



Australian Government
Department of Veterans' Affairs



Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023



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Minister's Foreword

Improving the mental health and wellbeing of veterans and their families, and reducing the risk of suicide, is a key priority for the Australian Government. The Prime Minister, the Hon Scott Morrison MP, has made mental health one of his highest priorities, and is driving new efforts across Government to improve mental health for all Australians.

I am engaging closely with the Prime Minister's National Suicide Prevention Adviser, Ms Christine Morgan, to align our strategy with her advice for a coordinated whole-of-government approach to suicide prevention. I am also engaging with

Ms Morgan in her role as Chief Executive Officer of the National Mental Health Commission which is tasked with developing the 2030 Vision for Mental Health. State and territory ministers have expressed support for the Veteran Mental Health and Wellbeing Strategy and National Action Plan and, through the Veterans Ministerial Council, we will work together in guiding local delivery of veteran mental health and wellbeing services, and suicide prevention, at the state and territory levels.

For most, serving in the Australian Defence Force (ADF) is overwhelmingly a positive experience and they transition into civilian life successfully. However, almost three in four transitioned ADF members are estimated to have had a mental health disorder during their lifetime, either prior to, during or after their military career¹. Between 2015 and 2017, the suicide rate for ex-serving men was 1.18 times (18%) higher than Australian men². Over the same period, the suicide rate of ex-serving females was 2.15 times (115%) higher than Australian females. My aim is to reduce the suicide rate of veterans to below that of the Australian population, working *towards zero*.

The Government has introduced a number of reforms in recent years including:

- extending access to Non-Liability Health Care (NLHC), which provides access to free mental health care for life for all veterans;
- expansion of access to 24/7 counselling services for both veterans and their families through Open Arms – Veterans & Families Counselling (Open Arms);
- a National Commissioner for Defence and Veteran Suicide Prevention to inquire into all suspected veteran and ADF suicides and their causes and make recommendations for action;
- a Veteran Family Advocate to place the perspectives of veteran families at the heart of policy and decision-making, promoting better mental health outcomes for the veteran community;
- introducing the Veteran Payment, which provides immediate financial support for veterans while their compensation claims for mental health are progressed;
- the provision of assistance dogs for veterans with posttraumatic stress disorder (PTSD); and
- short-term initiatives that are flexible and responsive in nature to provide support to veterans and their families during significant events, such as the 2019–20 bushfires and the COVID-19 (coronavirus) pandemic.

The Government has also been working with stakeholders, including health professionals and their representative bodies, in its examination of the veteran mental health system, the risk and protective factors relating to veteran mental health and wellbeing, barriers to accessing services, and next steps. These stakeholders are essential partners in delivering high quality, evidence-based services to veterans. The collective knowledge gained is informing the Government's broader mental health agenda for all Australians, recognising the veteran community as a unique cohort with differing needs and acknowledging the service and sacrifice of veterans and their families.

We are listening to veterans and their families to understand how we can do things better, and involving them directly in those changes. We will continue to work alongside veterans and their families to ensure they are able to serve, live and age well.

The Hon Darren Chester MP

Minister for Veterans' Affairs

May 2020

¹www.dva.gov.au/mental-health-prevalence-report

²www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary



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The Journey

Background and Context

Changes to the Veteran Mental Health System and Approach

The previous DVA Veteran Mental Health Strategy (2013-2023) outlined a 10-year framework and objectives to support the mental health and wellbeing of the veteran and ex-service community. The strategy:

- identified principles and a vision for the mental health and wellbeing of the veteran and the ex-service community;
- set the context for the provision of mental health services and addressing mental health needs in the veteran and ex-service community for the next 10 years; and
- established strategic objectives, underpinned by a person-centred approach to guide mental health policy and programs, with implementation activity detailed in an action plan.

In the previous strategy, the strategic objectives for mental health and wellbeing were underpinned by three core 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.

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.

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.

These strategic objectives are still relevant and apply today; however, the broader mental health system has changed and continues to change, with the Australian Government making mental health and suicide prevention a key government priority. Since the previous strategy was designed, there have been two significant government reviews and key initiatives introduced.

Contributing Lives, Thriving Communities Review

The Australian Government response (2015) to the *Contributing Lives, Thriving Communities Review* of the National Mental Health Commission (NMHC) acknowledged the inefficiencies of the current system, reiterated its commitment to delivering an effective mental health system, and pledged to pave the way forward to implement initiatives that would drive real change. The Government aimed to transform Commonwealth health funding and leadership to achieve a more integrated and sustainable mental health system.

The Fifth National Mental Health and Suicide Prevention Plan

Released in 2017, the Fifth National Mental Health and Suicide Prevention Plan³ (the Fifth Plan) is the most current plan guiding mental health reform in Australia and provides a strong basis for future health reform over the next five years. It builds on the previous four plans and significant achievements to date, including the renewal of the *National Mental Health Policy* and *Mental Health Statement of Rights and Responsibilities*.

The Fifth Plan sets the direction for future policy change, encourages a more collaborative, whole-of-government approach to addressing mental illness and addresses the notable absence of suicide prevention from previous national plans. As one action under the Fifth Plan, all governments committed to developing a National Suicide Prevention Implementation Strategy through the Council of Australian Governments' Health Council, which will be considered in 2020.

³ www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf, Table 1.

Towards Zero

The Australian Government is committed to reducing suicide among all Australians, and recognises that veterans are an important cohort at higher risk of suicide than many other Australians. In 2019, the Prime Minister, the Hon Scott Morrison MP, appointed a National Suicide Prevention Adviser, Ms Christine Morgan, who is working with the Minister for Health and across the Government to reduce the rates of suicide Towards Zero. Initial findings are that a coordinated whole-of-government approach, together with commitment from all stakeholders is needed. This approach requires leadership, improved information sharing and data collection, improved efficiency and reach of services, and a commitment to assertive outreach. Six priority areas have been initially proposed to address the complex issues contributing to Australia's suicide rate and to find community-led, person-centred solutions:

1. Implement the shift to a whole-of-government suicide prevention approach;
2. Design and implement strategies to respond early to distress using community and government touchpoints;
3. Improve responses to the specific needs of communities and groups who are more vulnerable to suicide;
4. Enhance and better coordinate the health response to suicidal distress and behaviours;
5. Increase support for family and friends along the continuum of suicidal behaviour; and
6. Improve data and evidence, and its application to whole-of-government initiatives and responses.

A series of recommendations have also been proposed under these priority areas, which are informing the National Suicide Prevention Adviser's 2020 work plan, with an interim report expected to be delivered to the Prime Minister in July 2020 and a final report in December 2020. The National Suicide Prevention Adviser will work closely with the National Commissioner for Defence and Veteran Suicide Prevention to ensure the efforts to work towards zero suicides are maximised. DVA is working closely with key stakeholders across the Government to ensure that veterans' specific needs and risks of suicide are addressed in this important body of work.

Veteran Mental Health Policy Changes

While mental health services have been evolving, veterans have also been changing. The duration and nature of recent and current military conflicts has materially changed the mental health profile of modern veterans. Some veterans and their families have complex needs, both in terms of their physical and mental health, and the interactions between them.

The Australian Government has been aware of the changing veteran health profile and has learned a great deal from the research, reviews and investigations undertaken over the past few years. Figure 1 highlights some of the significant reviews, with more detail provided at **Appendix A**.

These reviews have led to significant policy measures, which have improved the services and supports available to veterans and their families. Some of these policy measures are outlined below.

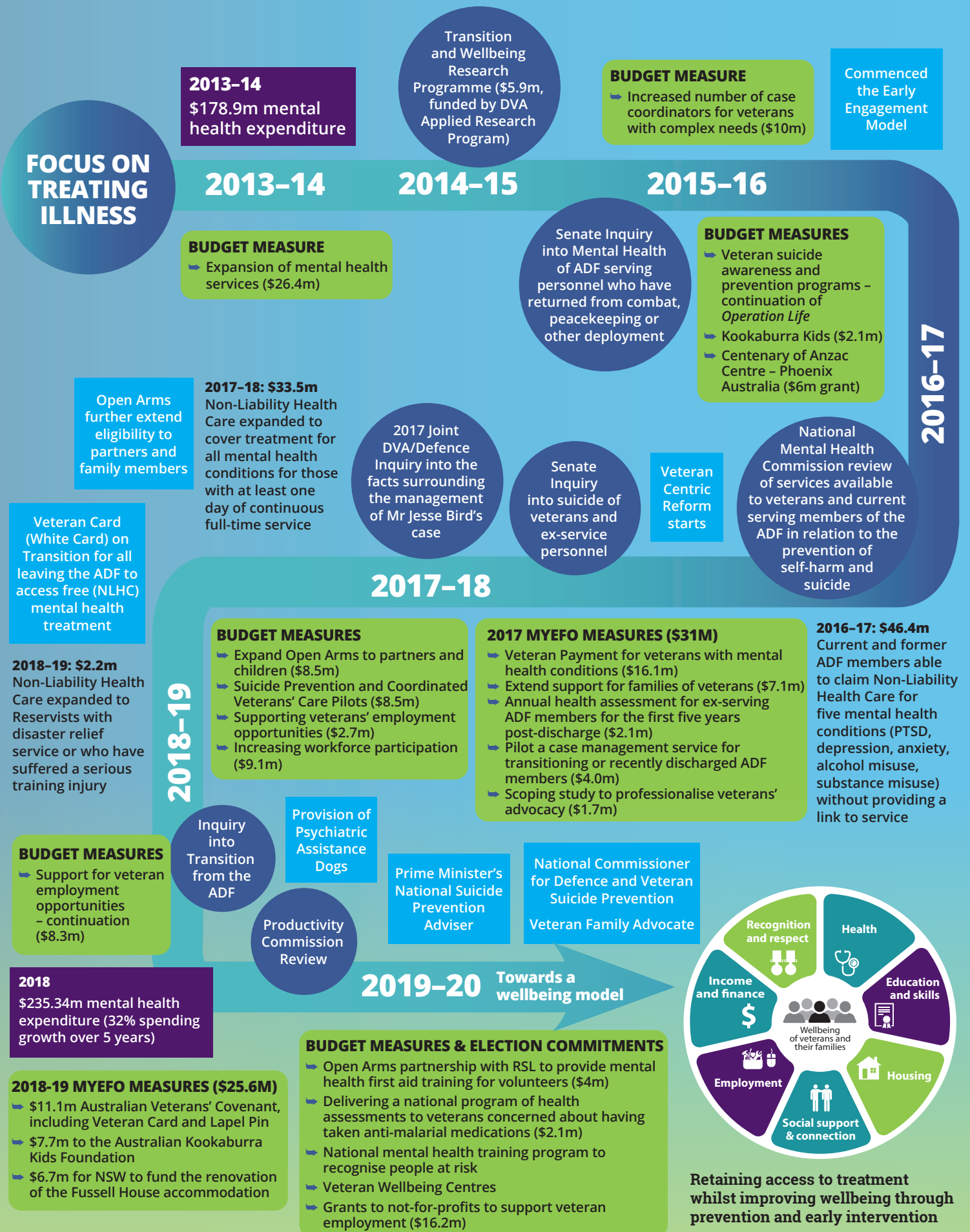
Non-Liability Health Care (NLHC)

The Non-Liability Health Care (NLHC) program provides access to fully-funded treatment for any mental health condition, without the need for the condition to be accepted as related to a veteran's service. This is available to anyone with one day of continuous full-time service in the Australian Defence Force (ADF), as well as Reservists with disaster relief or border protection service, or those injured in a service-related training accident.

Veteran Card (White Card) on Transition

As part of DVA's collaboration with the Department of Defence (Defence) to improve support for ADF members transitioning to civilian life, the Veteran Card (White Card) on Transition initiative was implemented in mid-2018. Transitioning members are now issued a Veteran Card (White Card), which entitles them to treatment for all mental health conditions under NLHC arrangements, making access to mental health treatment as easy as possible.

Figure 1: Veteran Mental Health Policy Evolution



Expansion of Open Arms – Veterans & Families Counselling (Open Arms) to Family Members

Eligibility for Open Arms – Veterans & Families Counselling (Open Arms) was expanded to cover partners, children and immediate family of current and former ADF members who have had one day of full-time service. Former partners of ADF personnel are now also able to access Open Arms up to five years after a couple separates or while co-parenting a child under the age of 18.

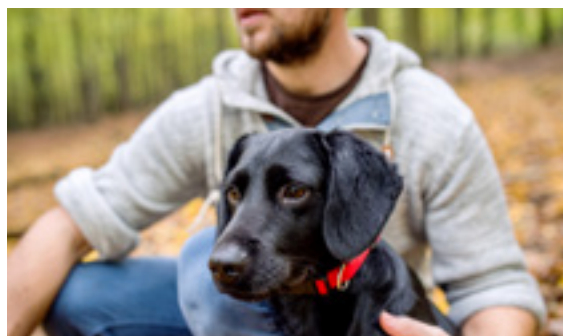
Veteran Payment

In 2018, the Australian Government introduced the Veteran Payment. This provides immediate, financial support for eligible veterans who have submitted a claim for compensation for mental health conditions, while their claim is being processed.

Psychiatric Assistance Dogs

There is growing evidence that provision of highly trained psychiatric assistance dogs can be an effective treatment support for people with posttraumatic stress disorder (PTSD). The Australian Government is funding a four-year research trial through La Trobe University in Victoria to provide detailed guidance and evidence to support best practice in the use of psychiatric assistance dogs for veterans with PTSD.

In addition, the Government also supports the provision of psychiatric assistance dogs to eligible veterans under DVA's Rehabilitation Appliances Program.



Annual Veteran Health Check

In 2019, the Australian Government introduced the Annual Veteran Health Check. From 1 July 2019, all ADF members (permanent and Reservists) with at least one day continuous full-time service can access a fully-funded comprehensive Annual Veteran Health Check from their general practitioner every year for the first five years after transition.

Wellbeing Centres

A 2019 Election commitment, the Australian Government has committed \$30 million to develop a network of six Veteran Wellbeing Centres—in Townsville, Darwin, Adelaide, Nowra, Perth and Wodonga—in partnership with ex-service organisations (ESOs) and state and territory governments. These centres will support co-location of veterans' support services and allow for closer integration and coordination of government and non-government support.

National Commissioner for Defence and Veteran Suicide Prevention

On 5 February 2020, the Prime Minister announced a plan to establish a powerful new independent National Commissioner for Defence and Veteran Suicide Prevention to inquire into all suspected veteran and ADF suicides and their causes, including coronial processes as required, and make recommendations for action.

The National Commissioner will have relevant powers equivalent to a Royal Commissioner. The National Commissioner will use these powers to ensure they have access to all information needed to inform their inquiries, including information identifying systemic issues, trends and risk factors to inform its reviews or research.

The National Commissioner will have the ability to undertake broad ranging inquiries relevant to their role and hear from any relevant party (including veterans and their families), conduct public and private hearings, and compel the production of evidence and summons witnesses. Unlike a Royal Commission, the National Commissioner will have enduring powers and will report annually to Parliament.

The Prime Minister has also commissioned an independent inquiry into past veteran and Defence suicides to commence immediately and be overseen by an interim National Commissioner. This will commence with preparatory research and collation of information, prior to the full establishment of the office of the National Commissioner. An Interim National Commissioner will commence the review, prior to the establishment of the ongoing Office of the National Commissioner. This preparatory work will include engagement with affected families.

Veteran Family Advocate

In addition to the National Commissioner, the Prime Minister also announced the establishment of a statutory Veteran Family Advocate representing the views of veterans and their families to help shape policy and the administration of veteran benefits and support.

The Veteran Family Advocate will be a merit selection and will work closely with the National Commissioner for Defence and Veteran Suicide Prevention so that the National Commissioner's findings can be rapidly translated into action to mitigate suicide risk factors for veterans and their families. Both positions are complemented by the ongoing work of the National Suicide Prevention Adviser, Ms Christine Morgan, who is working to support the Government's towards zero suicides agenda for all Australians.

Strengthening Mental Health Provider and Research Community Relationships

The Australian Government is committed to building valuable partnerships with mental health providers and the research community to support the delivery of best practice evidence-based mental health care and services to veterans and their families.

The DVA Health Providers Partnership Forum aims to ensure that providers understand the unique nature of military service and what this means for the design and delivery of health services to DVA clients and their families.

Work is underway to develop streamlined avenues for health sector education and training about DVA client needs. Through DVA, the Government is continuing to explore opportunities to partner with other organisations, to strengthen relationships with health peak bodies and associations.

The Government provides around \$3.9 million annually for DVA's Applied Research Program to commission research to build an effective evidence base that supports the health and wellbeing needs of Australia's veterans.

In June 2016, the Government committed to provide a \$6 million grant to Phoenix Australia to establish the Centenary of Anzac Centre to target early intervention mental health treatment for veterans. The Centenary of Anzac Centre comprises two components:

- a treatment research centre investigating and testing new treatments for PTSD and other mental health conditions, and translating the findings for policy and treatment delivery; and
- a practitioner support service providing expert advice and guidance to practitioners on the treatment and support of veterans with mental health problems.

Veteran Mental Health Landscape

DVA spends more than \$230 million annually on supporting the mental health needs of veterans and their families. This funding is demand-driven and is not capped. DVA-funded mental health services are comprehensive and include psychiatrists, general practitioners, allied mental health services, pharmaceuticals, and inpatient and outpatient hospital treatment delivered through both veteran-specific services and the mainstream Australian health system. Figure 2 presents an overview of the veterans' mental health landscape.



Figure 2: Veterans' Mental Health Landscape

DVA clients

Estimated Australian veterans: 632,000

Total DVA clients: 292,674

Total DVA veteran clients: 183,665

Total DVA health cards: 207,160

Total Gold Cards: 122,536

Total White Cards: 84,624

Key statistics:

46,927 veterans were living with a mental health condition (27%)

155,457 counselling sessions were conducted by Open Arms

128,824 AT-Ease (now Open Arms health portal) website visits

Source: DVA Annual Report 2018-19

Recognition and Respect

- Australian Defence Veterans' Covenant
- Veteran Card
- Australian Veteran Lapel Pin and Reservist Lapel Pin
- Commemorations

Income and Finance

- Veteran Payment for financially vulnerable veterans
- Incapacity Payments
- Compensation
- Service Pension

Employment

- Rehabilitation support
- Prime Minister's Veteran Employment Program and Awards
- Enhanced Employment Services for Veterans - Grants
- Vocational Rehabilitation

Health

Services:

- Psychiatric services
- Open Arms - Veterans & Families Counselling services
- Pharmaceuticals
- Allied mental health provider services
- General practitioner services
- Inpatient and outpatient hospital treatment
- Community-based drug and alcohol treatment programs
- Centenary of Anzac Centre (with Phoenix)
- One-off Veteran Health Check
- Annual Veteran Health Check

Pilots:

- National Suicide Prevention Trial – Operation COMPASS
- Suicide Prevention Pilot
- Coordinated Veterans' Care Mental Health Pilot (case management)
- Provisional Access to Medical Treatment Trial

Programs:

- Trauma Recovery Programs – PTSD
- The Wellbeing and Support Program
- RSL National Program of Mental Health Training

Education and Skills

Funding for fees and course materials through the rehabilitation program:

- university courses
- apprenticeships
- accredited training
- some short courses

Social Support & Connection

Pilots:

- Townsville Community and Peer Engagement Pilot
- Peer to Peer Support Pilot
- Psychiatric Assistance Dogs Trial
- Veteran Wellbeing Centres
- Resilient Minds
- REDSIX App
- Survive to Thrive

Programs:

- Open Arms Community and Peer Program
- Open Arms Group Programs
- Open Arms website and collateral, including High Res website and mobile app
- Carer and Volunteer Support Program
- Day Clubs
- Cooking for One or Two
- Provision of psychiatric assistance dogs for veterans with PTSD
- Connection to services delivered by ex-service organisations



What we know about Veteran Mental Health

- Serving in the ADF provides protective mental health factors, such as access to health care, social connections, secure employment and housing. There is also a “healthy worker” or “healthy soldier” effect, with the recruitment of physically fit and mentally resilient individuals and a continued focus on physical and mental fitness for service. This is reinforced by intangible factors that support strong mental health including a sense of mission and purpose, the camaraderie and mateship of service, belonging to a community and making a difference.
- The age-adjusted rate of suicide for males while in ADF service (including those who transition into the Reserves) is roughly half that of the Australian population⁴.
- Post-service, the age-adjusted rate of suicide for veterans is consistently higher than that of the Australian population.
- Between 2001 and 2017, there were 419 known suicides across serving, ex-serving and Reservists populations with at least one day's service since 2001.
- Between 2015 and 2017, the suicide rate for ex-serving men was 1.18 times (18%) higher than Australian men. Over the same period, the suicide rate of ex-serving females was 2.15 times (115%) higher than Australian females.
- More than 20 per cent of recently transitioned veterans reported suicide ideation, plans or attempts in the previous 12 months compared to 13.3 per cent of the Australian population⁵.
- Younger, non-commissioned ranks, and medically discharged personnel are at greater risk of suicide.
- Some serving members may not seek treatment due to concerns about their future career and/or deployment opportunities.
- Veterans who do not seek treatment may be worried about the cost and/or the potential impact on their civilian career.
- Defence surveys indicate that around 8 per cent of former ADF members are looking for work nine months after transition.

Defence is responsible for the health care of current serving ADF members up until the date of their transition to civilian life. The health system managed by Defence provides free, comprehensive, coordinated health and welfare services, from prevention, treatment, rehabilitation and recovery. This includes primary health care, dental and mental health services, hospital care, ancillary health care specialist services, diagnostic and radiology services, rehabilitation and suicide prevention.

Upon leaving Defence, veterans and their families face a much more complex environment. After transition, veterans and their families can access health care services from multiple sources including under Medicare, state and territory government health arrangements, the private sector and those services administered by DVA. Figure 3 provides a summary of the Defence and veteran mental health systems.

Despite the protective factors of serving in the ADF, we know that transitioning from military service is a significant life-changing event for many ADF members and their families and can lead to complex social, financial, employment and wellbeing challenges.

The Transition and Wellbeing Research Programme identified that:

- Almost three in four transitioned ADF members were estimated to have met criteria for a mental disorder at some stage in their lifetime either, prior to, during or after their military career;
- Anxiety (46.1 per cent) and alcohol disorders (47.5 per cent) were the most common classes of lifetime disorder; and
- One-quarter of transitioned ADF members were estimated to have met criteria for PTSD in their lifetime (24.9 per cent).

⁴www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary

⁵www.dva.gov.au/about-us/overview/research/transition-and-wellbeing-research-programme

However, the Programme also identified that:

- Approximately three in four transitioned ADF and 2015 regular ADF had received assistance for their mental health in their lifetime. Of these, about 41 per cent of transitioned ADF and 46 per cent of 2015 regular ADF reported receiving assistance currently or within the last 12 months; and
- Approximately half of transitioned ADF and 2015 regular ADF sought help for their mental health within three months of becoming concerned about it.

Figure 3: Defence and Veteran Mental Health Systems

DEFENCE MENTAL HEALTH SYSTEM

- Command, chaplaincy and welfare support
- Access to free comprehensive primary health and specialist mental (and other) health services
- Occupational rehabilitation
- Prevention, promotion and training (including resilience) programs
- Suicide prevention initiatives
- Family support
- Recovery and support units and coordinators
- Arts for Reliance, Teamwork and Skills (ARRTS)
- Employee Assistance Program (Reservists)
- Transition Support Services

VETERAN MENTAL HEALTH SYSTEM

Ex-Service Organisations

- Non-government
- Local, state and national level
- Provide different supports and services to veteran groups across the community
- Suicide prevention initiatives
- Advocacy
- Alternative therapies
- Employment
- Peer support

DVA

- Funding for health care
- Suicide prevention initiatives
- Income support, compensation and rehabilitation
- Special programs to support veterans, including peer support
- Veteran Card (White Card) on Transition
- Case coordination

NDIA

- Disability services and supports
- Support for psychosocial disability

Dept of Health

- Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS)
- Mental health and other relevant services commissioned by the 31 Primary Health Networks
 - Mental health supports and services available via phone and online (digital)
 - Primary care
 - Suicide prevention initiatives including Operation COMPASS site in Townsville (part of the National Suicide Prevention Trials)
 - Non-clinical support
 - Funding and contribution to state governments for hospital services

Veterans and their families

States and Territories

- Public mental health hospital services
- Community mental health
- Legislative, regulatory and policy frameworks for delivery
- Funding community sector
- Suicide prevention initiatives
- Sub-acute residential, alcohol and other drugs and detoxification services
- Local Hospital Networks

Veteran Mental Health across the Lifespan

DVA has worked in partnership with Defence to ensure the Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023 (Strategy and National Action Plan) takes into account the risk and protective factors military service provides veterans across their lifespan.

Defence and DVA developed their plans in parallel, reflecting their common and unique responsibilities. Both strategies recognise:

- that addressing mental health and wellbeing requires shared responsibility and commitment from key stakeholders, including communities;
- the unique nature of military service and its impacts on ADF members, veterans and their families;
- the need to empower ADF members and veterans to seek help for mental health challenges early; and
- the need to build the evidence to understand emerging mental health and wellbeing needs and best-practice and effective treatments and supports.

With significant recent changes in the policy and service context, it is timely to review the currency and focus of the respective plans. Defence released its five-year Defence Mental Health and Wellbeing Strategy 2018–2023⁶ in October 2017, which aims to optimise the mental health and wellbeing of current ADF members and their families through all phases of their careers and life—to be ‘Fit to Fight, Fit to Work and Fit for Life’.



The Defence strategy includes a focus on suicide prevention, noting the ADF has operated a suicide prevention program since 2002 and implemented a range of educational and health promotion initiatives to reduce stigma, improve awareness of mental health conditions and suicide prevention, and to encourage ADF members and their families to seek help as early as possible. Importantly, the Defence strategy aligns with the Fifth Plan; and in line with the work of the National Suicide Prevention Adviser, acknowledges that mental health and wellbeing is not determined simply by a person's individual characteristics but also by external social determinants, which sets the context for shared responsibility among communities.

The four-year Strategy and National Action Plan for veterans and their families takes the Defence strategy into account and guides support for former ADF members and their families through their transition from military service to civilian life to help them to ‘live well’ and ‘age well’.

The July 2019 Productivity Commission Inquiry report into Compensation and Rehabilitation for Veterans—A Better Way to Support Veterans⁷ called for the urgent development of a new single strategy for veterans’ lifetime mental health (Recommendation 17.4). However, the current approach will see Defence and DVA evaluate their separate but aligned mental health strategies in 2023 and assess the potential for improved outcomes from a future joint strategy.

This approach also enables Defence and DVA to fully consider the implications of, and alignment with, the whole-of-government priority to improve mental health outcomes and reduce the risk of suicide for all Australians being led by the National Suicide Prevention Adviser.



⁶ www.defence.gov.au/Health/_master/HealthUpdates/docs/Defence_Mental_Health_Wellbeing_Strategy_2018-2023.PDF

⁷ www.pc.gov.au/inquiries/completed/veterans/report



Towards 2023

Our Approach

Our Vision: Supporting the Mental Health and Wellbeing of Veterans and Their Families

Our approach to improving the mental health and wellbeing of veterans and their families recognises that good mental health is supported by whole of life wellbeing. DVA works with veterans and their families to improve services and support for those who have served in the ADF, and continues to play a part in improving mental health and wellbeing outcomes, and reducing the risk of suicide.

Veteran mental health and wellbeing is everyone's business—government, peak health bodies, health and service providers, veterans, families, friends, employers, community organisations, and the ESO community. We work closely with Defence, the ADF and other key agencies to ensure that veterans and their families are serving, living and ageing well, and we empower health professionals to deliver the best care possible. We engage with serving personnel from enlistment through to transition and into civilian life.

Our approach recognises that most personnel leave the ADF well and healthy. Our aim is to provide veterans and their families with the support they need to live and age well in civilian life, with access to appropriate, integrated and effective services and support across the domains of wellbeing. DVA is committed to helping veterans retain their sense of wellbeing through strategies to promote the protective factors of ADF service, such as having a strong sense of purpose, camaraderie and social support, access to health care, and secure income/employment and housing. For those medically transitioned, strategies will support optimising recovery, regaining health and wellbeing, and building productive lives.

The National Suicide Prevention Adviser has recommended a shift in focus to take a broader, more proactive and balanced approach across the full spectrum of personal life experiences and social health determinants contributing to suicidal distress. Our model for the wellbeing of veterans and their families at Figure 4 comprises seven domains: health, income and finance, employment, education and skills, housing, social support and connection and recognition and respect. Supporting veterans and their families to build and sustain wellbeing across all these domains supports good mental health and aids recovery.

Figure 4: The DVA Wellbeing Model



Over the course of this four-year strategy, DVA will drive a series of changes to enable a shift from an illness focus towards a wellness focus. This move will better ensure we have the appropriate services available to support transitioning ADF members, veterans and their families to live healthy and productive lives. This includes working with veterans and their families to encourage help-seeking behaviours and to reduce the stigma of overcoming mental health challenges. It is critical that the implications of the unique nature of military service are recognised, the protective factors inherent in service are enhanced, and the risk factors are addressed.



Figure 5: Defence and DVA Stepped Models of Care

ADF	DVA
Self-Management	
<ul style="list-style-type: none"> • Resilience building – BattleSMART • Self-care digital and online mental health resources • Mental health, suicide prevention and alcohol and other drugs awareness and skills training • All Hours Support Line and 1800 IMSICK 	<ul style="list-style-type: none"> • Annual Veteran Health Check • Open Arms online mental health resources • Support from families, ex-service and community organisations • Operation Life - veteran suicide awareness and prevention programs • Open Arms - mental health training for RSL volunteers
Low Intensity	
<ul style="list-style-type: none"> • Mental health skills training • Alcohol and other drugs programs • Mental health screening • Command, welfare and chaplaincy support • Helplines • General wellbeing initiatives 	<ul style="list-style-type: none"> • General practitioner and psychologist services • Open Arms community and peer network • Kookaburra Kids program for children of veterans with mental health conditions • Coordinated Veterans' Care Mental Health Pilot
Moderate Intensity	
<ul style="list-style-type: none"> • Primary care, mental health and psychology services • Mental health risk assessment • Occupational rehabilitation • Critical incident mental health support 	<ul style="list-style-type: none"> • Mental health treatment (funded under liability and Non-Liability Health Care) • Open Arms (individuals and couples counselling) • Assistance Dogs for veterans with PTSD • DVA case coordination for veterans with complex needs
High Intensity	
<ul style="list-style-type: none"> • Psychiatric services • ADF Centre for Mental Health Second Opinion Clinic • Trauma recovery programs • Drug and alcohol treatment programs • Health care coordination 	<ul style="list-style-type: none"> • Mental health treatment - including public and private hospitals (funded under liability and Non-Liability Health Care) • Open Arms (counselling and group programs) • Trauma recovery programs • Suicide Prevention Pilot • DVA case coordination for veterans with complex needs
Acute and Specialist	
<ul style="list-style-type: none"> • Public and private inpatient treatment • Trauma recovery programs • Drug and alcohol programs • Discharge follow-up and management 	<ul style="list-style-type: none"> • Public and private hospital treatment • Trauma recovery programs • Drug and alcohol programs • Open Arms (complex case management)

DVA services are provided to veterans in addition to the mental health care services offered by the Commonwealth and state and territory health care systems.

We know that nearly 47,000 veterans were living with a mental health condition in 2018–19⁸. There is also emerging Australian evidence indicating that many people who die by suicide have had no contact with the mental health system in the 12 months prior to their deaths, but may have contact with other health, government and community organisations. Building on our wellbeing focus, we support those veterans and their families experiencing mental health and wellbeing challenges by providing access to services and programs to ensure they have the right level of care that is appropriate to their needs, at the right time. For this reason, we invest across the continuum of services, the ‘stepped model of care’ (see Figure 5 on page 17), from supporting veterans to manage their own mental health and wellbeing needs through to acute and specialist services.

Many programs and services provide treatment across the spectrum. However, there is a change in service focus between Defence and DVA. Defence provides comprehensive health care with a focus on returning members to a state of being fit to fight or preparing them to transition from military service, whereas DVA assists and funds veterans in navigating the mainstream health system and provides additional services/supports where necessary.

Together with Open Arms, DVA offers a wide range of education and self-management tools for veterans and their families, such as the Open Arms health and wellbeing portal and mental health awareness and skills training. Low intensity supports include the Open Arms Community and Peer Advisors who provide insight and support to veterans with complex care needs and intensive case management, telephone supports, and programs targeting wellbeing. Those with moderate to high intensity needs have access to counselling services, trauma recovery services, and case coordination. Acute care is often funded and provided through hospitals, with hospital discharge follow-up and ongoing case coordination in the community.

In line with the National Suicide Prevention Adviser’s interim finding that current effort and investment at a national level is heavily concentrated on services for those in crisis, DVA acknowledges that increased focus and efforts aimed at veterans and their families needing low to moderate intensity support are required.



⁸ Department of Veterans’ Affairs Annual Report 2018-19 www.dva.gov.au/documents-and-publications/annual-reports

Governance and Implementation

Robust governance is required to ensure that the implementation of this Strategy and National Action Plan achieves our Vision over the next four years to 2023, and aligns with broader whole-of-government efforts in supporting mental health and wellbeing, and reducing suicide.

DVA will establish governance arrangements that ensure implementation of the Strategy and National Action Plan takes a holistic approach to veteran mental health and wellbeing. DVA will appoint a senior responsible officer to convene a steering committee consisting of representatives from the NMHC, the health provider and veteran communities, and the Commonwealth Departments of Defence, Health and Veterans' Affairs. The steering committee will have responsibility for updating the Veterans Ministerial Council and Commonwealth, State and Territory Committee, and will report back to the Minister for Veterans' Affairs.

This accountability enables a continued focus on strategic priorities, policies and services to support the wellbeing of veterans and their families, and ensures suicide prevention is a considered factor in all planned policies.

This governance will consider the broader contributing factors to veteran suicide, including the seven domains of DVA's wellbeing model outlined previously. Linkages with the National Suicide Prevention Adviser and National Commissioner for Defence and Veteran Suicide Prevention will also be required to work in alignment with the whole-of-government approach driving the Towards Zero suicides agenda, particularly in contributing to improving data and evidence (outlined as a priority in the initial advice from the National Suicide Prevention Adviser).

Monitoring for Success

The Strategy and National Action Plan will have a formal monitoring and evaluation plan that will align with the Government's cross-portfolio Towards Zero suicides agenda.

All DVA pilots, programs and initiatives include evaluation to ensure veterans and their families receive the most appropriate services in the most efficient and effective way. These evaluations allow the Government to ensure it is obtaining best value for money and making the best decisions to target funding and improve programs to take into consideration changing needs and evolving research.

Development of an overarching evaluation and monitoring plan that harnesses existing evaluations, considers existing data alongside the development of new data sets and starts to bring into account outcomes, rather than simple program efficiency, will take effort and commitment.

Over the course of the next four years, DVA will work to set a baseline of outcome measures and continue to collaborate across government, particularly with Defence and the NMHC, and the research community to monitor, evaluate and measure the mental health and wellbeing outcomes of veterans and their families, the effectiveness of this Strategy and National Action Plan, and effective system performance. Where possible, DVA will align the baseline outcome measures with the measurable national key performance indicators outlined in the Fifth Plan.

DVA has started measuring client wellbeing through its annual Client Satisfaction Surveys. In 2019, the survey included a measure of clients' perceptions of their own wellbeing. Building on the baseline data collected in the 2019 survey, we will be able to determine the success of DVA policies and programs, and understand how we can improve the quality of care for veterans and their families.

Development and Structure of the Veteran Mental Health and Wellbeing Strategy and National Action Plan

Consultation

Veterans, current serving members, families, government, researchers, peak health bodies, service providers and ESOs all collaborated on the design of the Strategy and National Action Plan. A broad range of consultation activities were undertaken through existing forums, online communications and via veteran community networks.

As the first step, the Minister for Veterans' Affairs, the Hon Darren Chester MP, convened a national summit of experts in veteran mental health and suicide prevention on 26 June 2019. Four key priorities were unanimously agreed at the summit and incorporated into the Summit Communiqué. They are:

PRIORITY ONE: Facilitating high quality, evidence-based, accessible and tailored **health care** that responds to the unique nature of military service and its impacts on veterans and their families;

PRIORITY TWO: Supporting veterans and their families to **transition** well from military to civilian life;

PRIORITY THREE: Enhancing **partnerships** across government, communities, business, service providers, researchers and ESOs to improve mental health and wellbeing outcomes for veterans and their families; and

PRIORITY FOUR: **Engaging, communicating and educating** veterans, families and the community better and more often about the positive mental health and wellbeing support and services available.

In August 2019, an Australian mental health environmental scan, commissioned by DVA, was published to inform the development of the Strategy and National Action Plan. A co-design session, which brought veterans and families together with other key stakeholders, was held on 25 September 2019. The full list of consultation activities is provided at **Appendix B**.

Structure of the Strategy and National Action Plan

The Strategy is focused on the four key priorities that were identified at the summit and endorsed through subsequent consultation activities.

For each priority area, aims and objectives have been designed to guide the actions that will deliver improved mental health and wellbeing outcomes for veterans and their families. Specific activities, initiatives and timeframes are set out in the National Action Plan.



Image courtesy of the Department of Defence.



Key Priorities

Aims and Objectives



Looking Forward

This Strategy and National Action Plan will focus on care, respect and dignity in health service delivery. Veterans and their families will have access to evidence-based services focused on prevention, maintaining their wellbeing or enabling them to feel well again regardless of the issues they may be coping with.

More services will be made available through enhanced integration and coordination across the veteran health system (including ESOs, state/federal government and service providers). This will result in more efficient service delivery and reduced duplication.

The introduction of a series of Veteran Wellbeing Centres demonstrates the Australian Government's commitment to building better integrated and coordinated support for veteran mental health and wellbeing.

The Australian Government is committed to reducing veteran suicides and is establishing a powerful new National Commissioner for Defence and Veteran Suicide Prevention to inquire into all suspected veteran and ADF suicides and their causes to make recommendations for action.

Priority One

Facilitating high quality, evidence-based, accessible and tailored health care that responds to the unique nature of military service and its impacts on veterans and their families

DVA purchases health services in each state and territory, from public and private sectors, from hospital inpatient delivery and from primary care in community settings. These services go beyond the traditional medical model of health to consider the holistic wellbeing needs of veterans and their families.

The Australian Government provides more than \$230 million in funding a year to support the mental health needs of veterans and their families, including public and private hospitals, Open Arms, psychiatrists, general practitioners, allied mental health practitioners, pharmaceuticals, and funding for research and clinical education.

This funding is uncapped – if there is a need, it will be met. All veterans are eligible to access mental health care for life for any mental health condition. These supports are needs-based and available 24 hours a day, seven days a week to any veteran who has served a single day in the ADF.



Our Aim

Veterans and their families have access to best practice and timely mental health care that is tailored to their needs.

Objectives for Priority One

- 1.1 Implement improved models of care that provide holistic, coordinated support and access to community and volunteer services, and prioritise high intensity care coordination for people with complex care needs along with more coordinated approaches for individuals presenting with mental health challenges.
- 1.2 Improve the quality of care from health providers and outcomes delivered to veterans.
- 1.3 Apply evidence-informed suicide prevention programs based on lessons from trials and broader government plans, and new approaches that support veteran wellbeing.
- 1.4 Focus efforts on early intervention, assertive outreach and strategies to ensure veterans are able to 'self-manage' their own care.
- 1.5 Address barriers to accessing care for veterans and their families, prioritising those at high risk of adverse mental health and wellbeing outcomes.
- 1.6 Enable veterans and families to be proactive in taking responsibility for meeting their own wellbeing and health care needs, including connecting with relevant local services and support, and engagement with community groups.
- 1.7 Build the evidence to incorporate the use of adjunct therapies and new approaches in health care.

Non-Liability Health Care

Any person with one day of full-time ADF service (and some Reservists) can get free treatment for all mental health conditions without the need to be accepted as service-related.



Open Arms – Veterans & Families Counselling

Open Arms provides professional mental health and wellbeing support to veterans and their families. This support is needs-based, uncapped and available to all current and former members of the ADF with at least one day of continuous full-time service, including some Reservists and their families.

Free and confidential help is available 24/7 by contacting 1800 011 046.

*'I went to Open Arms
and I cannot commend
their services any higher.
It changed my life
for the better'*

Online consultation respondent,
October 2019



Looking Forward

This Strategy and National Action Plan will see Defence and DVA design and implement a better transition experience for veterans and their families, including those transitioning through medical or administrative transition. Lessons will be taken from the Transition and Wellbeing Research Programme, the Productivity Commission Inquiry report into Compensation and Rehabilitation for Veterans – *A Better Way to Support Veterans*, and the Inquiry into transition from the ADF to inform the design.

This Strategy and National Action Plan recognises that military training sets transitioning personnel up to provide for a significant injection of skilled workers into the civilian workforce, either by filling gaps in the market by starting businesses or using their experience across many sectors.

Priority Two

Supporting veterans and their families to transition well from military to civilian life

More than 5,500 people transition from the ADF each year and most do so without major issue. However, for some ADF members and their families the transition to civilian life can bring a loss of identity and community, relocation, and challenges with securing civilian employment and housing, and navigating the broader health and support system.

These factors can be particularly difficult for those most at risk, which includes ADF members who are transitioned involuntarily for medical or other reasons, are aged less than 30, are of non-commissioned rank, or have less than one year of service. For some, they leave the ADF with undiagnosed or untreated mental health issues or may develop psychological issues once the supports inherent to service life are no longer available.

DVA is working with Defence to focus on transitioning members using a needs-based approach to better identify those at higher risk of mental health problems and suicide, and provide targeted, proactive support to ensure continuity of care, post-discharge.



Our Aim

Veterans and their families have the support they need to transition well from military to civilian life, with financial stability, social connection, and a continued sense of purpose.

Objectives for Priority Two

- 2.1 Collaborate with Defence and Open Arms on continuity of care during transition, including access to health professionals with an understanding of the nature of military service, the veterans' experience and medical history.
- 2.2 Promote the benefits of belonging to a community during and after military service by facilitating social connection and engagement to pre-empt potential loss of identity and purpose.
- 2.3 Continue to enhance employment and career development as an important aspect of successful transition (including training for employers and employees to recognise the benefits of ADF service, and identifying transferable skills).
- 2.4 Triage and prioritise mental health claims while continuing to improve the claims process overall; ensuring it is fast, seamless, supportive, and responsive to veterans' needs.
- 2.5 Improve identification of at-risk transitioning members and enhance tailored strategies for them and their families to improve their transition experience.
- 2.6 Facilitate peer support and lived experience networks to mentor and guide ADF members successfully through the transition to civilian life.

'It has improved significantly in the last few years, so we are moving in the right direction!'

Online consultation respondent,
October 2019

'Transition equals opportunity'

Co-Design Session participant,
September 2019

DVA Veteran Card (White Card)

Since mid-2018, eligible members of the ADF now automatically receive a DVA Veteran Card (White Card) when they transition to civilian life, without having to make an application.

While these veterans may not immediately need the support that DVA can provide, the Veteran Card (White Card) is a symbol that should they ever need DVA, they are covered.

The Veteran Card (White Card) allows veterans to access treatment for any mental health condition, whenever they may need it throughout their life, without having to first approach DVA.

It also enables DVA to personally keep in touch with veterans and inform them of programs and services to assist them.

'Since 2016, through the Early Engagement Model, DVA now knows all transitioning ADF personnel, with over 22,000 current and former ADF members, who have not made a claim or otherwise being registered as DVA clients''

DVA, 2019



Looking Forward

This Strategy and National Action Plan will see the Australian Government, through DVA, create more opportunities for enhanced partnerships across all levels of government, peak health bodies, health and service providers, researchers, ESOs, and the veteran community to deliver services and enhance mental health and wellbeing outcomes for veterans and their families.

This will involve bringing key stakeholders together, establishing overarching governance, and empowering each organisation to take ownership or contribute to improving mental health and wellbeing outcomes for veterans and their families.

Through our research partners, we will continue to expand our understanding of the wellbeing of veterans and their families, build an evidence base for effective policy and services, provide actionable outcomes that can be translated into policy and program directions, and evaluate DVA programs.

Priority Three

Enhancing partnerships across government, communities, business, service providers, researchers and ex-service organisations to improve mental health and wellbeing outcomes for veterans and their families

DVA works in partnership across sectors to deliver services and supports to ensure the mental health and wellbeing needs of veterans and their families are met.

Health service providers are a key gateway through which veterans and their families access DVA-funded health care and treatment. Some veterans and their families choose to access mainstream services and we support that choice through our 'no wrong door' approach. We are working to improve the delivery of DVA, Open Arms and mainstream services through research and by developing streamlined avenues for health sector education and training on veteran needs.

ESO's also play a vital role in supporting the mental health and wellbeing needs of veterans and families through advocacy, lived experience, understanding their unique needs, and offering wellbeing-focused activities.

Collaborating with our partners is key to building a connected and coordinated system to support veterans and families through their lifespan.



Our Aim

Veterans and their families have improved mental health and wellbeing outcomes delivered through enhanced partnerships across governments, ESOs, service providers, researchers and local communities.

Objectives for Priority Three

- 3.1** Continue to enhance collaboration across government, particularly between Defence and DVA, to ensure the mental health and wellbeing needs of veterans and their families are supported across their lifespan.
- 3.2** Provide opportunities for ESOs to strengthen collaboration and commitment to shared wellbeing outcomes for veterans and their families, while ensuring the ESO sector is inclusive of all veteran cohorts.
- 3.3** Engage in partnerships to deliver the series of Veteran Wellbeing Centres.
- 3.4** Foster transparent and collaborative action to design local solutions with national guidance and a wellbeing focus and deliver against commonly shared goals.
- 3.5** Encourage the advocacy system to support wellbeing and promote the benefits of connecting to ESOs and other support for veterans.
- 3.6** Apply our shared knowledge and research outcomes, using national networks of experts, researchers and providers to ensure the best available evidence informs our approach to improving veteran mental health and wellbeing, and reducing suicide.
- 3.7** Create opportunities for networking and collaboration across sectors, including empowering the development of local solutions.





Looking Forward

This Strategy and National Action Plan will see DVA sharing positive communications acknowledging the strength and resilience of veterans and their families. We want veterans to know Australians respect and value them for their service to our country and see that there are stories of success everywhere.

To ensure veterans continue to feel valued and to build society's respect and understanding, we will promote stories of veterans and their families who have successfully navigated the transition to civilian life, and those who are living and ageing well.

This Strategy and National Action Plan will see better education on services available to support those veterans and their families who may be struggling, and reaching out to offer a helping hand. There is help available through DVA, Open Arms, ESOs and communities, and we want to encourage a sense of hope that veterans and their families can recover and live well.

Priority Four

Engaging, communicating and educating veterans, families and the community better and more often about the positive mental health and wellbeing support and services available

As Australians, we acknowledge the unique nature of military service and thank veterans and their families for their service to our nation. The Australian Defence Veterans' Covenant has been introduced to enhance recognition of their service and sacrifice. The Covenant includes an oath, a Veteran Card, a Veteran Lapel Pin or a Reservist Lapel Pin. Respect and recognition is a vital part of good mental health and wellbeing for veterans and their families.

Through our transformation program, DVA is changing. We are building a better client experience, making it faster, simpler and easier for veterans and their families to access services, whenever and wherever they need them. The Australian Government is appointing a Veteran Family Advocate to directly engage with veterans' families, to improve the design of veteran programs and services, including a focus on mental health and wellbeing.

We want to better engage, communicate and educate veterans and their families to let them know that DVA and the broader Australian community are working together to support them to maintain and optimise their mental health and wellbeing.



Our Aim

Veterans and their families are equipped to manage their mental health and wellbeing, they know where and how to access help should they need it, and they are valued for their military service.

Objectives for Priority Four

- 4.1 Continue engaging with veterans and their families to develop initiatives and services that would help in maintaining their wellbeing or improving their recovery.
- 4.2 Promote stories of strength, resilience, recovery and transition in the media, and across social media platforms, including veterans and their families participating in activities that promote wellbeing.
- 4.3 Focus on and promote social connectedness across a veteran's life.
- 4.4 Enhance and streamline information to enable veterans and their families to access the right support at the right time.
- 4.5 Make it easier for Australians to recognise and respect the contribution that veterans have made to Australia.
- 4.6 Communicate better and more often about the entitlements and services available to remind veterans and their families that help is available, if needed, including over periods of high risk such as Christmas or Anzac Day.
- 4.7 Enable the use of technology, including social media, to enhance connectedness and help-seeking, and engage younger veterans in online communities.
- 4.8 Ensure DVA staff communicate with veterans and their families in a client-centric and empathetic manner.

We provide free mental health care for veterans and counselling and support for families. We also offer resources to help you monitor and manage your wellbeing.

www.dva.gov.au/mentalhealth

*'Incentivising wellness
is about giving tools—
not giving answers'*

Female Veterans and Veterans'
Families Policy Forum participant,
August 2019





National Action Plan

2020–2023

National Action Plan 2020–2023

This National Action Plan incorporates actions to progress activities already underway, as well as actions proposed during the co-design process, to address the four priorities. Importantly, it is flexible to allow future updates to maintain alignment with government priorities and to harness the value of partnerships in informing activities to improve mental health and wellbeing outcomes for veterans and their families. Because of this, it is important to note the printed National Action Plan may become outdated, with the most recent version available on the DVA website.

Over the course of the next four years, we will continue to collaborate across government, particularly with Defence, the Department of Health and the NMHC, to monitor, evaluate and measure the mental health and wellbeing outcomes of veterans and their families, and ensure government alignment and effective system performance.

Priority One:

Facilitating top quality, evidence-based, accessible and tailored health care to reflect the unique nature of military service and its impacts on veterans and their families

Objective		
1.1	Implement improved models of care that provide holistic, coordinated support and access to community and volunteer services, and prioritise high intensity care coordination for people with complex care needs along with more coordinated approaches for individuals presenting with mental health challenges	
Specific Actions		Timeline
1.1.1	Establish the network of Veteran Wellbeing Centres across Australia to deliver one-stop shops for veterans' support services with integrated government and non-government services, including connections with local health services, community organisations, advocacy and wellbeing support	July 2019 to June 2022
1.1.2	Continue to implement the Client Support Framework to provide streamlined access to timely and individually tailored support for at-risk or vulnerable veterans and families. The Framework includes: <ul style="list-style-type: none">• Triage and Connect – the gateway to all supports under the Framework;• the Coordinated Client Support program, which delivers specialised case management for veterans with complex and multiple needs, with a specialist program to support medically and administratively transitioning ADF members aged under 30;• the Wellbeing and Support Program (WASP), which provides face-to-face community-based case management for veterans with complex needs and high levels of vulnerability to improve wellbeing.	Ongoing

1.1.3	Continue to provide immediate income support via the Veteran Payment for veterans with compensation claims for mental health conditions caused by their service, including access to whole-of-person rehabilitation for those with extra needs	Ongoing
1.1.4	Pilot a coordinated service in South Australia for veterans leaving prison to ensure they have necessary support and entitlements prior to separation	2020

Objective		
1.2	Improve the quality of care from health providers and outcomes delivered to veterans	
Specific Actions		Timeline
1.2.1	Use the annual Client Satisfaction Surveys to measure DVA clients' perceptions of their own wellbeing over time, building on the baseline data collected in the 2019 survey, to determine the success of DVA policies and programs, and understand how we can improve the quality of care for veterans and their families	Ongoing
1.2.2	Continue to improve the Open Arms Professionals wellbeing portal, ensuring that best practice, evidence-informed information and resources are accessible for health professionals treating veterans with mental health issues, including clinical tools and professional development opportunities	Ongoing
1.2.3	Continue to deliver and evaluate professional development activities to educate and support the broader health workforce to better respond to the mental health and wellbeing needs of veterans and their families	Ongoing
1.2.4	Establish a research project investigating ways to improve clinical responses to intimate partner violence in the veteran community through a partnership between Open Arms and Phoenix Australia	Due for completion July 2020
1.2.5	Use the DVA and Open Arms websites, Provider e-news and consultative forums to provide up-to-date information for health providers about extended or additional entitlements and services available to veterans and their families to support their mental health during the COVID-19 pandemic	March to 30 September 2020 (initially)

Objective		
1.3	Apply evidence-informed suicide prevention programs based on lessons from trials and broader government plans, and new approaches that support veteran wellbeing	
Specific Actions		Timeline
1.3.1	Establish the National Commissioner for Defence and Veteran Suicide Prevention and commence an independent inquiry into past veteran and Defence suicides	Commence 2020, subject to the passage of legislation (this action being led by the Attorney-General's portfolio)
1.3.2	Consider the evaluation of the Coordinated Veterans' Care Mental Health Pilot, which provided enrolled veterans with access to coordinated care from their general practitioner for up to 12 months and access to a digital coaching app. The pilot primarily targeted rural and remote regions, where access to mental health services can be problematic	Evaluation report due October 2020
1.3.3	Continue to progress the Veteran Suicide Prevention Pilot, which is evaluating the benefits of providing intensive, coordinated support and non-clinical management services to address a veteran's mental health and wellbeing needs on discharge from hospital, following a suicide attempt or suicide ideation, or if they have been clinically assessed as being at increased risk of suicide	Pilot ends June 2020. Evaluation report due May 2021
1.3.4	Progress the National Suicide Prevention Trial in partnership with Operation COMPASS, which is implementing evidence-based suicide prevention strategies targeted to current serving members, veterans and their families in the Townsville region, and trialling the support of lived experience peer workers	Trial ends June 2021
1.3.5	Continue to build the capability to triage and investigate incidents of suspected and attempted suicide in the veteran community. In instances where an individual had previous interactions with DVA, this capability considers the DVA environment together with the broader health context and seeks to identify any systemic issues that may have contributed to their death or suicide attempt, and to develop strategies to prevent or minimise the recurrence of a similar incident	Ongoing
1.3.6	Continue the partnership between Open Arms and key veteran peer support groups to extend reach and provide support through existing peer to peer platforms, including REDSIX, Swiss 8, and Survive to Thrive	Ongoing
1.3.7	Enhance Open Arms' suite of suicide prevention offerings, including developing, piloting and evaluating a one-day veteran specific suicide awareness and prevention training package	Pilot commences early 2020
1.3.8	Tailor evidence-informed systems approaches for the veteran community and explore options to integrate into regional Open Arms service delivery	Ongoing

1.3.9	Operationalise the SafeSide CARE risk prevention framework; a best practice approach to suicide risk assessment within Open Arms	Staff training commenced November 2019 and integrated into induction training thereafter
1.3.10	Explore the opportunity for broader rollout of psychological first aid training for DVA client contact staff	First half of 2020

Objective		
1.4	Focus efforts on early intervention, assertive outreach and strategies to ensure veterans are able to 'self-manage' their own care	
Specific Actions		Timeline
1.4.1	Commence the program to provide comprehensive health checks for veterans concerned about the anti-malarial medications mefloquine and tafenoquine	Program ends June 2023
1.4.2	Continue the Provisional Access to Medical Treatment trial providing veterans with access to treatment for specified conditions before their claim is approved, getting veterans the treatment they need faster and preventing further risk of deterioration from their condition	Trial ends June 2020
1.4.3	Examine opportunities for prevention and early intervention to enable veterans and their families to better self-manage their mental health and wellbeing	Ongoing

Objective		
1.5	Address barriers to accessing care for veterans and their families, prioritising those at high risk of adverse mental health and wellbeing outcomes	
Specific Actions		Timeline
1.5.1	Finalise the independent benchmarking assessment of DVA's fees for health providers as recommended by the Productivity Commission	Early 2020
1.5.2	Continue to deliver Non-Liability Health Care, and actively promote and communicate its availability to veterans, their families and providers	Ongoing
1.5.3	Implement online video counselling throughout Open Arms as part of the broader service delivery suite	Ongoing
1.5.4	Develop a tailored anonymous counselling line through Open Arms, for highly vulnerable populations, such as the Australian Special Forces community, to reduce barriers to care and enhance help-seeking	Pilot to be developed and commence in 2020
1.5.5	Implement temporary extended telehealth arrangements for mental health services, including mental health day programs, and doubling of the Veterans' Access Payment to continue to enable timely and appropriate access to mental health services for veterans during the COVID-19 pandemic. This builds on the Australian Government's temporary initiatives to support the mental health of all Australians, including veterans	1 April to 30 September 2020 (initially)

Objective		
1.6	Enable veterans and families to be proactive in taking responsibility for meeting their own wellbeing and health care needs, including connecting with relevant local services and support, and engagement with community groups	
Specific Actions		Timeline
1.6.1	<p>Manage targeted support to children of current or former ADF members who may have been affected by mental illness, through the Kookaburra Kids Program.</p> <p>Kookaburra Kids delivers recreational and educational camps, activities and events for eight to 18 year old children. The program empowers the children to build resilience and the life-long knowledge, skills and abilities they need to reach their fullest potential</p>	Evaluation report due June 2022
1.6.2	Provide up-to-date information via the internet and apps	Ongoing
1.6.3	<p>Evaluate Transition Program pilots and determine feasibility of integrating into the broader Open Arms suite of service delivery options:</p> <ul style="list-style-type: none"> • Resilient Mind – comprehensive program for ADF members to build resilience, and safeguard against mental health concerns; • Mindfulness Based Stress Reduction pilot – teaches participants about the foundations of mindfulness; and • Survive to Thrive – online coaching program with peer support to aid mental health transition and build resilience 	First half 2020
1.6.4	Consider scoping options to better support family members supporting a veteran through suicidal crisis or following a suicide attempt	Ongoing

Objective		
1.7	Build the evidence to incorporate the use of adjunct therapies and new approaches in health care	
Specific Actions		Timeline
1.7.1	Continue to proactively commission research through the Strategic Research Framework and Applied Research Program to build an evidence base that supports the mental health and wellbeing needs of Australia's veterans and their families	Ongoing
1.7.2	Continue to progress the La Trobe University trial to evaluate the effectiveness of psychiatric assistance dogs for veterans with PTSD	Trial evaluation concludes December 2022
1.7.3	Evaluate and improve policy arrangements for the provision of psychiatric assistance dogs for veterans with PTSD through the Rehabilitation Appliances Program	Ongoing Specific consideration of La Trobe University trial outcomes from January 2023
1.7.4	Implement the Mending Military Minds (MMM) Neurocognitive Health Program pilot in Townsville. This pilot includes screening for neurocognitive health problems, and where required, comprehensive neuropsychological and medical assessments to guide support and treatment packages	12-month pilot commencing early 2020; potential for following national rollout
1.7.5	Conduct regular horizon scanning of new technologies and treatments	Ongoing

Priority Two:

Supporting veterans and their families to **transition** well from military to civilian life

Objective		
2.1	Collaborate with Defence and Open Arms on continuity of care during transition, including access to health professionals with an understanding of the nature of military service, the veterans' experience and medical history	
Specific Actions		Timeline
2.1.1	Continue working closely with Defence to improve the transition process and ensure veterans and their families can access the right services and support to help them prepare for civilian life, including making greater use of Defence Health contracts to ensure access and continuity of care for veterans	Ongoing
2.1.2	Continue to use the Early Engagement Model in conjunction with Defence as a coordinated response to transitioning members to enable: <ul style="list-style-type: none"> • notification to DVA of members transitioning for medical reasons; • provision of a Veteran Card (White Card) to eligible members to cover treatment for any mental health condition, regardless of whether it is service-related; and • make referrals to higher-level supports within DVA, such as case coordination and management 	Ongoing
2.1.3	Implement a nationally consistent DVA support model to provide a greater presence on ADF bases through Veteran Support Officers to achieve better tailored support to meet the needs of veterans and their families	Ongoing

Objective		
2.2	Promote the benefits of belonging to a community during and after military service by facilitating social connection and engagement to pre-empt potential loss of identity and purpose	
Specific Actions		Timeline
2.2.1	Use DVA and partner networks to promote social connections through social media groups and share information on locally developed community groups	Ongoing
2.2.2	Work with Defence to encourage serving members to engage with community groups prior, during and after transition so they are prepared for the change in social supports	Initiate in 2020

Objective		
2.3	Continue to enhance employment and career development as an important aspect of successful transition (including training for employers and employees to recognise the benefits of ADF service, and identifying transferable skills)	
Specific Actions		Timeline
2.3.1	Progress the funding program for Soldier On, Team Rubicon and the Returned and Services League of Australia (RSL) to help veterans find meaningful civilian employment, in support of their self-confidence and mental wellbeing	2020

Objective		
2.4	Triage and prioritise mental health claims while continuing to improve the claims process overall; ensuring it is fast, seamless, supportive, and responsive to veterans' needs	
Specific Actions		Timeline
2.4.1	Monitor straight-through processing to ensure it continues to meet the needs of veterans in enabling earlier access to necessary services	Ongoing
2.4.2	Consider the evaluation of the Special Operations Forces Pilot which examined a client-focused, tailored model that aimed to provide a seamless, end-to-end experience for ADF members and their families when they transition out of the ADF	2020
2.4.3	Continue DVA's transformation program to simplify existing processes resulting from legislation to avoid adding to the mental health harm of veterans and their families	Ongoing
2.4.4	Continue to improve the veteran experience of claims processing by expanding Combined Benefits Processing arrangements – one team and one decision maker for the three main components of a claim (investigating and determining liability, needs assessment, and determining any resulting permanent impairment claims for compensation)	Ongoing

Objective		
2.5	Improve identification of at-risk transitioning members and enhance tailored strategies for them and their families to improve their transition experience	
Specific Actions		Timeline
2.5.1	Continue to promote and provide the Veteran Health Check program (One-off Veteran Health Check and Annual Veteran Health Check), which aims to encourage early intervention and connect veterans with civilian general practitioners to identify ways to optimise their physical and mental health and wellbeing during transition to civilian life	Ongoing
2.5.2	Consider opportunities to leverage advice from the National Suicide Prevention Adviser to better identify risk factors during transition that may contribute to suicidal behaviour in veterans and their families	2020–21

Objective		
2.6	Facilitate peer support and lived experience networks to mentor and guide ADF members successfully through the transition to civilian life	
Specific Actions		Timeline
2.6.1	Rollout the national Peer and Community Support program to enhance Open Arms' ability to support clients to access a more holistic model of care that promotes recovery	Program to be operational early 2020
2.6.2	Develop and implement peer induction training and guidelines within Open Arms to support the national rollout of the Peer and Community Support program	National peer induction commenced November 2019 and is ongoing

Priority Three:

Enhancing **partnerships** across government, communities, business, service providers, researchers and ex-service organisations to improve mental health and wellbeing outcomes for veterans and their families

Objective		
3.1	Continue to enhance collaboration across government, particularly between Defence and DVA, to ensure the mental health and wellbeing needs of veterans and their families are supported across their lifespan	
Specific Actions		Timeline
3.1.1	Re-develop the existing Agreement for Services between Defence and Open Arms into a Joint Service Support Agreement to ensure that ADF members and their families receive timely and effective mental health support during and after military service	Agreement developed and operational in first half of 2020
3.1.2	Enhanced collaboration between the ADF Centre for Mental Health and DVA/Open Arms including shared training to standardise interventions and treatment, and shared prevention and early intervention programs to ensure continuity of care and consistent use of language and messaging	Ongoing
3.1.3	Collaborate with Defence on continuity of care, including access to health professionals with a working knowledge of the veterans' experience and medical history	Initiate in early 2020
3.1.4	Collaborate with Defence to explore tools which can help assess the wellbeing risks and vulnerabilities that transitioning members might face, for example, homelessness, prior to transition in order to take action to mitigate the risks	Initiate in 2020
3.1.5	Continue to work across Commonwealth, state and territory governments and with other key stakeholders to ensure that the unique needs of veterans are considered and met in broader population-level initiatives, including during significant events such as the COVID-19 pandemic	Ongoing

Objective		
3.2	Provide opportunities for ESOs to strengthen collaboration and commitment to shared wellbeing outcomes for veterans and their families, while ensuring the ESO sector is inclusive of all veteran cohorts	
Specific Actions		Timeline
3.2.1	Progress the delivery of the national program of mental health and suicide prevention/intervention training to help up to 7,000 volunteers recognise people at risk and offer intervention and support, through the partnership between Open Arms and the Returned and Services League of Australia (RSL)	Program ends September 2022
3.2.2	Work directly with ESOs on the design and rollout of locally developed and funded pilots, programs and evaluations	Ongoing

Objective		
3.3	Engage in partnerships to deliver the series of Veteran Wellbeing Centres	
Specific Actions		Timeline
3.3.1	Conduct local veteran community consultation in each Veteran Wellbeing Centre location to understand the specific local needs to achieve best local outcomes for veterans, including mental health and broader suicide prevention services and support	Complete by mid-2022

Objective		
3.4	Foster transparent and collaborative action to design local solutions with national guidance and a wellbeing focus and deliver against commonly shared goals	
Specific Actions		Timeline
3.4.1	Act as a conduit of information to enable successful programs to be duplicated or tailored for other community groups	Ongoing
3.4.2	Establish a national framework that sets objectives for partners to contribute to while enabling local action	Initiate in 2020

Objective		
3.5	Encourage the advocacy system to support wellbeing and promote the benefits of connecting to ESOs and other support for veterans	
Specific Actions		Timeline
3.5.1	Continue to promote social connections through social media groups and share information on locally developed community groups to build advocates' awareness	Ongoing

Objective		
3.6	Apply our shared knowledge and research outcomes, using national networks of experts, researchers and providers to ensure the best available evidence informs our approach to improving veteran mental health and wellbeing, and reducing suicide	
Specific Actions		Timeline
3.6.1	Collaborate with peak health bodies and health professionals to ensure our approach to improving veteran mental health and wellbeing, and reducing suicide, is best practice	Ongoing
3.6.2	Progress the Rapid Exposure Supporting Trauma Recovery (RESTORE) Trial, focused on testing the efficacy of a PTSD treatment approach through a partnership between Defence, Open Arms and Phoenix Australia	Trial ends June 2020
3.6.3	Conduct the Stepping Out Attention Reset (SOAR) Trial, exploring whether a brief attention-training computer task improves wellbeing and adjustment to civilian life for transitioning military personnel, through the partnership between Defence, Open Arms and Phoenix Australia	Trial ends June 2021

3.6.4	Continue to investigate the development of a measure of moral injury to be utilised in clinical settings, through the international consortium including Defence, Open Arms and Phoenix Australia	Ongoing
3.6.5	Continue to build a comprehensive profile of the health and welfare of Australia's veterans in partnership with the AIHW, including building study-specific populations such as contemporary veterans and veterans' families, and establishing a veterans' health and welfare data repository at the AIHW	Updated compendium report to be delivered in 2020
3.6.6	Deliver annual data and reporting updates of national suicide monitoring of serving and ex-serving ADF personnel, in partnership with the AIHW, to inform improvements in veteran mental health and suicide prevention ⁹	Ongoing
3.6.7	Leverage greater understanding of the key stages of transition and the challenges they pose through Defence's review of the Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) to inform a consistent approach from current serving life to post-service life	Ongoing

Objective		
3.7	Create opportunities for networking and collaboration across sectors, including empowering the development of local solutions	
Specific Actions		Timeline
3.7.1	Progress the pilot with Services Australia providing veterans in rural and regional areas the opportunity for face-to-face services through Services Australia's Mobile Service Centres and agent networks	Pilot ends June 2020
3.7.2	Harness DVA's role as an influencer, connector, and funder of services to work with state and territory governments, and specialist homelessness service providers to tailor programs and services to reduce homelessness for veterans and their families	Ongoing

⁹ www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring

Priority Four:

Engaging, communicating and educating veterans, families and the community better and more often about the positive mental health and wellbeing support and services available

Objective		
4.1	Continue engaging with veterans and their families to develop initiatives and services that would help in maintaining their wellbeing or improving their recovery	
Specific Actions		Timeline
4.1.1	Establish a Veteran Family Advocate to place the perspectives of veteran families at the heart of policy and decision-making, promoting better mental health outcomes for the veteran community	Commence 2020
4.1.2	Engage with veterans and their families through DVA's National Consultation Framework	Ongoing
4.1.3	Leverage enhanced Open Arms National Advisory Committee and Regional Advisory Forums to engage with stakeholders about their needs	Ongoing

Objective		
4.2	Promote stories of strength, resilience, recovery and transition in the media, and across social media platforms, including veterans and their families participating in activities that promote wellbeing	
Specific Actions		Timeline
4.2.1	Promote stories of veterans and their families experiencing success in other aspects of their lives that contribute to positive mental health and wellbeing outcomes	Ongoing

Objective		
4.3	Focus on and promote social connectedness across a veteran's life	
Specific Actions		Timeline
4.3.1	Use DVA and partner networks to promote social connections through appropriate channels and encourage participation in activities relevant to a veteran's life stage	Ongoing
4.3.2	Promote use of the Veteran Card to encourage connections with local community groups	Ongoing

Objective		
4.4	Enhance and streamline information to enable veterans and their families to access the right support at the right time	
Specific Actions		Timeline
4.4.1	Promote, review and update the Open Arms wellbeing portal of tailored mental health and wellbeing resources for serving members, veterans and their families, which is now more client-focused and has been expanded to include new family and wellness channels	Ongoing
4.4.2	Progress testing of the InnoWell Platform (Project Synergy), an internet-based platform designed to bring together integrated and interoperable applications, e-mental health tools and other resources that can help end-users manage their mental health through a partnership between Open Arms, Defence and Phoenix Australia	Trial ends 2020

Objective		
4.5	Make it easier for Australians to recognise and respect the contribution that veterans have made to Australia	
Specific Actions		Timeline
4.5.1	<p>Continue to rollout the Veteran Card (White Card) to enable veterans to gain access to:</p> <ul style="list-style-type: none"> • treatment for service-related conditions or injuries that DVA has approved; • access to DVA-funded mental health treatment; and • support or benefits from participating businesses and organisations <p>Broader use of the Veteran Card (White Card) will promote veteran connections to local community groups; for example, surf lifesaving clubs and other sporting organisations, service clubs (Rotary, Lions) and volunteering opportunities (SES, firefighting) contributing to Objective 4.3</p>	Ongoing
4.5.2	Promote the Lapel Pin to allow the Australian community to acknowledge the service of veterans	Ongoing
4.5.3	Raise awareness in the Australian community of the Australian Defence Veterans' Covenant so that they recognise the valuable contribution that current and former members of the ADF and their families make and have made for our country	Ongoing

Objective		
4.6	Communicate better and more often about the entitlements and services available to remind veterans and their families that help is available, if needed, including over periods of high risk such as Christmas or Anzac Day	
Specific Actions		Timeline
4.6.1	Partner with existing programs to leverage from the community awareness to enhance reach and support to vulnerable veterans, such as RUOK? day and the Operation COMPASS 'Check Your Mates' cascading campaign (where veterans are sent a text message encouraging them to check-in with five of their 'mates' and ask them to also check-in with five of their 'mates')	Ongoing
4.6.2	Promote services and entitlements via DVA social media channels	Ongoing
4.6.3	Use the DVA and Open Arms websites, Vetaffairs and social media platforms to provide up-to-date information about extended or additional entitlements and services available to veterans and their families to support their mental health, including links to information for all Australians, during the COVID-19 pandemic	March to 30 September 2020 (initially)

Objective		
4.7	Enable the use of technology, including social media, to enhance connectedness and help-seeking, and engage younger veterans in online communities	
Specific Actions		Timeline
4.7.1	Explore opportunities to use digital technology, such as podcasts, to reach young veterans	Ongoing

Objective		
4.8	Ensure DVA staff communicate with veterans and their families in a client-centric and empathetic manner	
Specific Actions		Timeline
4.8.1	Continue to enhance DVA staff training programs	Ongoing
4.8.2	Build DVA staff capability through the Client Support Framework	Ongoing



Appendix A

Significant Reviews, Research and Pilots Informing Change

There have been a number of inquiries, reviews and studies into the veterans' affairs portfolio in recent years. The following reviews are particularly pertinent to veteran mental health, wellbeing and suicide prevention.

Senate Inquiry into the Accessibility and Adequacy of Processes to Support Victims of Abuse in Defence

On 27 March 2014, the Senate referred an inquiry into the accessibility and adequacy of processes to support victims of abuse in Defence to the Foreign Affairs, Defence and Trade References Committee for inquiry and report. The Committee provided its final report in October 2014.

A key recommendation from the Committee was for the Australian Government to introduce amending legislation to remove the three-year minimum service requirement for eligibility for NLHC and to make NLHC available to any person who has completed any service.

The Australian Government responded to the Report in June 2015 and in the 2016–17 Budget provided \$37.9 million for an initiative to extend NLHC for treatment for certain mental health conditions to all past and current permanent members of the ADF irrespective of how long or when they served, or the type of service. The specified mental health conditions were alcohol use disorder, substance use disorder, anxiety disorder, depressive disorder and PTSD.

Senate Inquiry into the Mental Health of ADF Members and Veterans

On 25 March 2015, the Senate referred the issue of the mental health of ADF personnel who have returned from combat, peacekeeping or other deployment to the Foreign Affairs, Defence and Trade References Committee for inquiry and report. The Committee delivered its report to Government in March 2016 and focused on the mental health support, evaluation and counselling services provided by Defence and DVA, and the identification and disclosure policies of the ADF in relation to mental ill health and PTSD.

The Government responded to the Report in September 2016 and noted that while the Committee Report was able to cover some aspects of mental health for current and former serving members of the ADF, none of its recommendations directly addressed this topic. The Government considered that given the complexity of the issues, more work was required to review the effectiveness of self-harm and suicide prevention in current and former serving ADF personnel.

NMHC Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members

On 11 August 2016, the NMHC was tasked by the Australian Government to conduct a review of suicide and self-harm prevention services available to serving and ex-serving members of the ADF and their families. The review focused on the type and efficacy of the self-harm and suicide prevention services that are available, and looked at prevalence rates and potential barriers to access of services. The NMHC's Final Report for the review was presented to Government on 28 March 2017.

The NMHC made 23 recommendations, including:

- The ADF and DVA should consider how to better promote services to former serving members and their families;
- Any new program to reduce the incidence of suicide and self-harm in the ADF or DVA must be evidence-based and have a clearly defined program of evaluation before commencement;

- The Government should consider funding and developing further mental health centres of excellence within all major Defence service regions; and
- The ADF and DVA should continue to implement a robust continuous quality improvement framework, with an annual report to Ministers noting significant achievements and any challenges.

The NMHC found that suicide is a complex issue that requires a multi-faceted service response to ensure veterans have access to the support they need, at the right time. As a result, the Government committed to action in four key areas to help prevent suicide among Australia's current and former serving personnel and their families:

1. Improving suicide prevention and mental health support for current serving ADF members, veterans and their families;
2. Improving the transition process for ADF members moving from military life into post-service civilian life and providing targeted support to families;
3. Improving family support through engagement of families and family-sensitive practice; and
4. Transforming DVA's systems, processes and organisational culture to better respond to the needs of Australia's veterans and their families.

The Government used the NMHC review to inform its 2017-18 Budget, which included an additional \$58.6 million in funding for mental health initiatives. Of this, \$33.5 million was provided for an extension of NLHC arrangements so anyone who has served at least one day in the full-time ADF can access free treatment for any mental health condition. The 2018-19 Budget provided \$2.2 million to expand eligibility for NLHC to Reservists with domestic or international disaster relief or border protection service or those involved in a serious service-related training accident.

The Government also implemented an initiative to provide a DVA Veteran Card (White Card) to discharging personnel (implemented from 1 July 2018) so they can access mental health treatment when they feel that they need it, any time in their civilian life.

The Budget provided a further \$8.5 million to expand eligibility for Open Arms (known then as the Veterans and Veterans' Families Counselling Service) to cover partners and children of serving and ex-serving ADF members who have had at least one day of full-time service.

Funding of \$9.8 million was also provided to pilot and evaluate innovative approaches to suicide prevention and enhanced support. This includes the:

- Mental Health Clinical Management Pilot (also known as the Veteran Suicide Prevention Pilot) to support vulnerable veterans discharging from hospital with complex mental and social health needs. The pilot recognises that a previous suicide attempt is a known risk factor for further suicide attempts and the time immediately after discharge from hospital can be a particularly vulnerable period.
- Coordinated Veterans' Care (CVC) Mental Health Pilot to support veterans with mild to moderate anxiety or depression. The pilot uses a team-based model of care led by a general practitioner and supported by a practice nurse, while the veteran accesses a six to eight week app-based intervention, to provide improved clinical management with planning and care coordination.

The Senate Foreign Affairs, Defence and Trade References Committee Inquiry into Suicide by Veterans and Ex-Serving Personnel

On 1 September 2016, the Senate referred the issue of suicide by veterans and ex-service personnel to the Foreign Affairs, Defence and Trade References Committee for inquiry and report. The Committee delivered its report, 'The Constant Battle: Suicide by Veterans' (The Constant Battle report), in August 2017. The report highlighted concerns by veterans and their families with the framework for compensation and rehabilitation for veterans.

The Committee found that the legislative framework underpinning the veteran compensation and rehabilitation system was unnecessarily complex and difficult to navigate and was concerned about inconsistent treatment of claims for compensation, lengthy delays in the processing of claims and unwarranted stress for veterans and their families.

The Committee report stated that, 'it is time for a comprehensive rethink of how the current system operates and will operate into the future'. The Committee made 24 recommendations, 13 of which called for reviews, studies or trials.

The Government provided its response in October 2017. The Government agreed to 22 of the 24 recommendations, and agreed in principle to two recommendations. The Government also committed \$31 million to a package of five new initiatives to further support the mental health of current and ADF members, and their families. These measures include:

- \$16.1 million over four years for a new Veteran Payment for financially vulnerable veterans claiming mental health conditions;
- \$7.1 million over four years to extend support for families of veterans;
- \$2.1 million over four years for an annual health assessment for ex-serving ADF members for the first five years post-discharge;
- \$4.0 million over two years to pilot a case management service for transitioning or recently discharged ADF members; and
- \$1.7 million over two years to undertake a scoping study to professionalise veterans' advocacy.

Since the Government response in 2017, DVA has continued to implement the recommendations of The Constant Battle report. As well as the Veteran Suicide Prevention Pilot, the CVC Mental Health Pilot and the Veteran Payment, and studies and inquiries set out in more detail below, this has included:

- The national rollout of the Open Arms Community and Peer Program to 13 locations across Australia following a successful pilot;
- The implementation of the Wellbeing and Support Program, seeking to achieve better coordination of veterans' treatment and supports, and better communication between practitioners;
- A trial to evaluate the mental health benefits of psychiatric assistance dogs for veterans with PTSD and the engagement of a panel of assistance dog providers to provide psychiatric assistance dogs to eligible veterans with PTSD; and
- The establishment of the Council for Women and Families United by Defence Service, to provide advice directly on behalf of women and families to the Minister for Veterans' Affairs.

Review of the Mental Health Impacts of Compensation Claims Assessment Processes on Claimants and their Families

Recommendation 2 of The Constant Battle report called for the Australian Government to commission an independent study into the mental health impacts of compensation claim assessment processes on veterans engaging with the DVA and the Commonwealth Superannuation Corporation (CSC).

DVA commissioned Phoenix Australia to provide an evidence base for the independent study, resulting in a research report entitled, 'Mental health impacts of compensation claims assessment processes on claimants and their families'. DVA subsequently commissioned Professor Alex Collie of the Insurance Work and Health Group, School of Public Health and Preventive Medicine, Monash University to review the Phoenix report and to explore potential DVA actions that may mitigate potential mental health impacts of its compensation claims processes. Professor Collie provided his report in March 2019.

The report found a strong evidence base supporting the assertion that compensation claims management processes affect the mental health of people making claims. These effects are not limited to people making claims for mental health conditions, and may also contribute to secondary psychological harm in people making claims for physical conditions. The factors identified in the academic research literature as being potentially problematic for mental health are evident in the DVA compensation processes.

The report acknowledged that DVA had recently introduced a number of reforms and trials that are addressing some of these issues, for example:

- the development of the MyService online lodgement portal, which reduces processing time for some major components of the claims process;
- the Combined Benefits Processing trial, which minimises claim handover and has been received positively by veterans involved; and
- early access to specialist health care through NLHC for veterans with mental health conditions.

In addition to these positive initiatives, the report identifies multiple areas in which DVA could introduce further reforms to its compensation claims processing model, in order to mitigate any potential impact on veteran mental health.

Veterans' Advocacy and Support Services Scoping Study

The Constant Battle report found the advocacy model was unsustainable because ESOs were unable to attract younger veterans into their ranks to replace the ageing volunteer workforce. It recommended, 'the Australian Government establish a Bureau of Veterans' Advocates to represent veterans, commission legal representation where required, train advocates for veterans and be responsible for advocate insurance issues' (Recommendation 23).

The report also considered the current legislative provision, which prevents lawyers from appearing at Veterans' Review Board hearings. It recommended, 'the Australian Government establish an independent review of the representation of veterans before the Veterans' Review Board. This review should assess whether the rights of vulnerable veterans are being adequately protected and whether further support mechanisms for veterans appearing before the Veterans' Review Board are required' (Recommendation 24).

The Government supports veteran advocacy and agreed with the Committee that the current advocacy system needs further review and provided \$1.7 million over two years to undertake a scoping study on the possible operational models for professionalising veterans' advocacy services.

The study was led by the former Chair of the Defence Abuse Response Taskforce, Mr Robert Cornall AO, and the report was delivered in December 2018. The report found that the veterans' advocacy system as it was structured would not provide veterans and their families with a modern professional sustainable advocacy service into the future and made 12 recommendations. The recommendations are currently being considered by Government and DVA has committed to consultation with ESOs, advocates, veterans and other stakeholders about the report's findings and recommendations.

The Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans

Recommendation 6 from the Constant Battle report recommended that:

'The Australian Government make a reference to the Productivity Commission to simplify the legislative framework of compensation and rehabilitation for service members and veterans. In particular, this review should examine the utilisation of Statements of Principle in the determination of compensation claims. The report of this systemic review should be completed within 18 months and tabled in the Parliament'.

On 27 March 2018, the Australian Government requested the Productivity Commission undertake an inquiry into the system of compensation and rehabilitation for veterans. The Commission was asked to examine how the compensation and rehabilitation system for veterans operated, how it should operate in the future, and whether it was 'fit for purpose'.

On 4 July 2019, the Government tabled in Parliament the final Productivity Commission Inquiry report into Compensation and Rehabilitation for Veterans—A Better Way to Support Veterans. The report set out the Commission's findings and recommendations on all aspects of the veterans' support system, which included consideration of mental health and wellbeing support provided to the veteran community.

Appendix B

Our Approach to Co-Design

DVA worked with veterans, current serving members, families, government, researchers, peak health bodies, health and service providers and ESOs to co-design the Strategy and National Action Plan during the second half of 2019 and early 2020. A broad range of consultation activities were promoted through existing forums, online communications and through veteran community networks.

On 26 June 2019, the Minister for the Veterans' Affairs, the Hon Darren Chester MP, convened a national summit of experts in veteran mental health and suicide prevention, including representation from the Prime Ministerial Advisory Council on Veterans' Mental Health (the Council). Participants at the summit agreed that the Strategy and National Action Plan should be designed by veterans and their families, for veterans and their families. Four priorities were identified—health care; transition; partnerships; and engagement, communication and education.

In August 2019, an Australian mental health environmental scan commissioned by DVA was delivered to inform the development of the Strategy and National Action Plan. The environmental scan highlighted the landmark developments in mental health programs and policy in Australia and internationally between 2013 and 2019; and identified opportunities for DVA to better align its veteran mental health strategy and other mental health initiatives with the broader advancements in mental health policy in Australia. The environmental scan was published on the DVA website to support the consultation and co-design process.

Following the summit, a stakeholder engagement plan was developed, which included the following consultation activities:

- the Repatriation Commissioner, Mr Don Spinks AM, personally visiting veteran and Defence communities across Australia;
- an online presence, including surveys and information to support all interested stakeholders to provide feedback (more than 330 people provided input prior to the draft Strategy and National Action Plan);
- engagement with veterans and their families, ESOs and health providers through existing DVA-facilitated committees and forums;
- engagement with state and territory governments through the Veterans Ministerial Council and Commonwealth, State and Territory Committee; and
- drop-in sessions hosted by the Minister for Veterans' Affairs, encouraging MPs and Senators with lived experience of ADF service to raise issues and suggestions.



Specific engagements to co-design the Strategy and National Action Plan included a co-design session on 25 September 2019, which brought veterans and families together with summit representatives including the Council and public servants from both the Commonwealth and states and territories.

At the co-design session, all states and territories were represented, with more than half of attendees being veterans and one-fifth being family members. Attendees reconfirmed the outcomes of the summit, focusing on the same four priority areas and recommending actions that have been incorporated into the Strategy and National Action Plan.

DVA consulted across government in the development of the Strategy and National Action Plan—with Ms Christine Morgan (National Suicide Prevention Adviser) and the National Suicide Prevention Taskforce, and the Departments of the Prime Minister and Cabinet, the Attorney-General, Defence and Health. Over the course of the next four years, DVA will continue to collaborate across government, particularly with Defence and the NMHC, to monitor, evaluate and measure the mental health and wellbeing outcomes of veterans and their families, and ensure government alignment and effective system performance.

The Stakeholder Engagement Plan in Figure 6 presents a timeline of the consultation activities undertaken to co-design the Strategy and National Action Plan.

Figure 6: Stakeholder Engagement Plan

Key	
	Strategy/Action Plan specific engagement
	External forum
★	Co-design
▲	Update and feedback

