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Dear Representatives of the Departments of Defence and Veterans' Affairs,

Response to the Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback on the *Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft* (the strategy). The APS is deeply concerned about the enduring mental health issues and suicides within the Defence and veteran community, and the wide-reaching impact on families, kin, friends, and society at large, as detailed most recently in our submissions to the Royal Commission into Defence and Veteran Suicide¹ and the proposed new entity to promote the wellbeing of Defence members and veterans². The Interim and Final Reports of the Royal Commission into Defence and Veteran Suicide^{3,4}, and more than 50 past inquiry reports and studies, including those specific to mental health and suicide [e.g., ⁵⁻⁷, and summarised in Appendix A of the proposed Strategy], brought to light deficiencies in response efforts spanning numerous years.

The APS acknowledges the ongoing endeavours by the Australian Defence Force (ADF) and Department of Veterans' Affairs (DVA) to better address mental health, well-being and suicide prevention for current and former ADF members. The strategy will play a crucial role in advancing these efforts.

About the APS

The APS is the leading professional association for psychologists in Australia. We are committed to advancing the science, ethical practice and application of psychology to promote mental health and wellbeing, empowering individuals, organisations and communities to reach their full potential. Our work is informed by United Nations human rights treaties and conventions⁸ and the United Nations Sustainable Development Goals (SDGs)⁹. We advocate for a fair, inclusive and environmentally sustainable world, recognising the evidence that national and global prosperity, now and in the future, hinges on prioritising the wellbeing of people and the planet¹⁰.

Psychologists are essential to supporting the mental health and wellbeing of defence personnel and veterans, providing evidence-based, person-centred care across clinical, community and military settings. As highly skilled and trusted mental health professionals, they address the unique biopsychosocial challenges faced by Defence members and veterans throughout their lives—during recruitment, service, employment, transition from service and civilian life. Psychologists deliver trauma-informed and culturally responsive care while also playing a key role in prevention efforts by strengthening the broader health system through education, capacity-building and collaboration within multidisciplinary teams.

Please find the APS response to the Strategy on the following pages. We consent to this letter and our response being made publicly available. If any further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely

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Chief Executive Officer

Australian Psychological Society (APS) Response to the Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029 Exposure Draft

Progression and Strengths of the 2024-2029 Strategy

The Defence and Veteran Mental Health and Wellbeing Strategy 2024–2029 Exposure Draft (the strategy) represents a positive evolution from its 2018–2023¹¹ predecessor in a number of ways. For these reasons, the APS commends the central ethos of the 2024–2029 strategy and looks forward to working collaboratively with the Department of Defence and DVA to support its implementation.

The 2018–2023 strategy adopted a Defence-centric and reactive tone, largely framing mental health and wellbeing as the identification, treatment and control of individual mental ill-health, primarily as a means to manage institutional risk, prevent crises and maintain operational readiness. In contrast, the 2024–2029 strategy takes a more person-centred, proactive approach that emphasises prevention, resilience-building and continuous, timely support when needed across an individual's Defence journey, including throughout all stages of military service and post-service life.

The proposed strategy also takes a more collective approach, recognising the role of leadership, community and organisational culture in shaping mental health outcomes, for better and worse. This aligns with our APS advocacy for recognition of the shared responsibility of leaders, managers and peers in creating a supportive culture, reducing stigma and embedding mental health and wellbeing as a core responsibility for all throughout military service and post-service civilian life.

The proposed strategy better reflects the collaborative voice of the Departments of Defence and Veterans' Affairs (DVA), with a shared concern and responsibility for mental health and wellbeing outcomes for Defence personnel and veterans. The strategy also highlights the need for partnerships with other Australian Government departments, state and territory governments, ex-service and community organisations and the private sector. The strategy is also well contextualised in the broader, ongoing reform in the sector, as outlined in Appendix A. This aligns with the APS' calls for stronger interdepartmental collaboration and broader partnerships to improve service continuity, reduce barriers and ensure timely, consistent care for Defence members and veterans throughout military service and civilian life.

There are a number of key concepts and frameworks reflected in the proposed strategy that are well-aligned with contemporary evidence-based approaches to the promotion of mental health and wellbeing, and align with APS advocacy, including:

- **A holistic biopsychosocial approach** - The strategy highlights the importance of an integrated and holistic biopsychosocial approach to mental health and wellbeing, acknowledging the multifaceted individual, social and structural non-clinical risk and protective factors involved, specifically identifying health, social support and connection, education and skills, employment, income and finance, respect and recognition, home and housing, justice and safety and spirituality. This explicit focus on a holistic, social-determinants approach to mental health and wellbeing aligns with APS evidence-based recommendations to the Royal Commission¹. Addressing these fundamental needs is critical to ultimately reducing Defence and veteran suicide.
- **Life course perspective** - The strategy places an appropriate emphasis on the importance of continuous and tailored support for Defence personnel and veterans by explicitly recognising the unique challenges faced during recruitment, active service, transition and civilian life (pages 7 and 20). This perspective mirrors the APS recommendation to the Royal Commission to provide stage-specific interventions that cater to the changing needs of serving defence personnel and veterans throughout their post-service civilian life.
- **Dynamic, adaptive approach to mental health and wellbeing** - The strategy explicitly recognises mental health and wellbeing as a dynamic continuum, requiring accessible, flexible and responsive services that adapt to evolving needs throughout military service and post-service life.

By also referring to a stepped care model, the strategy emphasises the importance of supporting individuals in maintaining their agency and self-management of their mental health and wellbeing where possible, while ensuring they have timely access to support and care when higher-intensity or acute mental health needs or suicidality are apparent. This approach balances empowerment with a strong safety net, acknowledging that while some may manage their wellbeing with health promotion or preventative strategies and early interventions, others will require professional support at different points in their journey. This resonates strongly with the APS recommendations to the Royal Commission for a tiered approach to mental health and wellbeing, ensuring individuals receive the right level of support at the right time.

- **Leadership responsibility and culture** - The strategy emphasises the role of leaders and managers in fostering a culture that promotes mental health and wellbeing while actively working to reduce stigma for Defence personnel and veterans around seeking help. By recognising the need to better equip Defence and veteran community leaders with the knowledge and tools to support mental health proactively, the strategy aligns with the APS' call for cultural change. This includes normalising mental health discussions, eliminating barriers to care and ensuring that support is readily accessible and encouraged at all levels.
- **Evidence-based, data-driven policies and practices** - The strategy commits to an evidence-based and data-driven approach to inform policies, practices and education, which can enhance accountability and continuous improvement. This commitment aligns with the APS' emphasis, in our response to the Royal Commission, on the timely use of high-quality research, evaluation and data to guide effective mental health and suicide prevention interventions and policy decisions.
- **Importance of community** - The strategy emphasises fostering a positive and connected community, within and external to Defence contexts, to enhance resilience and provide robust support networks. This approach reflects the APS' recommendation to strengthen social support systems, recognising that a sense of belonging and community connection is vital for mental health and can significantly reduce the risk of suicide among Defence personnel and veterans.

Recommendations

Recommendation 1: The strategy should explicitly include the establishment of formal, ongoing and psychologically safe mechanisms for the meaningful engagement of Defence personnel, veterans and their families in the design, implementation and evaluation of mental health, wellbeing and suicide prevention initiatives.

The strategy acknowledges the importance of integrating insights from those with lived experience—including Defence personnel, veterans and their families—into policy and service delivery responses for mental health, wellbeing and suicidality. This aligns with APS recommendations to the Royal Commission, emphasising that mental health and wellbeing initiatives must be anchored in lived experience to ensure services are relevant, responsive and tailored to the unique needs of each group.

However, meaningful engagement and co-production require more than acknowledgment¹²; they demand structured, accessible and safe mechanisms for regular input from service users. This includes ongoing consultation, dedicated advisory groups and transparent feedback loops that empower those with lived experience to shape policies and services in a way that genuinely reflects their realities. Additionally, ensuring psychological safety in these processes is essential, to ensure people feel supported and heard without fear of stigma, judgment or repercussions. To this end, those in leadership positions must cultivate a culture of respect, openness, and valuing service users' input.

To be effective, the strategy must also recognise the diversity of lived experience—acknowledging the distinct challenges faced by different cohorts, including those still serving, those in transition, long-term veterans, families and those at heightened risk of suicidality. Engagement efforts should be continuous, not one-off, embedded as a core function within Defence and veteran services to foster ongoing improvement, trust and accountability.

Recommendation 2: The strategy should clearly identify and commit to targeted support for vulnerable and high-risk sub-groups.

The strategy acknowledges the need for targeted support but does not clearly define vulnerable groups or establish measurable outcomes to address their specific mental health needs. As the APS highlighted in our response to the Royal Commission, certain subgroups—such as those who experience military sexual trauma, service-related injuries (for example who are medically discharged) or pre-existing mental health conditions—are at significantly higher risk of mental ill-health and suicidality. Without targeted policies and tailored interventions, these individuals remain vulnerable to long-term mental health issues and poorer life outcomes. Explicitly identifying high-risk populations and committing to specific outcomes for change is essential to ensuring that mental health support is timely, effective, equitable and responsive to the needs of Defence personnel, veterans and their families. Support and ongoing monitoring of wellbeing is essential for all veterans, particularly those considered high-risk, well beyond their transition out of military life.

In our response to the Royal Commission¹, the APS also emphasised the unique challenges faced by veterans transitioning out of military service, including identity loss, employment barriers, financial insecurity and social isolation, which increase their risk of poor mental health and suicidality. We acknowledge the *Veteran Transition Strategy (2023)* and accompanying action plan¹³, a joint initiative of the Department of Defence, DVA, and the Commonwealth Superannuation Corporation, which focuses on these transition challenges for members and their families. We are also aware of the joint Department of Defence and DVA *Defence and Veteran Family Wellbeing Strategy 2025-2030 (2024)*¹⁴. However, we strongly recommend that veterans and their families be explicitly recognised as a vulnerable group within the strategy, ensuring a coordinated and sustained commitment to their mental health and family support, alongside social and economic reintegration, as fundamental components of a successful transition to civilian life.

Recommendation 3: The strategy should embed a trauma-informed approach within its guiding frameworks and commit to targeted approaches and measurable outcomes for improving trauma-informed care and culture.

Currently, the strategy does not explicitly acknowledge the widespread impact of trauma or integrate contemporary trauma-informed care principles within its guiding frameworks, goals, or outcomes.

As we noted in our response to the Royal Commission¹, a trauma-informed approach is essential for understanding and responding to all types of trauma that can impact mental health and wellbeing, including both military-specific trauma and broader experiences unrelated to service. While some Defence personnel and veterans may experience combat-related trauma, military sexual trauma or moral injury (and should be identified as vulnerable groups as per the previous section), others may face non-service-related trauma that still affects their psychological wellbeing.

To achieve the strategy's intended mental health, wellbeing and suicide prevention outcomes, it will be necessary to commit to developing a trauma-informed approach throughout all activities and initiatives of the Department of Defence and DVA. Actions that can help to achieve this include:

- Embedding trauma awareness into all training, policies, procedures, service delivery models, and the culture of all units.
- Expediting the processing of DVA claims which APS members tell us cause high levels of distress. This may include providing skills and knowledge regarding mental health, trauma and suicidality to staff.
- Ensuring all mental health initiatives actively seek to prevent re-traumatisation and enhance psychological safety.
- Developing targeted, trauma-responsive interventions for the diverse needs of Defence personnel, veterans and their families.

Recommendation 4: The strategy should commit to strengthening the mental health workforce supporting Defence personnel, veterans and their families, with a particular focus on psychologists, to meet the growing demand for evidence-based care and the increasing need for health promotion, prevention and early intervention services.

The strategy acknowledges the need for a skilled and adequately resourced mental health workforce but lacks a clear plan for workforce expansion, upskilling, and professional support. Given the complexity of mental health needs within the Defence and veteran community, a stronger, more explicit commitment to mental health workforce supply and development—particularly for psychologists—is essential to ensuring the strategy’s success.

As we noted in our response to the Royal Commission¹, psychologists play a critical role in the Defence and veteran mental health system, already delivering evidence-based assessment, treatment and suicide prevention in both Defence and community settings. Beyond mental health treatments, psychologists contribute to wellbeing promotion, prevention and early intervention—key priorities in the proposed strategy. Their expertise also extends to education, consultancy and leadership within multidisciplinary teams, further increasing demand for psychologists in a wide range of settings. Without targeted workforce investment, there is a risk of gaps in service delivery, delays in care, and reduced quality of support for Defence personnel, veterans and their families.

To address this, we recommend the Department of Defence and DVA partner with the APS, psychological scientists and practitioners, to implement strategic workforce development initiatives that enhance best-practice mental health and suicide prevention care, such as:

- Providing adequate remuneration and the introduction of workforce incentives to attract and retain psychologists with expertise in Defence and veteran mental health, in Defence and community settings. This includes ensuring that DVA fees are equitable and appropriate for *all* psychologists to ensure that it is sustainable for them to continue to provide critical treatment to support veterans and their families.
- Supporting *all* psychologists, as regulated, evidence-based practitioners, to undertake assessment and diagnosis of mental health conditions – extending to Posttraumatic Stress Disorder.
- Developing clear Department of Defence and DVA standards for mental health and suicide care that reflect contemporary, evidence-based practice.
- Expanding access to expert psychological advisors and panels to provide support and guidance to mental health practitioners working with Defence personnel, veterans and their families. Dedicated continuing professional development for psychologists and other mental health professionals is essential when working with current and former military personnel. Understanding both the context and culture of this cohort is critical to providing effective person-centred care. Our members have told us they also value feeling part of a community of practitioners with shared knowledge who work in this field. The APS is well placed to partner with Open Arms to develop and provide such training.
- Co-producing training programs with those with lived experience to improve military cultural competence of mental health practitioners.
- Providing funding for professional organisations, such as the APS, to develop and lead psychology intern and registrar programs with specialised supervision focused on Defence personnel and veteran mental health and suicide prevention.

Recommendation 5: The strategy should acknowledge the different needs of cultural and other diverse groups and recognise the challenges of intersectionality

A noticeable absence in the document is a clear acknowledgement of the requirement to be cognisant and respectful of the different needs of culturally, and other, diverse groups in supporting Defence personnel and veteran mental health and wellbeing. For example, in the broader suicide prevention sector, the APS has supported the development of a dedicated National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 by Gayaa Dhuwi (Proud Spirit) Australia and The Department of Health and Aged Care¹⁵. While a dedicated Aboriginal and Torres Strait Islander Defence and veteran wellbeing and mental health strategy may not be necessary, there must be acknowledgement and dedicated support to address the particular needs of First Nations Defence personnel and veterans.

As we have previously advocated, the unique impact of colonisation means there must be deep recognition of the intergenerational trauma and ongoing disenfranchisement that has been created in Australia. Appropriate, co-developed strategies must (a) take into account culture as a protective factor to build social and emotional wellbeing and resilience^{16,17} and (b) recognise that many of the social determinants of suicide are not uniform across communities^{17,18}.

While the strategy acknowledges that suicidal distress arises from a combination of social determinants and individual factors, it could go further in addressing the compounding effects of vulnerabilities i.e. intersectional disadvantage^{19,20}. When individuals have more than one attribute associated with increased risk of suicide (for example being a member of an ethnic or religious minority, having a disability, or being a member of the LGBTIQA+ community), the impacts of discrimination and marginalisation can overlap and amplify ^{see 21} which can be related to a higher risk of suicide²². Typically, the effects of intersectional disadvantage are difficult to investigate quantitatively as the number of individuals who share particular combinations of characteristics are limited ^{see 23}. Knowing this, the APS advocates for the following:

- More targeted interventions for people experiencing multiple and intersecting vulnerabilities. The strategy could expand on how these groups are not only affected by specific risk factors but how their experience of vulnerability is compounded by the intersections of identity, geography, economic status, and/or social exclusion. Clear action steps should be included to ensure that suicide prevention efforts are tailored to meet the unique needs of these individuals and communities, with flexible, culturally appropriate, and trauma-informed services.
- A greater focus on the suicide risk associated with chronic health conditions^{24–26} which may affect veterans who are medically discharged and/or those who have suffered traumatic brain injury during their service.
- More investment in services that promote psychological resilience and mental wellbeing, particularly in disadvantaged communities and rural and remote areas.
- The provision of culturally safe and trauma-informed services (as per Recommendation 3) should remain a high priority, especially for First Nations peoples, LGBTIQA+ communities, and other vulnerable groups. Long-term investment in workforce capability is essential to ensuring equitable and culturally sensitive access to care.

Summary

The Defence and Veteran Mental Health and Wellbeing Strategy 2024–2029 represents a progressive shift towards a strategy that is more responsive to the needs of Defence personnel and veterans, including best-practice and evidence-based approaches to supporting their mental health and wellbeing. We commend the emphasis on prevention while shifting the focus from a solely individual, clinical conceptualisation with acknowledgement of the unique and systemic risks and challenges faced by those who serve, including stigma and discrimination, and the need for proactive measures to address biopsychosocial risk and protective factors associated with suicidality. However, we have made five recommendations to strengthen the strategy, i.e.:

1. Explicitly including the establishment of formal, ongoing and psychologically safe mechanisms for the meaningful engagement of Defence personnel, veterans and their families in the design, implementation and evaluation of mental health, wellbeing and suicide prevention initiatives.
2. Clearly identifying and committing to targeted support for vulnerable and high-risk sub-groups.
3. Embedding a trauma-informed approach within its guiding frameworks and committing to targeted approaches and measurable outcomes for improving trauma-informed care and culture.
4. Committing to strengthening the mental health workforce supporting Defence personnel, veterans and their families, with a particular focus on psychologists, to meet the growing demand for evidence-based care and the increasing need for health promotion, prevention and early intervention services.
5. Acknowledging the different needs of culturally and other diverse groups and recognising the challenges of intersectionality

As it is currently conceptualised as a high-level document, the success of the strategy will also require detailed and transparent action plans outlining responsibilities, timelines and resources, including human and financial resources, to translate its strategic goals into practice. There will also need to be a commitment to ongoing evaluation, continuous improvement and sustained collaboration to ensure the ongoing success of the strategy.

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