possible;
- reducing the stigma associated with mental illness and the disadvantages that people with a mental illness may experience; and
- addressing values, attitudes, behaviours and service models to support a recovery oriented approach with mental health and clinical specialist workforces.

Those who are actively social and participate in life with a sense of meaning have better mental health. The Department recognises the major role that family, carers and health providers play in both this social engagement, and the management of, and recovery from, mental health conditions.

### Non-liability mental health care

Non-liability mental health cover provides access to treatment for posttraumatic stress disorder, other anxiety disorders and depression without the need to have a claim for compensation accepted. This helps access to early intervention which can potentially lessen the impact of the condition.

For mental health, non-liability health cover is beneficial to the client because:

- it is often difficult to identify a single cause of a mental health disorder;
- more timely access to treatment can be provided, rather than waiting for the outcome of a claim for acceptance of liability; and
- it removes barriers to receiving early treatment interventions.

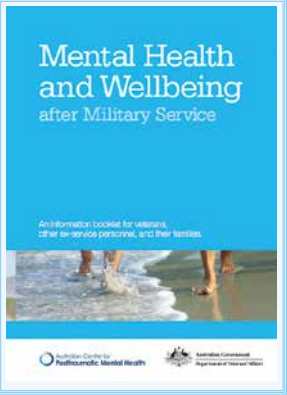


### Beyond The Call

*Beyond The Call* is a book of stories that celebrates the resilience of veterans and their families experiencing mental health and/or substance abuse issues. This collection of eight individual stories, told from different perspectives, increases awareness of the breadth of experiences of Australia’s veteran community. *Beyond The Call* assists in improving understanding of the challenges faced by veterans and their families. It is a valuable resource for veterans and families, and the healthcare providers who treat them.

### The Mental Health and Wellbeing after Military Service booklet

provides information and advice for veterans, other former serving personnel and their families. It contains information to assist in recognising early signs of difficulty but is also intended for those not experiencing difficulties but who want to generally improve their mental health and wellbeing.



#### Priority actions

- Develop and implement the first Social Health Strategy to:
  - Set the context for the provision of community-based, social health services in the veteran and ex-service community; and
  - Provide the platform to develop, implement and evaluate social health policy initiatives.
- Develop a peer to peer program to support the recovery of clients with a mental health condition by providing a non-clinical support network.

A full list of activities will be detailed in the action plan.



# STRATEGIC OBJECTIVE 5:

## STRENGTHEN PARTNERSHIPS

Partnerships with stakeholders will help improve the mental health and wellbeing of our clients. Improved partnerships lead to improved service systems, enhanced communication and coordination, efficient use of resources, and opportunities for continuous feedback and improvement. This includes:

- consultation and communication with the veteran and ex-service community;
- partnerships with providers of veteran mental health services; and
- relationships with relevant government departments, mental health related peak bodies, centres of excellence (both national and international) and professional organisations.

The veteran and ex-service community has a strong role in assisting their members in matters relating to mental health. Family, caregivers and advocates are crucial in the treatment and recovery. DVA maintains partnerships with these key groups through such forums as the Prime Ministerial Advisory Council on ex-service matters, the Ex-Service Organisation Roundtable, and the National Mental Health Forum.

A strong and coordinated partnership with the ADF will help those moving from Defence to civilian life who may be experiencing, or at risk of experiencing mental health concerns. The Defence/DVA Links Steering Committee provides high level strategic direction in this area. The 2013 *Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons* introduces measures to better coordinate the delivery of care and support services between Defence and Veterans’ Affairs.

DVA engages in research relationships with a number of organisations including both domestically (for instance, the Australian Centre for Posttraumatic Mental Health) and internationally through the Senior International Forum.

### Priority actions

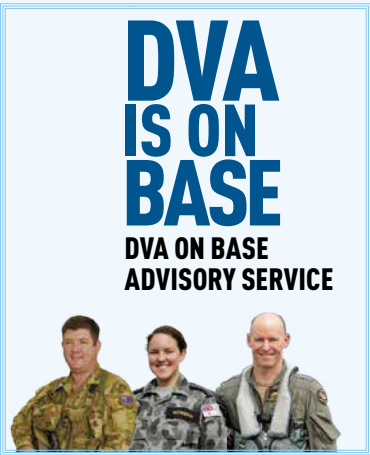
- Promote strong collaboration between health providers including GPs, community health services, allied services, hospitals, specialists and the veteran and ex-service community to facilitate continuity of care.
- Enhance pathways to assist those discharging from the ADF with mental health conditions to access DVA arrangements.
- Continue to liaise with other government departments and the Mental Health Commission to improve mental health and wellbeing for the veteran and ex-service community.

A full list of activities will be detailed in the action plan.

### On-Base Advisory Service

The On-Base Advisory Service places trained DVA staff at Defence bases on either a full or part-time basis. This on base presence assists serving and discharging members find out about Veterans’ Affairs services, including health services, rehabilitation and support, and compensation.

- In particular, the Service provides:
- Information about DVA services and benefits;
- Support in the lodgement of any current or prospective compensation claims;
- Presentations at transition management seminars and information sessions and events; and
- Where requested, presentations to ADF personnel as part of their pre and post deployment briefings.



### Defence partnerships

The Memorandum of Understanding between Defence and DVA for the *Cooperative Delivery of Care and Support to Eligible Persons* signed in February 2013 identifies general principles that include:

- improve arrangements to assist the smooth handover from Defence to DVA of:
  - eligible members who are separating from the ADF on medical grounds; and
  - dependants and families of ADF members who are either deceased, or have been seriously wounded or injured, or diagnosed with a serious illness, as a result of their service;
- improve arrangements associated with the determination of liability, including the time taken to make a determination, to reduce the burden on applicants;
- ensure eligible members, and their families, understand how the system will support them during and after their ADF service; implement enhancements under the *Support for Wounded, Injured or Ill Program*; and
- align Defence and DVA Mental Health information, access and treatment.

### National Mental Health Forum

The National Mental Health Forum enables broad consultation on mental health issues with a focus on prevention, early intervention, diagnosis, assessment, rehabilitation, treatment and relapse management. It also provides a sounding board for advice on national mental health programs, services and initiatives, particularly where they affect the veteran community.

Membership is drawn from the major ex-service organisations, and a representative from the Department of Defence attends meetings.

## STRATEGIC OBJECTIVE 6:

### BUILD THE EVIDENCE BASE

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As a significant purchaser of mental health services, the Department needs a strong evidence base for best practice veteran mental health services, treatments and interventions. This includes:

- Investing in systems and knowledge to store and use Departmental data holdings;
- Aligning research priorities to improve knowledge of veteran and ex-service related mental and social health (including incidence and prevalence of mental health conditions in particular veteran populations, and effective interventions); and
- Evaluating programs and policies to continuously improve mental health outcomes.

The Department will continue to translate this knowledge into practice, building capacity within the mental health provider community and informing policy and program development. DVA will continue to actively promote an evidence base through liaison and collaboration with centres of excellence, peak organisations and national and international experts.

An important part of building evidence will be monitoring outcomes of the impending action plan to ensure key objectives are achieved.

#### Priority Actions

- Move towards an integrated evaluation framework for DVA's whole mental health approach.
- Sponsor mental health research that capitalises on existing data and develops an evidence base for the mental health and wellbeing of the veteran and ex-service community.
- Develop a mental health research schema to consolidate existing domestic and international research evidence, and inform policy and service delivery.

A full list of activities will be detailed in the action plan.