

13 March 2020

The Hon Darren Chester MP
Minister for Veterans and Defence Personnel
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

By email to: minister@dva.gov.au

Dear Minister

Re: Further submission to the *Draft Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023*

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) appreciates the recent opportunity to meet with staff from Joint Health Command to discuss how the RANZCP can contribute to efforts to improve the mental health of military personnel and veterans. The RANZCP is encouraged by the commitment of all stakeholders in this area, including the Joint Health Command and the Department of Veterans' Affairs (DVA), to ensuring better military and veterans' mental health outcomes.

As identified in our previous letter, dated 31 January 2020, the RANZCP welcomes the opportunity to provide more comprehensive input to the Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020–2023 (Strategy and Action Plan). Please find the submission attached.

The RANZCP notes the commitment by the DVA and the Department of Defence to evaluate their separate but aligned mental health strategies in 2023 and urges close partnership between the two agencies until that time to optimise mental health for military personnel and veterans.

We would welcome the opportunity to meet and discuss this further. For any queries on the submission or to arrange a meeting please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan
President

Ref: 1724



The Royal
Australian &
New Zealand
College of
Psychiatrists



Department of Veterans' Affairs
**Draft Veteran Mental Health and Wellbeing Strategy and Action
Plan 2020-23**

March 2020

Improve the mental health of communities

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Royal Australian and New Zealand College of Psychiatrists submission

Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has over 6700 members including more than 5000 qualified psychiatrists and around 1700 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

This submission has been developed in extensive consultation with the RANZCP's Military and Veterans' Mental Health Network Group (the MVMHNG).

The MVMHNG are an expert reference group which promote and encourage the highest clinical and ethical standards in the delivery of mental health services to military personnel and veterans.

Key findings

The RANZCP recommends that the Strategy and Action Plan should:

- Reflect effective use of the international knowledge base about the mental health of veterans
- Rely on proper dialogue with key stakeholders
- Include expert independent oversight
- Integrate the [Fifth National Mental Health and Suicide Prevention Plan](#) (Fifth National Plan) and recommendations included in the [Productivity Commission – A Better Way to Support Veterans](#) (PC Report).

Introduction

The RANZCP welcomes the opportunity to contribute to the Department of Veterans' Affairs (DVA) draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23 (Strategy and Action Plan). The RANZCP provided a brief [response](#) with an overview of the key issues in January 2020, noting that further feedback would be available with more consultation time. This submission provides that more detailed response.

We continue to welcome future opportunities to provide feedback over the course of the Strategy and Action Plan's development.

Overall the RANZCP supports the draft Strategy and Action Plan but would wish to highlight definitive areas where key areas could be strengthened within the document. The key areas of opportunities within the Strategy and Action plan for development include:

- Priority One: Facilitating high-quality, evidence-based, accessible and tailored healthcare, and
- Priority Three: Enhancing partnerships across government, communities, businesses, service providers, researchers and ex-service organisations.

In addition, the RANZCP would like to suggest the inclusion of oversight as another priority in the Strategy and Action Plan.

Royal Australian and New Zealand College of Psychiatrists submission

Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23

Further sections have also been incorporated in this submission as suggestions for inclusion in the Strategy and Action plan, including:

- Outcome measures
- Definitions and objectives
- Veteran health and wellbeing across the lifespan
- Veterans in the community
- Additional comments and recommendations.

1. Evidence-based healthcare (Priority One of the Strategy and Action Plan)

The RANZCP strongly recommends that the Strategy and Action Plan go further to include recommendations from existing high-quality research in relation to the mental health of veterans. Research is a central aspect of the PC Report however, the RANZCP notes that it has been significantly simplified in the Strategy and Action Plan. The RANZCP suggests that DVA address the following recommendations included in the PC Report:

- Recommendation 18.3 develop and publish a veteran research plan - The Departments of Defence and Veterans' Affairs should set research priorities on issues affecting the health and wellbeing of veterans, publish the priorities in a research plan and update the research plan annually
- Recommendation 18.4 expert committee on veteran research - The Departments of Defence and Veterans' Affairs should establish an Expert Committee on Veteran Research. The Committee should have part-time members appointed based on skills and experience. Members should have a mixture of skills in relevant fields, such as military and veterans' affairs, health care, rehabilitation, aged care, family support and other compensation systems.

The RANZCP recommends that the functions of the Expert Committee on Veteran Research include:

- Providing input into the development of the research priorities and research plan
- Monitoring the outcomes of the research plan
- Promoting the use of research in the veteran support system
- Ensuring the Departments of Defence and Veterans' Affairs publicly report on research outcomes and progress towards the goals outlined in the research plan.

More specifically, the RANZCP suggests that the sections on 'Changes to Veteran Mental Health System and Approach' and 'Expansion of Open Arms to Family Members' within the Strategy and Action Plan should mention the important changes that have occurred in relation to the entire suite of group psychotherapy programs based upon a review conducted with Phoenix Australia. Further, the section on page 6, 'What We Know about Veteran Mental Health' should go further to incorporate the wealth of information that is available from other countries, specifically the United States, the United Kingdom and Canada.

1.1 The creation of further expertise

The RANZCP would like to see a system that creates and nurtures experts in the fields of veteran health and wellbeing, to ensure their knowledge and insight is drawn out and incorporated into future strategies and plans. This is currently made difficult due to the fact that entire professional fields are near absent within the military, such as uniformed mental health nurses, social workers, and full-time psychiatrists.

Although university engagement and research are mentioned in the Strategy and Action Plan, the RANZCP suggests that greater attention should be afforded to funding new research into veteran health and transition. This is consistent with the recommendation included in the PC Report that research priorities on issues affecting the health and wellbeing of veterans should be published in an annually updated research plan. Further, the limited attention that is afforded to research within the Strategy and Action Plan is in direct contrast to the investments made by the Canadian Veterans' Affairs (VA) and

Armed Forces, which are of comparable size and culture to the Australian Defence Force and DVA. For example, at the 2019 Canadian Institute for Veteran Health and Research conference, over 100 research studies undertaken in the last 12 months relating purely to veteran health and transition areas were presented and will be drawn upon by the respective sponsoring organisations in policy development.

The RANZCP highlights that a system which engages universities to conduct research and translate findings into public health and mental health education programs would help grow a professional veteran mental health and wellbeing agenda, that may be usefully incorporated into higher education curricular. In doing this, health professionals may receive some understanding of veterans' strengths and needs in their undergraduate and graduate programs, and in addition, such knowledge may be harnessed within the 'field' to further advance veteran health and wellbeing, and thereby given the seriousness it deserves. The RANZCP notes that similar advancements have been made in the field of Indigenous health – a population also impacted by trauma and who experience inequitable health outcomes relative to most Australians.

The RANZCP suggests that the Strategy and Action Plan go further to address a number of key questions about how to improve the quality of care. This should be a particular priority, given the identified problems in the [Royal Commission into Victoria's Mental Health System interim report](#), which reflects a national problem. We ask DVA to consider how they will aim to address these quality issues, given that it depends upon the state and private health systems. The RANZCP is concerned that there is no plan about how to engage with professional networks and service delivery systems to improve care and training.

Recommendations:

- Create veteran health and wellbeing expertise by folding research back into the higher education system to help prepare clinicians for working with veterans in the community, and to help generate further research and advancements in the field
- Allocate substantial funding to Australian research and university partnerships, especially in relation to a truly strategic outlook, and that this be reflected in the Strategy and Action Plan.

2. Partnerships (Priority Three of the Strategy and Action Plan)

To build a robust veteran mental health and wellbeing system in Australia, experts in the field of veteran and military mental health (including psychiatrists, psychologists, and mental health nurses), social workers, rehabilitation specialists and public health professionals, along with non-clinical and lay members of the community must be consulted. The RANZCP notes that while consultation was mentioned on page 13 and in Annex B of the Strategy and Action Plan, the breadth and depth to which such expertise was sought in the drafting of this plan should be made clearer. The RANZCP is aware that much of the consultation that occurred with health professionals focused on 'status updates and monitoring'. However, greater consultation would enable collaboration across governments, sectors and communities and ensure that relevant national and international literature that seeks to advance issues related to veteran mental health and wellbeing is brought to the attention of DVA. The RANZCP also recommends that consultation occurs across all states and territories to ensure adequate representation in the development of the Strategy and Action Plan.

Recommendations:

- The depth and breadth of consultation be made publicly available in terms of expertise and state representation
- Additional opportunities be circulated for the widest possible consultation with experts in the field of veteran mental health.

3. Oversight (The RANZCP's additional suggested Priority for the Strategy and Action Plan)

Further to the above, it is critical that there is expert independent oversight of the Strategy and Action Plan, which includes monitoring of implementation, translation of research, and creation of research priorities. The RANZCP suggests that such a group will enhance effective collaboration between DVA and those it must work closely with, including national bodies and agendas, the Department of Defence (Defence), and the states and territories of Australia. As per the Fifth National Plan, nominations could be called from various professional colleges and societies and as per the PC Report, experts in the field of Veteran Mental Health may be also called from academia, as well as veteran community organisations such as the Returned and Services League. The RANZCP suggests that, where possible, it is important that representation is made across states and territories.

The RANZCP also recommends that the Strategy and Action Plan goes further to ensure an open tendering policy to deliver services and that the DVA is transparent about how specific actions will achieve the objectives set out in the Strategy and Action Plan.

Recommendations:

- Establish an independent oversight committee to monitor implementation of the plan and support strategic collaboration and alignment with the National Mental Health and Suicide Prevention agenda, Defence, DVA, and all States and Territories. It must also guide translation of research outcomes and help set research priorities
- Recognise the challenges for service delivery, which is mostly undertaken by organisations working to different priorities such as the 2017 National Mental Health and Suicide Plan. DVA should take significant steps to mitigate their limitations.

4. Definitions and Objectives

4.1 Recovery and optimisation vs. mental health and wellbeing

The RANZCP notes that there is some inconsistency in the language of the current document. On page 1 (heading "Changes to the Veteran Mental Health System and Approach") the objectives of "Recovery and Optimisation" read as synonyms for "mental health" and "wellbeing" respectively, with prevention as a third dimension that relates to both. This is important because recovery and optimisation are not distinct concepts from mental health and wellbeing in this context. Further, there is no subsequent use of the term "optimisation" throughout the document with the concept seemingly conflated with "wellbeing." It

goes without saying that issues of prevention are represented in both the recovery/mental health and optimisation/wellbeing domains. The former relates to early detection of potential symptoms of mental health concerns, which can then be addressed and mitigated early; and the second relates to the provision of conditions that may help support mental health as a means of prevention, recovery, or both.

4.2 From illness to wellbeing

The RANZCP acknowledges that the document makes it clear that DVA intends to shift “from an illness focus towards a wellness [wellbeing] focus” (page 10) which aligns with recommendations of the PC Report. However, the RANZCP suggests that what may be called for is a balanced system that accounts for both illness and wellness, with each, to some degree, informing the other. The RANZCP acknowledges that although terms such as illness and disorder may seem abhorrent to the general community, and indeed they represent very complex and uncomfortable issues that demand professional care, they nonetheless often require treatment. Treatments of illness must come to exist alongside conditions for wellbeing, to create a balanced system. In addition, the Strategy and Action Plan focuses on the language of “wellness” without sufficient attention to the fact that there are those with significant psychopathology that need better treatment.

The term “veteran mental health” is understood by the RANZCP as a term that represents a spectrum of wellness to ill health. Although framed somewhat in the positive, the term is used in the document as a euphemism for issues pertaining to mental illness, mental health conditions, or symptoms of disorder, for which professional medical, nursing, and allied health professionals are trained to manage, mitigate, or cure. This type of professional care effectively helps to address veteran mental health issues that are too serious or complex for non-clinical and lay community members to manage alone.

Conversely, the term “wellbeing” is understood by the RANZCP to represent personal and social circumstances that support veterans to live life in a way that makes sense to them, with or without mental health conditions or symptoms of disorders. As a construct situated in the field of public health, it incorporates an understanding of the sociological determinants of health, including for example, relationships, sense of belonging and occupation as well as mental health. Although issues of veteran wellbeing and mental health are inextricably entwined, it is important to note “wellbeing” is largely a strengths-based paradigm driven by non-clinical and lay members of the community who are empowered and supported by broader governing bodies.

4.3 Focus

As suggested above, the RANZCP notes that there are competing foci throughout the Strategy and Action Plan. For example, page 10 states the Strategy and Action Plan’s focus will be on shifting from an illness model to a wellness model. However, the breakout box on page 14 states the focus is on ‘care, respect and dignity in health service delivery’ even though the DVA are not responsible for the delivery of such services. These foci also compete with the Strategy and Action Plan’s four priorities.

The RANZCP recommends that the Strategy and Action Plan adopts a clearer strategic perspective. The use of a theoretical framework will help focus future direction, services and research. The RANZCP suggests that current actions appear too vague in some places and too specific in others.

Recommendations:

- To aid coherence, the language of 'recovery/mental health' and "optimisation/wellbeing" should be aligned, and the term "prevention" should be used as a construct that straddles these domains
- To achieve consistency with the title of the document, it should state that a balance must be struck between mental health [a euphemism for mental illness] and wellbeing, rather than suggesting one paradigm is being swapped out for another
- To help focus the plan, a psychological framework should be applied.

5. Outcome Measures

The RANZCP suggests that it is essential that Defence and DVA create and use common data sets to monitor military personnel and veterans over time. These measures should include those outlined in the Fifth National Plan, along with measures of wellbeing, and change over time. These measures may be useful for better understanding the short and long-term effectiveness of current mental health and wellbeing interventions and services, identifying strengths and needs of veterans and their communities, and ensuring funding is prioritised to best address these issues. The use of such measures is guided by the National Mental Health and Suicide Prevention Plan and the PC Report.

5.1 National Mental Health and Suicide Prevention Plan

The RANZCP suggests that the Strategy and Action could be enhanced by taking guidance from the overarching Fifth National Plan, especially in terms of outcome measures. Such guidance is critical considering that while DVA fund many mental health and wellbeing services, the delivery of them falls out of the Department's scope. The federal, state, and local organisations who deliver DVA funded services are guided by the Fifth National Plan, which sets out clear outcomes.

5.2 PC Inquiry into Veteran Compensation and Rehabilitation

The report stemming from the Productivity Commission recommended that DVA:

- Make greater use of its rehabilitation data and of its reporting and evaluation framework for rehabilitation services. It should: evaluate the efficacy of its rehabilitation and medical services in improving client outcomes; compare its rehabilitation service outcomes with other workers' compensation schemes (adjusting for variables such as degree of impairment, age, gender and difference in time between point of injury and commencement of rehabilitation) and other international military schemes.
- Monitor and routinely report on Open Arms' outcomes. It should first develop outcomes measures that can be compared with other mental health services. Once outcomes measures are established, DVA should review Open Arms' performance, including whether it is providing accessible and high-quality services to veterans and their families, and publish all such reviews.
- Develop outcomes and performance frameworks that provide robust measures of the effectiveness of services. This should include: identifying data needs and gaps; setting up

processes to collect data where not already in place (while also seeking to minimise the costs of data collection); using data dictionaries to improve the consistency and reliability of data; analysing the data and using this analysis to improve service performance.

Recommendations:

- DVA work with Defence, state and territory bodies to develop a base suite of mental health and wellbeing measures to capture data over time and yield insight into the effectiveness of programs and interventions. It should yield insight into mental health (symptoms of disorder), wellbeing, as well as growth and adaptation.

6. Veteran Health and Wellbeing

6.1 Across the Lifespan that Includes Older People

It is well known that as people age, they can come to feel invisible, and this has an enormous impact on their identity, mental health, and wellbeing, beyond the impact of service and trauma. In addition, it is well known that the voice of older veterans quietens with age, which means there is a need for stronger advocacy and research relating to their needs, which are very different to those of working-aged veterans. Further, older veterans make up the majority of DVA clients and have special needs when assessing and treating mental health conditions. The RANZCP suggests that older veterans' visibility could be enhanced in the draft Strategy and Action Plan. On page 9, paragraph 2 mentions 'aging well.' And there could be more consideration of older veterans in the document.

For example:

- On page 6 in the section 'What We Know About Veteran Mental Health' there could be an increased focus on older person' mental health. In addition, our national aged care industry could be featured in the diagram as a part of the care network.
- On page 8 in the section 'Veteran Mental Health Across the Lifespan', older veterans could be featured alongside helping veterans "to live well and age well.
- On page 10 there is a list of programs DVA are involved in, which could be enhanced with programs for older veterans.
- On page 19, Priority Three could consider mentioning partnerships with aged care providers.
- There is an opportunity for the document to promote the DVA's offer to older veterans by way of research, programs, and potentially a focused communication strategy.
- Palliative care (which can be relevant at any age) and support strategies should be included within the Strategy and Action Plan.

The PC recommended a veteran mental health strategy for "veterans' lifetime mental health that covered mental health activities in each of the life stages ... [to] ensure systems are in place to identify and support at-risk individuals" and this vision must include the older veteran in DVA's Strategy and Action Plan. The RANZCP would like to see older people included in the Strategy and Action Plan.

6.2 Veteran Hubs

In relation to Specific Action 1.1.1 which sets out the establishment of veteran hub across the country, the RANZCP notes that Tasmania has been left of this list. The RANZCP suggests that the Strategy and Action Plan describes in greater detail where the hubs will be and ensures Tasmania is included or an explanation is provided as to why it is not.

6.3 Women veterans' health and wellbeing

Women veterans also have special needs when assessing and treating their mental health conditions. The RANZCP suggests that the Strategy and Action Plan sets out specific strategies to ensure a system that meets their needs.

6.4 Physical health

The RANZCP notes that the Strategy and Action Plan does not address the physical health of veterans with mental health disorders, despite the known issue of the physical comorbidities and the importance of their conjoint management. This is a key focus of the Fifth National Plan.

Recommendations:

- Include a specific section on Veteran Mental Health Across the Lifespan (Older Years)
- Consider funding research that examines the “last 1000 days of a veteran’s life” and use results to take genuine action to support a veteran’s mental health and wellbeing during this time
- Provide greater information on Veteran Hubs
- Include support that is specific to women veterans’ needs
- Acknowledge the physical comorbidities experienced by veterans as well as the importance of their conjoint management.

7. Veterans in the Community

7.1 Help the Community Identify and Better Support Veterans

The RANZCP highlights that in the United States, of all veterans that die by suicide, two thirds are not enrolled with the Veterans’ Affairs and many more do not choose to use the services offered by them. Anecdotal evidence in Australia suggest there are many veterans that are similarly not enrolled with DVA, and that do not use their services. This is the case for almost half of those with Post Traumatic Stress Disorder, and for many who die by suicide.

The RANZCP recommends that the Strategy and Action Plan ensures that veterans and their families (especially their children) are identified within the broader community, to ensure both support and recognition is afforded to them. This need is not only in relation to suicide, but also to issues of mental health and wellbeing.

The RANZCP suggests that whilst the white card and lapel pin will assist somewhat in identifying Australian veterans in a cursory manner, more can and should be done to meaningfully identify veterans and their families and the Strategy and Action Plan presents a key opportunity to achieve this. The point

of entry to schools, GPs, hospitals, higher education institutions, employers and so forth are ideal opportunities to collect this information, and implement a strategy that helps organisations to know what to do when a person identifies as a service person, veteran, or living with one.

7.2 Homelessness

The RANZCP highlights that having access to a stable and safe home is a critical step toward achieving mental health and wellbeing. We note that although homelessness is briefly mentioned on page 33 and page 36, it could be enhanced. The experience of those running the South Australian Andrew Russell Veterans Living Program (RSL Care) suggest almost all the residents they have supported have experienced some form of mental health challenge either as a cause of homelessness or consequent to it.

7.3 Emergency Funding

The RANZCP has identified that the Canadian VA offers its veterans a VA emergency fund which provides emergency support within 24 hours, for critical issues including food, clothing, medical care and safety (which includes homelessness). South Australia continues to observe circumstances in which veterans and their families have very few avenues for support in emergency situations and, as such, a similar type of funding arrangement should be considered. Such funding may have a profoundly positive impact on veterans in crisis, and/or considering suicide.

Recommendations:

- Incorporate the question “have you ever served in the military?” at all points of entry into health services particularly hospital emergency depts, government services, and where possible, private organisations. As where children are concerned, all schools should ask, upon enrolment “have either of your parents, or someone you are living with served in the military?”
- Increase support for health professionals and other community members to know what to do when veterans or their families answer “yes” to these questions, by way of education.
- Include greater details of how DVA can reach-in and work with homeless services and industry.

8. Other minor comments and recommendations

The RANZCP would also like to suggest the following minor changes to the draft. Please note a table has been provided for ease of reference.

| Page | Location | Comment | Recommendation |
|------|--|--|---|
| 2 | 4 th paragraph | Given the recent focus on identity, it must be understood that it is a psychosocial construct related to mental health and wellbeing. The social aspect to health and wellbeing must be included. | Change last half of last sentence to "... complex needs, in terms of their physical, social , and mental health and the interactions between them" |
| 10 | 1 st paragraph, second line | The term wellness is used instead of wellbeing. Although these may be synonyms at the lay level, at a professional and scholarly level, they are distinct terms. | Change the word "wellness" to "wellbeing" for accuracy and consistency. |
| 10 | 3 rd paragraph | 3rd line requires editing. | At the very least, remove the word "returning" |
| 10 | 3rd paragraph | 5th line requires editing. | At the very least, remove "the" or better, change to "... navigating public and private civilian health services ..." |
| 11 | 1st paragraph | There is inconsistency across the states and territories in terms of acute care offered to veterans, both regarding the type of facility (public vs private) and levels of veteran mental health expertise. | Need to acknowledge the inconsistency and strategies to help build some consistency or standard. |
| 18 | Breakout box | Note that it is often the very mental health condition itself that can preclude the felt capacity to connect and belong, no matter how available and how willing a veterans' community is. This is a barrier to connection. Education is not enough. | Work with Open Arms and other academic and counselling institutions to explore and research psychotherapeutic approaches that help support veterans' sense of identity and self. These can be existing modalities or theoretically sound novel ones. Felt connection is almost impossible when a fractured sense of identity and self is present. |

Royal Australian and New Zealand College of Psychiatrists submission
 Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23

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| 20 and 35 | Objective 3.5 (action 3.5.1) | <p>The use of the word “advocacy” has a dual meaning in the veteran community. On one hand it means providing a voice to veterans but on the other, it can mean a service geared toward navigating and applying for compensation or benefits (i.e. A DVA advocate).</p> <p>Advocacy in the latter sense continues to be a major issue and impacts veteran health and wellbeing. There appears to be only one line about funding and professionalising advocacy.</p> | <p>Revise the use of the term “advocacy” here to clarify what type of advocacy is intended.</p> <p>DVA needs to take an active role in better supporting our ESO community in terms of providing our veterans advocates, and improve the current funding model</p> |
| 37 | First box “priority four” | <p>Although all DVA and other support services are well intended, the experience of them is subjective. The word positive is a judgement and not appropriate.</p> | <p>Delete the word “positive”</p> <p>Maybe simply “... about the mental health and wellbeing support services available”</p> |