WORKSHOP OVERVIEW

The Mental Health and Wellbeing Strategy co-design workshop was held on 25 September in the DVA Offices, Gnabra House, Canberra. It was attended by a diverse group of stakeholders including representatives from DVA, Defence, other Federal and State governments, veteran community organisations, consultative fora, veterans and veterans families.

The workshop was conducted in an engaging and dynamic way to ensure that the diverse views of the groups represented were explored. The key objectives of the workshop were to:

• Explore areas of focus to inform the Mental Health and Wellbeing Strategy until 2023;

• Review and expand upon critical priority areas developed at the Veteran Mental Health and Wellbeing Summit;

• Develop key recommended actions within each of the critical priority areas for the Mental Health and Wellbeing National Action Plan; and

• Define success and how it could be evaluated.
What’s one thing you want to get from today?

Participants identified what they hoped to achieve from the day, their input is summarised here.

- Actions
- Whole of system and life view
- Cooperation
- Way forward
- Connection
- Sharing ideas
- Involve everyone including families
Participants
Where are you from?

- Northern Territory: 2%
- New South Wales: 14%
- Victoria: 5%
- Queensland: 23%
- Australian Capital Territory: 39%
- Tasmania: 11%
- South Australia: 5%
- Western Australia: 2%
Who are you representing today?

- Veteran Organisation: 21%
- DVA: 19%
- Defence: 5%
- Other Government: 26%
- Individual (Veteran/Family): 26%
- Other: 5%
Are you:

- Veteran: 58%
- Veteran Family: 22%
- Neither: 20%
Context
Official Welcome

Mark Cormack – Deputy Secretary, Policy & Programs

“The Prime Minister has identified mental health as a priority and we need to respond to this call to action.”

“The Minister has asked for a refreshed Mental Health and Wellbeing Strategy and National Action Plan by the end of the year.”
The Mental Health and Wellbeing Strategy

Context

Aidan Bright – Director, Mental Health Policy Section

“The Defence system provides wrap-around services to ensure members are fit to fight, and is starting to focus on whether members are also fit for life.”

“Once out of Defence, veterans are faced with both DVA and the mainstream system (NDIA, PBS, MBS, state government etc.). This system is bigger and more complex than Defence, so how do we make it as easy as possible to navigate with multiple players and stakeholders with different interests.”
What is important?

Participants were asked to write down their biggest concern or the thing that was foremost on their minds, their personal “elephant in the room”. Participant outputs are summarised on the following page.
Notable “Elephants” included:

- Making connections across the veteran ecosystem
- Lack of services in regional areas
- Workforce capacity and support
- Access to person-centre and integrated care
- Understanding where the gaps are and addressing them
- Death of veterans
- Stigma and community engagement
- Understanding the difference between mental health and wellbeing
- Connectivity between Defence and DVA
- Transition Readiness
- How can we fix this issue NOW!
- Veteran homelessness
- Workforce capacity and support
- What does the veteran support system look like?
- Gym memberships to veterans
- Access to person-centre and integrated care
- Understanding where the gaps are and addressing them
- Stigma and community engagement
- Gym memberships to veterans
Stakeholders
Stakeholders
Participants were asked to review seven pre-identified ‘key stakeholders’, and added an eighth ‘Australian Society’. Key messages from these stakeholders were then identified.

1. Defence
2. Veterans
3. Families
4. Ex-Service Organisations
5. Department of Veterans’ Affairs
6. Health Providers
7. Government
8. Australian Society
Stakeholders – key messages

1. Defence
   - "Not our problem"
   - "But we need to be better than that"

2. Veterans
   - "NRM, the essence of the strategy is leading indicators"
   - "Need feedback mechanisms that drive change"
Stakeholders – key messages

3 Families

- Listen to us
- Talk to us (don’t filter)
- Don’t forget us
- Educate us
- Include broader family

4 Ex-Service Organisations

- Moving away from stigma towards a recovery model
- Action on ESO regulation
Stakeholders – key messages

5 Department of Veterans’ Affairs

6 Health Providers
Stakeholders – key messages

7 Government

8 Australian Society
Focus

Participants were asked to determine what elements they felt were essential to focus on in the Mental Health and Wellbeing Strategy. Input is presented on the following pages.
<table>
<thead>
<tr>
<th>Research / Data</th>
<th>Communication</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Virtual</td>
<td>Objective and measurable outcomes</td>
</tr>
<tr>
<td>Initiatives to build capability</td>
<td>Enable local needs to be addressed</td>
<td>Whole of system connections</td>
</tr>
<tr>
<td>Innovation</td>
<td>Outcome</td>
<td>Transition Wellbeing</td>
</tr>
<tr>
<td>Ongoing evaluation of impact</td>
<td>Continuum between ADF - Veteran - DVA</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Access - promotion of services, increased prevention programs, wellness celebration</td>
<td>Empowered Veterans</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Availability of service providers across the nation and adequate remuneration</td>
<td>Transition wellbeing</td>
<td>Funding for alternative strategies for mentoring programs on reintegration to civilian society</td>
</tr>
<tr>
<td>Take surveys to ensure veterans are getting the help needed</td>
<td>Cultural competence</td>
<td></td>
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<tr>
<td>Evidence base</td>
<td>Who, what, where, when, how</td>
<td>Stigma</td>
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<td>-----------------------</td>
<td>-----------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Streamlined process with all organizations</td>
<td>Collaboration Partnership Evaluation</td>
<td>Accessibility to psych support</td>
</tr>
<tr>
<td>Engaging with Veterans</td>
<td>Education Connection</td>
<td>Identify the causes of poor Veteran mental health</td>
</tr>
<tr>
<td>Clearly identified objectives and outcomes</td>
<td>Wellness</td>
<td>Person-centred focus</td>
</tr>
<tr>
<td>A useful end user resource</td>
<td>Transition Engagement measurements with health providers</td>
<td>Evidence based action.</td>
</tr>
<tr>
<td>Veteran access to what they need on an everyday basis</td>
<td>What does success look like?</td>
<td>Defining the problem</td>
</tr>
</tbody>
</table>
Participants were presented with the below pre-identified focus areas for comment:

• Integrated service delivery;
• Responsiveness to local needs;
• Awareness of other social welfare, housing, education, employment and the health care systems;
• Person-centred, holistic, and whole-of-life approach;
• Quality health care that prioritises early intervention and prevention strategies;
• Co-designed in partnership with veterans and their families;
• Continuous improvement through education and research;
• Leveraging of best practice through strategic partnerships;
• A transition process that enables tailored and timely support;
• A focus on recovery, strength and wellness;
• Systems-based approach to suicide prevention across all levels of government that encompasses promotion, prevention and early intervention.
Comments included:

- Integrated service delivery;
- Responsiveness to local needs;
- Awareness of other social welfare, housing, education, employment and the health care systems;
- Person-centred, holistic, and whole-of-life approach;
- Quality health care that prioritises early intervention and prevention strategies;
- Co-designed in partnership with veterans and their families;
- Continuous improvement through education and research;
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- A transition process that enables tailored and timely support;
- A focus on recovery, strength and wellness;
- Systems-based approach to suicide prevention across all levels of government that encompasses promotion, prevention and early intervention.

Responsiveness to local and individual needs:
- tailored and flexible support options including more access to alternative models of care; and
- streamlined DVA process for individuals to access service and support.

Recognition and support for innovation and responsive approaches.

Research into why people stay well is as important as research into why people suicide. More veterans stay well than become unwell. Why?

Prevention: Understand the causes, Understand the predictive factors, Understand the preventative measures for veteran mental health.

Consideration must be given to those 28,000 TPI veterans who can never become more “well” than they are. The word “wellness” is psychologically detrimental to their wellbeing.

Understand how families are supported following a veteran suicide.

The input and wisdom of veterans and families with lived experience of mental health and suicide is critical.

Continuous improvement through evaluation – Building in extra funding into service agreements to specifically address systematic evaluation.

Move from DVA dependence to independence.

Research into why people stay well is as important as research into why people suicide. More veterans stay well than become unwell. Why?
Success and Measures
What does success look like?

• Participants were asked to prepare a headline for a newspaper, or a tweet, that best summarised what a successful Mental Health and Wellbeing Strategy would achieve.

• In addition to each headline or tweet, groups of participants determine ways the success of each headline or tweet could be measured.

• Output is presented in the following slides.
Headlines

2. No Veteran Suicides recorded in 2023.
3. Suicide of veterans shows significant reduction/decline.
4. Australia recognised as global leader in veterans' mental health and wellbeing.
5. Veteran suicide at an all-time low.
6. The veterans' most healthy section of society - no suicides!
## Measures

1. **Rate of homeless veterans halved.**
2. **Veteran suicide rate comparable to in service rate.**
3. **Employment programs for veterans adopted across all jurisdictions.**
4. **Every veteran has a knowledge of DVA services.**
5. **National update of veteran and emergency service health promotion campaigns e.g. #CheckYourMate.**
6. **Awareness of services and choice for health care.**
7. **Perceptions about ex-serving are improved.**
8. **Success of ex-serving employment rates.**
9. **Veterans and families access ESOs whether healthy or struggling.**
10. **Use person reported experience measures.**
11. **Measure the success, not just tragedy.**
12. **Measure the number of people who have been trained in suicide prevention.**
13. **Involve the community.**

### Evaluation

1. **Evaluation in place at each step of transition and immediate feedback.**
2. **Suicide rate down.**
3. **Decrease in waiting time to see professional services.**
4. **Timely feedback regarding satisfaction with a service (i.e. via smart phone).**
5. **Increase in number of people who leave Defence with a plan for transition into community (e.g. civilian services).**

### Improvement

1. **Improved veterans wellbeing index.**
2. **Improved veterans physical fitness.**
3. **Greater community connection in veterans live.**
4. **Lower veterans homelessness.**
5. **Lower veterans unemployment.**
6. **Veteran empowerment index.**
7. **Measurement tool for DVA satisfaction.**
8. **Drug use and suicide down.**
9. **Flexibility in access to health services.**
10. **Employment and positive employer attitude.**

### Accessing Services

1. **DVA client satisfaction surveys in relation to mental health services and support.**
2. **Number of veterans accessing services.**
3. **Ask veterans families.**
4. **Employment rates for veterans.**
5. **National statistics for declared veteran suicides.**
6. **Accessing services (improvement/easier access).**
7. **Awareness, engagement, communication.**
8. **Appropriate funding to include research and evaluation.**
9. **Partnerships.**
10. **Invest in datasets and evaluations that report veteran happiness.**
Priority Areas

Detail of small group work
Critical Priority Areas

Participants were split into groups to discuss the five critical priority areas (listed below) in-depth, with the intention of recommending key actions associated with each priority area.

A. Health Care
B. Transition
C. Partnerships
D. Engagement, Communication and Education
E. Suicide Prevention

The following nine slides include the detail of each groups’ work.
What services are most needed to support mental health and wellbeing during transition?

Needs to incorporate identity changes.

→ KPL → Defence
→ DVA presence

- Get transition smoother, with families involved.

- Support when in transition date terminate and change in role.

How long is support needed?

- Individual? - not necessarily continuous.

- Stop separation, contact and check list at least once 6-12 months after separation.

What should be the role of DVA, Defence and ESOs to support mental health and wellbeing during transition?

- Warm hand-over with DVA + Defence + ESO's training in.

- Network availability

Defence → unpacking individuals needs

Civil support
- TAFE
- Uni

Australian Catholic Uni

CORPORATIONS

Training in-service should align with ADF.
Are there any common factors that determine "successful" transition?

- transition = stress
- early return = opportunity
- having connection prior to transition
- also having a plan

Any there any cohorts that may need extra assistance during transition?

- Aboriginal + Torres Strait Islander
- people who have been exposed to trauma
- people who's entire identity is wrapped up in their service = need balance
- Medical discharge = RESV
- Involuntary discharge = exp if disciplinary
- those who haven't identified that they need support
- families + friends may need support
- Junior ranks = encourage civilian workshops straight out of RBT
- people 18-22 yr cohort = shorter period
- under 30s

Early Planning + looking at options

Consider SERCAT 6 more.
**Partnerships**

**What are the roles of individuals, DVA, Defence, ESOs and other stakeholders in promoting/supporting lifelong mental health and wellbeing?**

- **Charge Narrative:** 
  - From illness to wellness
- **Collaboration:** Let's reduce silos, clear scope of practice of providers
- **Role of Individuals:**
  - DVA:
  - Defence:
  - ESOs:
- **Agreed Framework for engagement**
  - Acknowledge all demographics
  - One size doesn’t fit all
- **Needs to have evaluation & re-evaluation for fit for purpose**

**Central Management Digital and Physical Hubs**

- **No wrong door**

**How do we incentivise wellbeing and a recovery-focus rather than illness? Can ‘incentivise’ mean more than financial?**

- **Veteran Health Literacy**
  - Stories have a positive impact
  - Development of more wellbeing programs (by Legacy Ticks)
- **Encourage wellbeing in spite of:**
  - Training in positive psychology (LGBTQI+ veterans)
  - Language (e.g., “vet’s language”)
- **Education + training opportunities that veterans want:**
  - Similar to GI Bill
  - Benefits of study:
    - Establish new connections
    - Broaden employment opportunities
    - Less confronting than employment
PARTNERSHIPS CONTINUED

Who is responsible for understanding the veteran mental health ecosystem?

Define responsibilities

It's not just DVA, DVA cannot do everything for everyone. No one can.

Government (CW & jurisdictional)
ESOs: Open Arms
Veterans and their families
Broader Australian Health Professionals (recognise there are different responsibilities)

Continuity of care
- Fee parity for civilian healthcare providers for in-service vs DVA clients

It's Time to Prepare!
Review everything that has been added to your board
You'll have a maximum of 20 minutes to present to the panel
What are the key actions, recommendations?
Like the billboard
Engagement, Communication + Education

Currently, how can the veteran community keep up-to-date with developments in the mental health space?
- Open Arms website
- Social media forums
- Vet Affairs paper
- Fighting Fit website
- Word of mouth
- Community clubs in football
- Rehab co-ordinators
- At Ease website

- ESOS
- Clinicians
- TV print media
- Media releases
- Advisory councils

How do we keep veterans informed of progress being made on recommendations from enquiries, studies and reviews? Is this equally important for veterans, ESOs or both?

How do we engage and disengage with DVA as necessary?
- Life beyond trauma - role models
- Mental health continuum
- Take well serving mors & offer them to business as a growth opportunity for individual & demonstrate positive of employing veterans.

How do we broaden the ‘narrative’ away from the idea of being “broken”?
- The majority of transitioning veterans do well.
- Remind veterans that they can engage & disengage with DVA as necessary.

- Advocacy
- Someone to help navigate the system
- Media
- Through family members
- Leverage current activities to expand space for conversations in sporting clubs

Veterans’ Hubs

Education - Benefits of employing veterans

Current DVA system benefits being unwell + punishments improvement not supported by TPS Federation, mental health continuum.

- Life beyond trauma - role models
- Mental health continuum
- Take well serving mors & offer them to business as a growth opportunity for individual & demonstrate positive of employing veterans.

Outreach
- ADF employer (stigma) & member discussion with VAWC serving

- Produce/Live experi
- Positive lived experiences
- Translated for appropriate audiences
- Provide rehab co-ordinators & updates from DVA empowering veterans in their lives
How do we help to reduce stigma around mental health in the serving and ex-serving communities?

- Moderate social media
  - Live stream media +
  - Moderated comments

- Good news stories - not government speak => plain English

- Balanced narratives
  - Imbliat bias testing
  - Chat more be open to sharing lived experience

- More stories from people who have had mental health issues

What is the measure of stigma to begin with? Have to know the issue to be able to measure a change.

- Stories of positive transition from military

- DVA promoting wellness activities + stories, ie education grants

- Link / QR code on White Card to DVA website

- The veteran can educate frontline clinicians via QR code or link - thus educating them themselves

- Empowerment

Media stories on veteran suicide/mental illness that do not provide the contact details for Open Arms. Usually only provide details for Lifeline.

Good news stories about clinicians treating veterans
Suicide Prevention

How can DVA better support veterans and families to prevent suicide?
(Re)duction of suicide

- Tailored / flexible / individualised support options for veteran + families / carers
- Empowering families
- Provide SP training to community / remote
- Postpone rehab process through DVA
- Ensure medical issues are sorted

What mainstream services in this space remain suitable for veterans, despite the uniqueness of the veteran experience?

What barriers exist to accessing existing suicide prevention services?

Giving people information on how to seek help when they need it.

Open Arms to make proactive contact on discharge. Post-Sep separation communication.

Target info on what needs to be done now

needs based targeting those who joined at a younger age

Supporting Defence in this space.

Lifelong support

Networking

Alternate models to E.D.

Culturally informed practices

Joint planning processes

Beyond blue / TOBSS

Sports clubs

access
criteria
eligibility
pouching
DVA application process / centre

Realising you need help

latest knowledge

publish (look after hours support)

Stigma

loss of access (rural / remote)

Fear of knowing about services

Available.

by overwatch
We know male veterans under 30 are at particular risk—what interventions should be targeted towards this cohort?

- Support that is accessible
  - Social media
  - Peer mentoring/support
  - Mental health services
  - Postvention/education
  - Understanding social determinants
  - Family-oriented support

Postvention is prevention
Training & support
Community approach
Holistic model
Flexible tailored alternate models
Transfers to rollout to well-being centres

SUICIDE PREVENTION CONT.
Presenting to the Panel
Report Back

Members of each group gave a report back to a panel of senior DVA and Defence representatives, presenting their recommendations for the Mental Health and Wellbeing Strategy.

Panel members were:

• Liz Cosson AM, CSC – Secretary, Department of Veterans’ Affairs
• Vice Admiral Russ Crane AO, CSM, RANR – Chair, Prime Minister’s Advisory Council
• Craig Orme DSC, AM, CSC – Deputy President, Repatriation Commission
• Don Spinks AM – Commissioner, Repatriation Commission
• Mark Cormack – Deputy Secretary Policy & Programs, Department of Veterans’ Affairs
• Dr. Loretta Poerio – Acting Chief Health Officer, Department of Veterans’ Affairs

The following five slides include the billboards each group used for their presentation.
HEALTH CARE

1. Recovery happens outside the hospital. Requires social factors.
2. Health care needs to be culturally appropriate; able to use existing evidence, but be involved in development of new evidence. Also needs VA loop of Evaluation with premise of wellbeing, not just illness.
3. Needs adjunctive options: Art Therapy, Equine, etc which is community based.
4. Use of ESD’s/other Service providers to promote community engagement & reliance on community support.
5. Communication (hand-over, dash, clin correspond) between range of providers (Eli Vet Hub model with central coord) for care, support, engagement.
6. Coord of Care: Case Manager, Clin Staff, others with Vet/Family/Providers.
7. Rehab concurrent with care.
8. Interventions should start at social & skills level, with engagement first, before going straight to clinical.

WAPS: Cultural Competence
- Non-hospital care
- Ability of all providers to be funded
- Research & eval funding to inform practice
- Accessibility to services (loc, type, etc)
- PEERS Development/pumped workforce with appropriate triage, education, supervision, scope of practice
- Collaborate & coord between silos/areas
- Means/strategies to increase cultural competency assessment of culture competency
- Admin liability for clinicians

Importance of Mil culture & identity to the individual seeking help; followed by their family (ie impact on need to maximise support from, or for)
1. Transition begins when you enlist
2. Planning is paramount (empowerment) (managing expectations)
3. Inclusive approach - families/partners/Defence/ESOs/DVA/Gov/NGOs/Private Business
4. Closing the gap between ADF - civilian skills
5. Tailored approach
6. Extra support for those at risk
7. Seamless handover - ESOs/DVA/Defence leaning in.
8. Meaningful employment or engagement
   - financial security
   - social security
   - sense of purpose
9. Exit protocol
1. Veteran health literacy

2. More focus on recovery-type programs

CREATING AN ENVIRONMENT FOR CONVERGENCE

COLLABORATION

MOU SUPPORT

HUBS

PARTNERSHIPS

riticurs
Engagement, Communication + Education

- Reclaim the "V" in DVA
  - Make veterans the face of DVA messaging + veteran families
  - Ensure a balanced narrative in messaging
  - Empowering veterans to drive change around information dissemination
  - Increase investment in visibility

- Link QR code to DVA website on Gold & White Cards + option of hard copy
- Media stories covering veteran mental health to include link to Open Arms, not only Lifeline
- Good new stories about veteran stakeholders
- Secondment: showcase military skills + change the narrative
SUICIDE PREVENTION

Early intervention (Defence)

Training + Support (e.g.,)

FLEXIBLE/TAILORED INDIVIDUALISED MODELS OF CARE

(Ethnicity, gender, etc.)

Holistic model

System thinking

Culturally appropriate (trained workers)

Education (Social determinants)

Community approach

Postvention is prevention
The Secretary closed the workshop reflecting on a few key messages:

• Engagements like these help us to connect with the veteran community and hear their stories. The voices heard today will help us to design a better future;

• The veteran support system is not just about a department. It is about the system, and the system is all of us. It is the individuals who are contributing to better outcomes for veterans and families;

• We need to do more in understanding the cultural aspect of being a veteran or family. How do we promote the unique nature of military service and highlight that we are a grateful nation looking to go above and beyond for our veterans and families; and

• We need to communicate that there is hope after service even if there are still bad stories out there.
Final Thoughts

Participants had the opportunity to provide final comments

Mental health is challenging but not a challenge which cannot be faced.

More often than not the **first person a veteran will go** to is a ‘mate’ – equip mates.

Preventative, predictive, proactive, **empowering**.

**Several national action plans** will be important for the Strategy to remain current and agile.

**Education** equals opportunity which equals **hope**.

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**It was a great day!** **Well worth the time.** You cannot workshop enough, please do not stop. It was also good to see persons other than ESOs attend.

**Constant review** of strategy – perhaps annually – to update as necessary – as a living document.

**Families** should not be added as an after thought.

Consider further **holistic and integrative** specialist services role in supporting veteran and families (e.g. NCVH).

Great to talk about **important issues**. Thank you.

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With **collaboration** and veteran focus we can make a difference! DVA is focusing in the right areas now.

Success will be measured by the increased number of **informed veterans**.

Put in place a system where a serving member can **put their hand up for help** but have no repercussions on their rank.

It is pleasing that people are seeing **DVA change for the better**.
A great day with a great group of people. Thank you all for sharing your ideas and thoughts let’s do this together.

**Great workshop with tangible actions!**

It will be useful to engage the broader community to influence the communication strategy (share stories, decrease stigma, increase engagement).

**Our strategy is ‘ageless’ it is inclusive of everyone.**

Don’t lose focus on this issue – stay the course!

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**Excellent engaging workshop.**

25 years ago there was no help transitioning out of the Defence force. **Well done DVA.**

**Valuable day** – Achieve goals from morning – Useful program/agenda – Good facilitator.

Let’s not disadvantage veterans in a broader **healthcare system** by segregating their care because they are special.

Feeling **empowered.**

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Those most **disabled veterans** and their families need to have additional consideration in this “well-being” and “wellness” Strategy.

I appreciate the opportunity to **co-design** with DVA. Thanks you.

**Action plan is not clear** Many topics discussed have been covered before – how do we take action on them this time?

**Leverage programs that are working well** – that is have high face-validity in the veteran community and that are evidence-informed.