



**Australian Government**  
**Department of Defence**

# **DEFENCE MENTAL HEALTH AND WELLBEING STRATEGY 2018-2023**



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## Foreword

The mental health and wellbeing of our people is a priority.

Defence is unique both in size and capability. Our goal is to optimise this capability through the mental, physical, emotional, social, spiritual and cultural wellbeing of our people.

Delivering on the Defence mission relies on our military members who serve in the Permanent and Reserve Forces as well as our Australian Public Service (APS) employees. Our Strategy for 2018-2023 caters for this diversity, acknowledging differences in roles and in the nature of service across the workforce. The Strategy acknowledges the similarities and unique elements of the Australian Defence Force (ADF) and APS workforce while recognising the need to implement tailored services and initiatives. The objectives described here apply to everyone in Defence but also reflect the specific and additional challenges posed by military service.

This Strategy builds on the previous *2011 ADF Mental Health and Wellbeing Strategy* and the findings of recent reviews and inquiries into the issues of mental health and suicide prevention amongst current and former members of the ADF. Importantly it also aligns with the Fifth National Mental Health and Suicide Prevention Plan (2017-2022). The Strategy incorporates the latest mental health research and implements a whole-of-organisation 'One Defence' approach that recognises the needs of our integrated workforce.

This Strategy conveys our commitment to and the Government's significant investment in the mental and physical health and wellbeing of all our people. It is an investment designed to help people through all phases of their careers and lives - to be *Fit to Fight, Fit to Work, Fit for Life*.



Mr Greg Moriarty  
Secretary  
Department of Defence



Air Chief Marshal Mark Binskin  
Chief of the Defence Force



## Vision and goal

The Strategy provides the agreed Objectives and framework under which single Service and Group-specific action plans will be developed. These plans will allow us to monitor and evaluate our progress and assess whether the services provided are contributing to positive outcomes for our people. We *can* continually improve. Defence has long recognised that the mental health and wellbeing of its workforce is critical to overall capability. We are committed to providing programs and services responsive to changing needs, which can vary from basic self-care to complex interventions, particularly when people face multiple problems and stressors.

**Our vision** for this Strategy is that our people – military and public servants – experience positive mental health and wellbeing. They are *Fit to Fight, Fit to Work, Fit for Life*.

This Strategy aims to transcend a narrow health or clinical response. Mental health is increasingly part of our command and leadership training, personnel management and human performance considerations – it is about how we encourage people to look out for each other.

**Our goal** is for Defence to be a trusted and respected organisation that helps and supports our people in relation to their mental health and wellbeing and one that responds appropriately when they experience mental health problems or illness. To achieve this, we will:

- promote culture, attitudes and behaviours that value mental health and wellbeing. This enhances our capability and it is good for our people, their quality of life and that of their families, communities and the broader Australian community
- lead a whole-of-organisation approach to mental health and wellbeing, from time of recruitment, through military and public service careers and through to transition and life beyond Defence. This will be driven by effective and coordinated approaches to health, welfare, personnel management, training and work health and safety, as well as building the mental health skills of our professional workforce
- strengthen our systems of leadership, command, management and training to improve the resilience of our people so they can better meet the challenges faced by Defence
- strike a better balance between the self-reliance for which Defence is known and clearer understanding across the organisation that seeking mental health support is consistent with good self-care





- build trust to overcome the continuing stigma associated with mental illness so our people and their families, our supervisors, managers and commanders, can recognise how to seek and offer help as early as possible, no matter what the cause
- provide and support access to person-driven and recovery-focused mental health care with the express goal of enabling return to duty or return to work where that is in the best interests of the individual and the organisation
- continue to invest in research and evaluation, collaborate and engage across government and non-government organisations, other international military forces, similar first responder agencies and others to inform our approach and share both our challenges and successes.

Defence's overall success depends on action in three main areas: our leaders must be supported to take responsibility at all levels of the organisation; our people need to take every opportunity to look after their mental health and wellbeing with the same care as their physical health; and lastly, Defence needs to ensure that where people need help, appropriate care is available.



# SETTING THE SCENE

*Mental health and wellbeing is the state in which the individual realises his or her own abilities, can cope with normal stress of life, can work productively and is able to make a contribution to his or her community*

-World Health Organization-





## Mental health reform timeline

**2001**

- The Employee Assistance Program was introduced for APS employees

**2002**

- First ADF Mental Health Strategy
- Introduction of Defence Suicide Prevention Program

**2009**

- Review of Mental Health Care in the ADF and Transition through Discharge
- Government Response initiates ADF mental health reform program
- Fourth National Mental Health Plan 2009-2014
- Longitudinal ADF Study Evaluating Resilience (LASER-Resilience)

**2010**

- Military Health Outcomes Program (MilHOP) including:
- ADF Mental Health Prevalence and Wellbeing Study

**2011**

- ADF Mental Health and Wellbeing Strategy

**2012**

- 2012-2015 ADF Mental Health and Wellbeing Plan
- Establishment of ADF Mental Health Advisory Group
- Introduction of mental health service delivery model

**2013**

- eMental Health Strategy for Australia
- Pathway to Change: Evolving Defence Culture
- Upskilling mental health providers
- The Veterans' Mental Health Strategy 2013-2023
- Improved case management of complex and chronic conditions

**2014**

- Review of alcohol use in the ADF and implementation of the ADF Alcohol Management Strategy
- International Symposium of Military Mental Health
- Review of implementation of recommendations from 2009 Dunt Review

**2015**

- DVA Social Health Strategy 2015-2023 for the Veteran and Ex-Service Community
- Government Response to Mental Health Review by National Mental Health Commission
- Senate Inquiry into the mental health of ADF personnel returning from combat
- Transition and Wellbeing Research Programme
- First Principles Review

**2017**

- The New Access Stress and Anxiety Coaching Program was introduced for APS employees
- Australian Institute of Health and Welfare ADF Suicide Report 2001-2014
- National Mental Health Commission review into suicide prevention and Government Response
- Senate Inquiry into suicide by veterans and ex-service personnel
- Fifth National Mental Health and Suicide Prevention Plan
- Development of Defence Mental Health and Wellbeing Strategy 2018-2023



Defence has been an active leader in workplace mental health reform. We developed our first ADF Mental Health Strategy and supporting programs to promote mental health and wellbeing in 2002. This was a comprehensive and robust approach to mental health, resilience and recovery programs tailored to the unique risks of military service.

The ADF Mental Health Reform Program was initiated in 2009 in response to the recommendations made by Professor David Dunt in his *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge*.

The second ADF Mental Health and Wellbeing Strategy in 2011 articulated Defence's vision of achieving capability through mental fitness through a commitment to leadership, cultural change, evidence-based treatment, innovation and supported transition.

The Defence Mental Health and Wellbeing Strategy 2018-2023 builds on our previous work and expands our focus to include Australian Public Servants and military Defence personnel while recognising the unique aspects of each. This Strategy encourages Defence to consolidate and understand current activities, to improve what we know and what we do.

While programs and policies have been in place before, this is the first mental health and wellbeing strategy for Defence APS employees. This Strategy allows us to clearly articulate what we want to achieve and how we will achieve it.



## Highlights from the 2011 ADF Mental Health and Wellbeing Strategy

### Priority actions

### Key achievements

#### Addressing stigma and barriers to care

- Strong messages from Defence Senior Leaders in reducing stigma
- Annual Mental Health Day since 2012
- Suite of self-management and resilience training (SMART)
- Range of mental health awareness and skills programs conducted across ADF

#### Enhancing service delivery

- ADF Alcohol Management Strategy (ADFAMS)
- Defence eHealth System (DeHS)
- Second-opinion clinics in the ADF Centre for Mental Health
- Trial of Cognitive Processing Therapy (CBT)
- Trial of Treatment of Anger Management for those with PTSD

#### Developing e-mental health approaches

- Smart phone apps and online resources
- Fighting Fit ADF Health & Wellbeing Portal

#### Upskilling health providers

- Mental Health Workforce Clinical Skilling Framework
- Training for Defence health providers in assessment, case formulation, treatment planning
- Training in Cognitive Behaviour Therapy (CBT)
- Mental Health Risk Assessment Training (MHRAT)

#### Improving pathways to care

- Implementing a mental health service delivery model in a primary health care setting
- RESET Program and AHMOO Program
- Mental Health Prevalence & Wellbeing Study
- Transition & Wellbeing Research Program

#### Strengthening the mental health screening continuum

- Return to Australia Psychological Screen (RTAPS) and Post Operational Psychological Screen (POPS)
- Critical Incident Mental Health Screen (CIMHS)
- Periodic Mental Health Screen (PMHS)
- Command Requested Mental Health Screen (CREQ)
- Operation Resolute Mental Health Screen



Defence's approach to improving mental health and wellbeing for its APS employees is based on detailed, evidence-based analysis. We have worked with community-based specialist mental health organisations to develop our responses, ensuring this Strategy and the initiatives within it are best practice. We have also consulted widely with our APS workforce. An APS Mental Health and Wellbeing Working Group was established ensuring all Groups could contribute. Consultation sessions were held at all major Defence establishments focusing on what worked well in the past, what could be improved and what should be in the Strategy.

## Other reviews and plans

This Strategy was developed following a period of significant mental health policy and program reform in Australia.

The Federal Government has initiated a suite of reforms in response to the review into mental health conducted by the National Mental Health Commission (the Commission) in 2014.

In 2017 the Commission conducted a review of suicide and self-harm prevention services provided by Defence and the Department of Veterans' Affairs (DVA) for current and former serving ADF members and their families. The Commission's review highlighted four key areas for improvement:

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
4. Transforming DVA's systems, processes and organisational culture to better respond to the needs of Australia's veterans and their families

A Senate Inquiry Suicide by Veterans and Ex-service Personnel was held in 2017 and similar findings emerged.

Perhaps most significant for Defence and this Strategy was the publication of the Fifth National Mental Health and Suicide Prevention Plan. This Strategy and the action plans to be developed by Services and Groups in Defence have been designed with respect to the new National Plan, particularly in areas like stigma reduction, system improvement and suicide prevention.



## Eight priority areas for the Fifth National Mental Health and Suicide Prevention Plan

Achieving integrated regional planning and service delivery	Effective suicide prevention
Coordinating treatment and supports for people with severe and complex mental illness	Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
Reducing stigma and discrimination	Improving the physical health of people living with mental illness and reducing early mortality
Ensuring that the enablers of effective system performance and system improvement are in place.	Making safety and quality central to mental health service delivery

This Strategy has also been influenced by international approaches. A review of the mental health strategies from the Defence Forces of the United Kingdom, New Zealand and Canada reveals important parallels. It is common for contemporary approaches to mental health and wellbeing in Defence to emphasise mental health promotion and a healthy workplace.

Stigma remains an issue in all environments. Many nations are working on resilience training to support their Defence members and the work to find and provide the best programs, services and treatments is a shared interest. Of increasing significance across most jurisdictions is the need to invest in continuing research and monitoring in Defence, and the adoption of new technology to support mental health and wellbeing.





## Key partners and stakeholders

Defence works closely in partnership with a range of stakeholders both within Australia and internationally. Our relationship with DVA is vital to the ongoing health and welfare of our people. We also have close relationships with all Australian police forces and a range of other Commonwealth departments.

The ADF Mental Health Advisory Group was established in 2010-11 and comprises external mental health advisers who are eminent in their fields, and representatives from the single Services, Joint Health Command (JHC), Defence Community Organisation (DCO), Defence Families of Australia (DFA) and Department of Veterans' Affairs (DVA), including the Veterans and Veterans Families Counselling Service (VVCS). It now also includes a representative from Defence People Group to provide advice regarding APS employees. The Mental Health Advisory Group has provided input and oversight of the implementation of mental health reform in the ADF.

The single Services and the APS in Defence working together are critical to delivering our mental health and wellbeing programs.

Defence also works with a range of ex-service organisations, community-based and not-for-profit groups. We share information to build the strength and capacity of these relationships.

## What we know about mental health and wellbeing in Defence

The prevalence overall of mental illness or disorders in the Defence population is similar to the Australian general population. We know that some personnel in Defence may develop mental health problems or illness whether or not they have operational deployment experiences. However most people in Defence do not develop mental health problems or mental illness during their career.

At the same time, our people who do experience mental health problems, mental illness or suicidality, can and do lead meaningful and productive lives. Seeking help early and engaging in effective treatment can lead to improved outcomes and prevent future problems. Notwithstanding, mental health remains a challenging issue and is a key priority for Defence.





## A profile of Defence

Defence is a diverse organisation of more than 100,000 people working across different roles. Around 17% of our permanent ADF workforce and 42% of ongoing APS employees are female. The average age of ADF members is increasing, and is now around 31 years of age with 48 the median age of ongoing APS employees, however, the median enlistment age is considerably younger at 22 for ADF and 32 for APS. This is significant because 75% of all mental illness starts before the age of 25 <sup>[1]</sup>.

Mental illness is costly to the organisation, sometimes forcing highly skilled people out of their roles and causing lost productivity. The workers' compensation aspects are also significant. Psychological claims account for only 19% of all accepted claims but account for 57% of all total expected or actually incurred costs and 56% of all lost time to injury.

## Informing this Strategy

Defence can draw on several rich sources of information about the mental health of its people. We collect a range of health and wellbeing information on our employees including information from our Work Health and Safety management system and data collected through our APS rehabilitation team.

We have several important data collections in relation to our ADF members. The graphic on the following page is a snapshot, drawing on the 2010 Mental Health Prevalence Study, the Australian Institute of Health and Welfare's 2017 Report into the Incidence of Suicide among Serving and Ex-serving ADF Personnel and some emerging research from the Transition and Wellbeing Research Program.

Defence's approach to this Strategy has been informed by the data we collect.



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<sup>[1]</sup> Kessler RC, Amminger GP, Aguilar Gaxiola S, Alonso J, Lee S & Ustun TB (2007), 'Age of onset of mental disorders: A review of recent literature' *Current opinion in psychiatry*, 20(4):359-364.



## Profile of mental health and access to care in Defence



*Everyone will be exposed to stressors and difficulties at some stage – no matter what is happening in our lives, where we are working or the job we are doing. There are lots of things we can do on a day-to-day basis to build resilience and help us cope with stress*

– COL N –



## Our approach to mental health and wellbeing

There are two central components to Defence's approach to mental health and wellbeing.

First is the Mental Health and Wellbeing model, originally developed in 2012 and updated for this Strategy, which identified that a person's mental health and wellbeing relies on: Foundation Strengths; Risk Reduction; Early Intervention; Treatment, Recovery and Support, and Transition/Separation. From the moment a person joins the organisation, their training is designed to ready them for service, be that as a military member or an APS employee. This training is also designed to provide Defence personnel with a resilience that can help them in their career and throughout life.

Mental health and wellbeing is not determined simply by a person's individual characteristics. It is also impacted by external influences such as family, support networks and the work environment.

This sets a context of shared responsibility for mental health and wellbeing between commanders and managers, the individual themselves, their family, and the health care system. Interventions to enhance the mental health and wellbeing of our people must take each of these factors into account and build the foundational strengths of individuals throughout their Defence career and beyond. Defence's success in promoting mental health and wellbeing relies on nurturing strong partnerships with, and between, others.

The second component of our overall approach are the Strategic Objectives presented in this strategy. These are Defence's key areas for action now, to bolster the mental health and wellbeing of our people. Part of this includes a new and coordinated approach to evaluation and quality assurance which will permit Defence to monitor our progress.

These components underpin our approach focused on making Defence people Fit to Fight, Fit to Work, Fit for Life.





# FIT TO FIGHT - FIT TO WORK - FIT FOR LIFE

## DEFENCE MENTAL HEALTH AND WELLBEING STRATEGY 2018-2023

### OUR STRATEGIC OBJECTIVES

These are our key areas for action

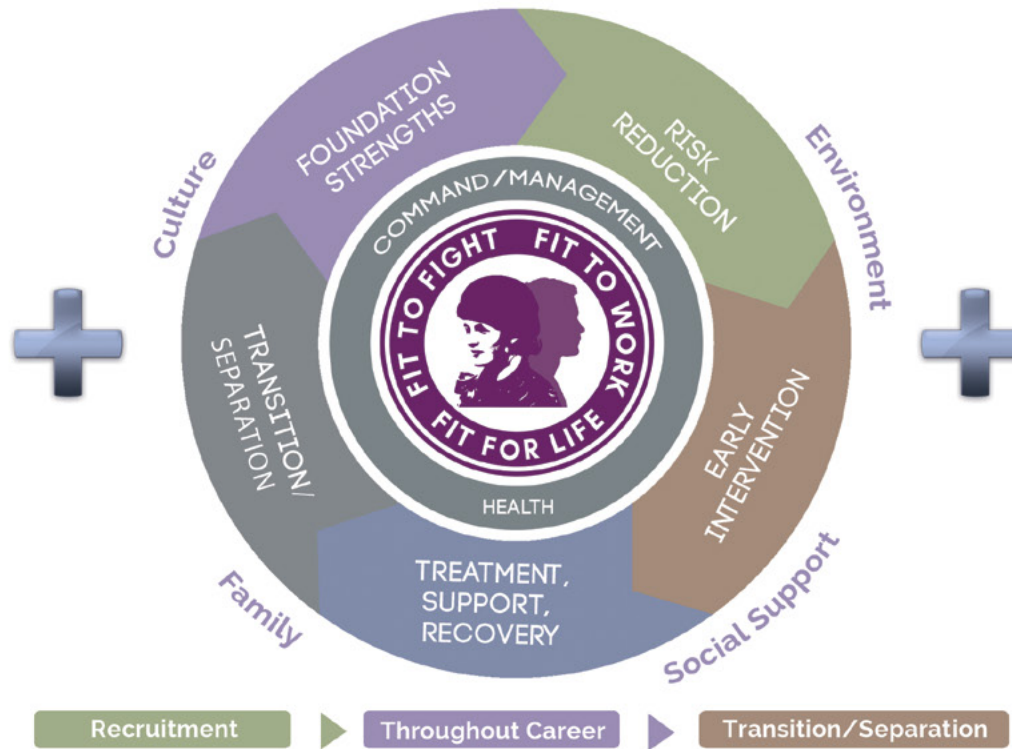
- Leadership and shared responsibility
- A thriving culture and healthy workplace
- Responding to the risks of military service
- Person-driven care and recovery
- Building the evidence
- Continually improving

### DEFENCE MENTAL HEALTH AND WELLBEING MODEL

This is the context for our work

### EVALUATION AND QUALITY ASSURANCE

This is how we will monitor our progress



#### 1 | APPROPRIATENESS

Are we doing the right things in the right way for the right people.

#### 2 | EFFECTIVENESS

Have we achieved what we set out to achieve?

#### 3 | EFFICIENCY

Have we achieved what we set out to achieve in a responsible way?

#### 4 | IMPACT

Are our people experiencing positive mental health and wellbeing?

#### 5 | SUSTAINABILITY

What are the continued benefits?

#### FOUNDATION STRENGTHS

- ✓ Job Fit
- ✓ Skills/knowledge
- ✓ Attitude/character
- ✓ Meaning/purpose
- ✓ Cohesion
- ✓ Leadership behaviours
- ✓ Resilience building
- ✓ Mental health literacy
- ✓ Prevention

#### RISK REDUCTION

- ✓ Peer programs
- ✓ Surveillance
- ✓ Targeted resilience training
- ✓ Psychological assessment

#### EARLY INTERVENTION

- ✓ Primary health care
- ✓ Mental health first aid
- ✓ Mental health screening
- ✓ Spiritual support
- ✓ Coaching support

#### TREATMENT, SUPPORT, RECOVERY

- ✓ Access to primary care and specialist treatment
- ✓ Mental health and psychology services
- ✓ Family engagement
- ✓ Clinical & occupational rehabilitation
- ✓ ADF Welfare Boards

#### TRANSITION/SEPARATION

- ✓ Acknowledgement of service
- ✓ Identification of risk
- ✓ Knowledge of support systems
- ✓ Structured transition programs
- ✓ Coaching & mentoring

## Our Strategic Objectives

Our six key strategic areas are designed to address the mental health and wellbeing needs our ADF and APS workforce while recognising the need for tailored services and initiatives, particularly to reflect the specific additional challenges posed by military service.

The objectives are as follows:



### 1. Leadership and shared responsibility:

Describes our understanding about the key players involved in mental health and wellbeing in Defence.



### 2. A thriving culture and healthy workplace:

Places these players at work, describing the type of workplace Defence aspires to be to optimise the health and wellbeing of its members and employees.



### 3. Responding to the risks of military service:

Identifies the unique challenges faced by Defence in promoting mental health and wellbeing when at the same time potentially placing personnel in harm's way.



### 4. Person-driven care and recovery:

Describes our commitment that if mental health problems or illness occur, our people have the confidence to seek help as early as possible, no matter the cause, supported by Defence to achieve their recovery.



### 5. Building the evidence:

Maintains Defence's commitment to identifying and understanding the emerging mental health and wellbeing needs of our people.



### 6. Continually improving:

Describes our commitment to an effective process which can drive improvement in the delivery of safe, efficient, effective, and appropriate programs and services.

We now describe the objectives in more detail and what they mean in the context of our workforce.



# 1. LEADERSHIP AND SHARED RESPONSIBILITY



*No matter our rank, position, or where we are, we all have a role to play in making it easier to talk about mental health.....most importantly, let's talk about the shift in culture we are making; a shift that needs to be maintained to reduce stigma and other barriers to care*

- VADM Ray Griggs -  
Vice Chief of the Defence Force

Good mental health and wellbeing of Defence personnel will be achieved through leadership at all levels of the organisation and as a shared responsibility of leaders, commanders, managers, supervisors, teams, health providers, individuals, families and the community. Each has a role to play.

### What does this mean?

This is more than just a health responsibility. Supervisors, commanders and managers must ensure that the mental health and wellbeing of people for whom they are responsible is a priority across Defence and throughout people's careers.

This Strategy will support our leaders and managers to ensure that the workplace promotes mental health, wellbeing and effectiveness, and does not cause harm. The workplace should encourage people who have a mental illness to still come to work wherever this is possible. We know that connections to work, colleagues and friends are critical for maintaining and recapturing good mental health. Help is available and help can make a difference.

Individuals and families have a role to play too. Just as with physical health, there are steps people can take themselves to nurture their own good mental health. In addition to these personal steps, there are family, community and spiritual dimensions that also need to be considered. Families are one of the most important contributors to the capability of Defence personnel - they are pivotal to Defence people successfully transitioning home from deployment, supporting personnel in the workplace, and to successful transition out of Defence once an individual decides to move on to another stage of their life.

Defence will continue to develop and refine a range of programs designed to promote mental health and wellbeing.



*Resilience is the capacity of the individual, team and organisation to recover quickly, resist, and possibly even thrive in the face of direct/indirect stressors and adverse situations ..... Building and sustaining resilience involves a range of psychological, physical, social and environmental factors and is critical to mission performance and an individual's wellbeing over the course of their career.*

*- The Technical Cooperation Program (TTCP) -*

It is not possible to prevent stressful situations. We need to make sure our workforce is resilient and can maintain their own mental health and wellbeing. To this end we will continue to build on the work of Pathway to Change and the First Principles Review. We will continue to develop workplace policies, programs and culture that encourage and enable people to remain well and effective in their workplace.

### What is Defence doing?

For this culture to thrive, it must be based on the Defence values, underpinned by APS and single Service values:

- **Professionalism** - *striving for excellence in everything we do*
- **Loyalty** - *being committed to each other and to Defence*
- **Integrity** - *doing what is right*
- **Courage** - *the strength of character to honour our convictions (moral courage) and bravery in the face of personal harm (physical courage)*
- **Innovation** - *actively looking for better ways of doing business*
- **Teamwork** - *working together with respect, trust and a sense of collective purpose*



## One Defence Leadership Behaviours

Be a contributor, a learner, accountable, a leader who manages risk, be inclusive, a team builder and an innovator.

What are we doing for ADF members?

### *Leadership training*

Defence provides mental health training that is delivered at all stages of a person's career, from initial recruit and officer training through to supervisor, leader and command training courses. Additionally, mental health awareness and skills training is delivered throughout the deployment cycle, and following specific requests from Commanders where a particular need has been identified. Specific training programs for ADF leaders include: Mental Health and Wellbeing in the ADF: Issues for Commanders; and Keep Your Mates Safe.

Fear of prejudice and judgment stops people from getting help.

- The Royal Foundation -

### *Family engagement*

The Defence Community Organisation (DCO) offers a range of programs and services to help Defence families manage the military way of life. These include information, assistance and support in relation to mobility (postings), absence from home, readjustment and reintegration and transition from the ADF, as well as for the accidental and incidental crises that occur in military family life. Support for ADF members and/or families experiencing family and domestic violence is delivered through the command/supervisory chain, DCO, JHC, Defence Chaplains, mental health professionals and medical practitioners. Members and families are referred to external expert services for further support.

An important part of family engagement is for Defence to provide options and help connect families to the right information, resources and services.



### *Web-based self-management*

The ADF Health & Wellbeing Portal Fighting Fit provides ADF members with a single point of access to information on health, mental health and rehabilitation support services. It has a wide range of links to information from within Defence and also from a range of community and ex-Service organisations.

The Engage - Supporting Those Who Serve website provides current and former ADF personnel, their families and others involved with their support a common access point connecting them to support and services from Government agencies, not-for-profit service providers, other service providers and charities.

### *Our partnership with DVA*

Defence and DVA collaborate closely to support transitioning Defence members, veterans and their families. This has included joint development of a number of smart phone self-help applications and online resources in areas of resilience, Post-Traumatic Stress Disorder (PTSD), alcohol misuse and suicide prevention.

A Memorandum of Understanding between Defence and DVA was updated in June 2016 and reflects recognition of our shared responsibility to deliver the seamless care and support ADF families deserve.

### *What are we doing for APS employees?*

Work areas throughout Defence are encouraged to look at how wellbeing can be improved. For example, Capability Acquisition and Sustainment Group have developed a Wellbeing Activity Guide to help managers and supervisors plan team events aimed at improving wellbeing.

### *Mental Health Toolkit*

The Defence Mental Health Toolkit (developed in conjunction with the BlackDog Institute) is a practical guide for employees to assist them in understanding mental health within the workplace. The toolkit contains information on common mental health issues within the workplace, guides to having conversations about mental health, tips on staying mentally fit, and online resources such as self-help programs and self-assessment mobile applications.

### *Training for our leaders*

Training will be delivered to the Senior Leadership Group as well as managers and supervisors across the organisation. This training will assist leaders in identifying the importance and impact of workplace mental health, identifying signs of mental health concerns in the workplace, early intervention and conversation skills, and practical strategies for supporting positive mental health in the workplace.





## 2. A THRIVING CULTURE AND HEALTHY WORKPLACE





A mentally healthy workplace is one that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the individual, organisation and community

- beyondblue -

Defence is a place where people should be able to reach their full potential, inspired by a sense of engagement with the Defence community and contribution to achieving its goals. Defence must nurture an environment where people can thrive.

### What does this mean?

We need Australia's best people if we are to meet the challenges we face. A key aspect of Defence's strength is that it draws on people from diverse backgrounds and experience. Defence seeks opportunities to support and celebrate our diversity.

We will do this by establishing a culture where people are respected and treated equitably; where they are led and managed by leaders who are willing and able to bring out the best in them. This is consistent with the First Principles Review, of which one key feature was a planned and professional workforce with a strong performance culture at its core. By committing to this approach, Defence will create an environment that encourages good mental health and reinforces wellbeing throughout the organisation.

The World Health Organization identifies three core determinants of health: the social and economic environment; the physical environment; and individual characteristics and behaviours.

Defence has a genuine opportunity to influence all three determinants by offering strong leadership, a sense of unit/workplace cohesion, stable employment, meaningful work and career development, housing and other services.

The ADF also has a strong recruitment and selection function, focusing on placing the right person in the right job. This process aims to recognise individual talents and abilities, supporting the enlistee to cope with the demands of military training and service.

Our challenge is to capitalise on these natural advantages as a firm platform upon which to build and improve individuals' resilience and wellbeing.



We do, however, recognise that prevention of mental illness is not always possible. Should mental health problems or illness occur, we will respond by encouraging our people to seek help as early as possible no matter what the cause. We will support our people to achieve recovery. Defence can call on a sophisticated and effective suite of programs to address mental health and wellbeing.

This support will span the full spectrum of mental health care, consistent with the stepped care approach described in the Fifth National Mental Health Plan – from developing and maintaining workplace platforms that encourage good mental health and wellbeing, through to enhancing mental health literacy, reducing stigma, and improving treatment programs.

*The reason why I want to proactively speak about it is that I always thought I was one of those people where it wouldn't happen to me...but I realised it doesn't matter how big or strong you think you are it can strike anyone. It's ok to put your hand up, it's not a sign of weakness, in fact it takes a great deal of moral courage to say 'I've got a problem'.*

– WGCDR J –

## What is Defence doing?

Our key cultural change program is Pathway to Change. It focuses on creating a positive psychosocial environment to ensure a strong, healthy and resilient workforce. It seeks to continue our reform journey through:

- Better integration of Defence and Service values into policies and performance management
- Helping commanders and managers better manage poor performance
- Ensuring leaders in Defence understand organisational values and are held accountable for them
- Empowering staff at all levels in encouraging better behaviours and culture, not relying on 'top-down' approaches
- Modernisation of Defence work practices and career models to reflect contemporary practice and needs
- Increasing diversity in the workplace



The First Principles Review (2015) reinforced the need for ongoing cultural reform, setting out Defence's goal to create a more unified and integrated organisation. A key part of this was better coordination across all Defence regions driven by a professional workforce with a strong performance culture at its core.

Each of the Services has a plan to drive cultural change, opening the conversation around mental health and wellbeing and supporting appropriate help-seeking behaviour throughout the organisation.

### New Generation Navy (NGN)

NGN draws on the three Pillars (Professionalism, People, Performance) through its cultural initiatives, including Navy Resilience, to deliver a culture for success, with an outcome of a modern sailor who embraces change, is inclusive and strives to make Navy better.

### Army - Good Soldiering

Army has a diverse range of initiatives underway to maintain and enhance Army's culture, brought together under the banner Good Soldiering. The Army is rightly held to a high standard by the community we serve; behaving in accordance with Army's values - courage, initiative, respect and teamwork will ensure we exceed community expectations.

### Air Force - New Horizon

New Horizon is Air Force's values based culture reform program. It is a Command driven program that continually develops and reinforces behaviours that are based on the Air Force values - Respect, Excellence, Agility, Dedication, Integrity, Teamwork. New Horizon is about building an inclusive culture where all Air Force people are able to fully contribute to building capability. New Horizon also underpins Air Force's implementation of Pathway to Change and One Defence Behaviours reform.

*The organisation has moved leaps and bounds to accept people with mental health conditions and there is no shame to step up and get help - and by seeking help you may in turn help others within your workplace*

- PLTOFF S -



## What are we doing for ADF members?

### The PULSE

The extent to which a unit operates as a cohesive team ultimately determines good military performance. The behaviour and attitude of military personnel is as important as their combat skills. Commanders need to know about what is happening at the grass roots of their units. The PULSE (previously known as the Profile of Unit Leadership Satisfaction & Effectiveness) project has been designed to meet this need, surveying personnel in relation to the positive and negative factors that influence their morale, performance, and mental health and wellbeing, such as the availability of resources, the quality of leadership, and the prevalence of negative organisational behaviours.

### SMART suite of programs

Defence commenced the introduction of BattleSMART (Self-Management and Resilience Training) in 2009 following extensive collaboration with local and international subject matter experts. At its core it is an intuitive model of evidenced based strategies that are designed to assist personnel to improve their resilience, perform optimally on tasks and cope well when challenges arise.

The development of next generation BattleSMART has already commenced and this will ensure the training received by Service personnel remains contemporary and in line with research advancements. We will also look at adapting BattleSMART for use by Defence's APS workforce in the same way that was done with families to produce FamilySMART.

*Learning to take care of yourself again is a pretty big challenge*

- LAC T -



## What are we doing for APS employees?

A resilient and mentally healthy workforce is a capable and productive one. The Australian Public Service Commission acknowledges that the benefits of having a mentally healthy workplace are more than simply reducing the costs associated with negative outcomes (eg absenteeism, mental health disorders, and psychological injury compensation claims) but also result in improved performance for people with or without mental health conditions.

Despite one in five Australians experiencing mental health problems each year, nearly half of all senior managers believe none of their workers experience mental health problems

- beyondblue -

Comcare notes that data for psychological injury for Australian Government (APS) organisations over recent years indicates that there has been an increase in the proportion of accepted claims classified as relating to work pressure. This data shows that 50% per cent of psychological injury is caused by work pressure.

### Promoting resilience and wellbeing

We are developing a strong, people-management culture that prioritises the wellbeing of individuals. We will ensure that resilience training is a key part of any mental health training.

### Mental Health Speaker Series

The Defence Mental Health Speaker Series includes presentations from high profile mental health advocates. The speaker series aims to raise awareness of mental health issues, and to reduce the stigma associated with mental illness within Defence. The ideal outcome would see a cultural change within our APS workforce where staff feel comfortable talking about their mental health issue or illness.



# 3. RESPONDING TO THE RISKS OF MILITARY SERVICE





Defence recognises that to achieve its mission to Defend Australia and its national interests, ADF members are often put in harm's way and as a result can be exposed to traumatic situations. The risks associated with this service include the risk of psychological harm. The resulting mental health problems can be severe, complex, and can persist long after service is completed. We will respond to the mental health and wellbeing risks of military service through targeted personnel management, cultural reform, training, targeted health surveillance and provision of health care.

### What does this mean?

Working in Defence can provide individuals with a range of unique opportunities and challenges. Life in the ADF provides our serving members with many protective factors for good mental health and wellbeing but there are also unique occupational risks associated with military service both for members and their families. Good mental health in the ADF starts with a person's entry into the ADF, their selection, assessment and suitability for the right job, through to preparing them to operate in risky environments. We then focus on providing the most effective treatment and rehabilitation if they become ill or injured so they can return to work as soon as possible.

Defence believes that for people to be comprehensively fit, every aspect of life needs to be in balance - physical, psychological, social and spiritual. Spirituality may include religious aspects or other ways people find purpose and meaning. Defence is committed to providing its military personnel with spiritual support or pastoral care as part of enhancing their capability and resilience.

APS employees may also contribute to Defence operations, with a number deploying each year to an overseas area of operation for this purpose. They may be subjected to demanding conditions and exposed to risk factors that increase the likelihood of the development of mental health problems and mental disorders. A Defence employee's mental health and wellbeing in preparation for, and following a deployment, is a whole-of-Defence responsibility.

### What is Defence doing?

#### *Suicide Prevention Program*

The Australian Defence Force has operated a suicide prevention program since 2002 and has implemented a number of education and health promotion activities to reduce stigma, improve awareness of mental health conditions and suicide prevention, and to encourage members and their families to seek help as early as possible.

When a Defence member is identified as being at risk of suicide, self-harm or harm to others, Defence mental health professionals perform a comprehensive mental health assessment including a risk assessment.



### *Periodic Mental Health Screen*

Defence recognises that ADF members who do not deploy are equally at risk of developing mental disorders as those who deploy. The proposed enhancement of the Mental Health Screening Continuum includes a periodic mental health screen provided to ADF members at primary health care centres to allow early identification of symptoms of depression, anxiety, trauma and alcohol-related issues.

### *Operational mental health screening*

Defence recognises that war, warlike, peacekeeping and peacemaking operations may expose ADF personnel to significant risk factors for the development of mental health problems and mental disorders.

Defence provides operationally-focused physical and mental health promotion, prevention and early treatment services for all such deployed forces. Our people are deployed at a high degree of health readiness. While on deployment our people can use mental health services that are tailored to the requirements of the operation. As part of their organised return, there is mental health screening prior to returning to Australia and then three to six months following return from deployment. This process is designed to help ADF members deploy, perform their operational duties effectively and then return to work, family and private lives fit and healthy, with minimum disruption.

### *Traumatic stress*

Despite many ADF members being exposed to potentially traumatic events during their service, most people do not go on to develop PTSD. For those who do, the ADF Rehabilitation Program provides comprehensive case management. We support people to return to work in current or different duties wherever this is possible. Where it isn't, Defence will work closely with DVA to support the continued rehabilitation and treatment during their transition to civilian life. Treatment for PTSD is provided by Defence mental health professionals and specialists, external providers, and through referral to accredited trauma recovery treatment programs.

### *RESET*

The RESET program is a mental health and wellbeing prevention program delivered across six modules over two days. It is designed to support ADF members to build confidence and practical skills of self-management to enhance performance and quality of life. The program is evidence-informed and supports members to develop personal insight and strategies to manage the challenges of military life. Program participants are monitored for six months to track their application of the skills learned.



## *Moral injury*

An important dynamic that can affect the spiritual wellbeing and mental health of Defence personnel is that of a 'moral injury' (MI). The term 'moral injury' is an emerging concept and a descriptive term for one type of 'non-physical wound' that can have multiple bio-psycho-social and spiritual consequences for health and wellbeing.

Moral injury is recognised as a complex phenomenon that may best be defined as:

*Being confronted with events and experiences associated with perpetuating, failing to prevent, or bearing witness to inhumane or cruel actions, or learning about acts that transgress deeply-held moral beliefs and expectations.*

In extreme conditions, people may make decisions, take action or be exposed to events that challenge their ethical and moral beliefs. It has been postulated that these transgressions of ethical and moral beliefs can result in inner conflict and can lead to potential mental health problems or a moral injury.

Features of moral injury can manifest as shame, guilt, loss of trust, anger, demoralisation, self-handicapping behaviours, and desire for self-harm -- all symptoms that can also manifest as part of or in combination with PTSD. In contrast to the construct of PTSD however, which can be measured clinically, we are not yet able to differentiate a moral injury. This is important as there are treatments that may be more appropriate for targeting symptoms associated with moral injury.

Following overseas evidence, Defence and DVA are engaged in Australian and International collaborative research about the impact of moral injury on Australian veterans and will continue to support such strategies with the aim of developing suitable responses.



# 4. PERSON-DRIVEN CARE AND RECOVERY



The goal here is to equip our people with the confidence to find and engage with comprehensive, coordinated and customised mental health care and rehabilitation programs, ensuring access to the right kind of mental health support at the right time.

### What does this mean?

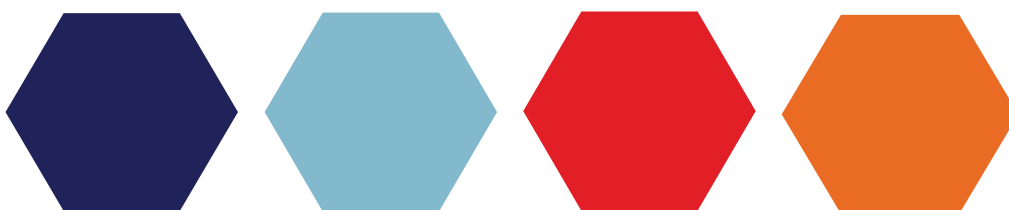
Timely access to effective mental health information and services are critical elements in maintaining and improving peoples' mental health and wellbeing. Across Defence, this means ensuring our people get the help they need as soon as possible and that this assistance meets quality standards.

Across this Strategy, the National Mental Health Commission Review (2014) and the new Fifth National Mental Health and Suicide Prevention Plan, there is an acknowledgment that the diversity of mental health needs means a 'one size fits all' approach is inadequate.

Instead, Australia needs to develop a mental health service system that works in an integrated way at the regional level to plan and deliver services that are tailored to the needs of consumers and carers, is easier to navigate, and delivered in the most effective and efficient way possible. It also means having health providers taking a family-sensitive approach to an individual's assessment and treatment, through family engagement and provision of relevant, clear and targeted information on an individual's treatment.

Person-driven care aims to put the individual in charge of their health. Defence's role is to help. We can do this by informing, supporting and assisting. We can provide information, skills and support. Also, where necessary, Defence mental health professionals, specialists, and rehabilitation providers are available to help in this process and provide treatment and rehabilitation.

For APS staff, in addition to the mental health services available through primary care and their general practitioner, there are a range of different services available to meet employee needs, including the New Access Stress and Anxiety Program and the Employee Assistance Program.



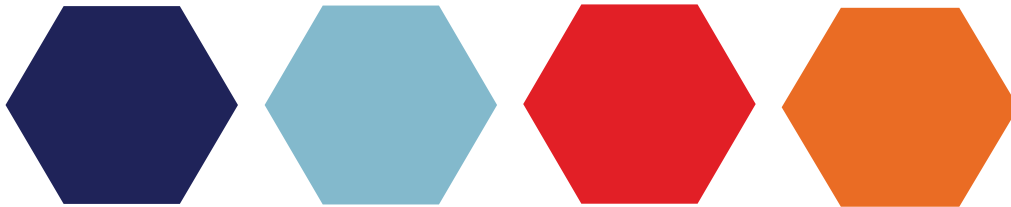


## What are we doing for ADF members?

Defence provides mental health support through a stepped model of care, an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to move between levels as their needs change.

Critical to making stepped care work is helping people get to the right 'step' and find the help they need, then monitoring their progress closely to respond to changing needs. People can move up and down the steps accordingly.

ADF members have access to the Defence health system, including mental health and psychology services. In this context, stepped care is responsive to, and connects with, the command and personnel management systems that operate to support commanders to fulfil their responsibility to ensure the welfare and wellbeing of their personnel.



# MENTAL HEALTH STEPPED CARE LEVELS OF NEED AND SERVICES

## What's on Each Step

Clinical care using a combination of GP care, psychiatrists, mental health nurses, and allied health.

- Inpatient services
- Pharmacotherapy
- Psychosocial support services

Coordinated, multiagency services for those with severe and complex illnesses

Mainly face-to-face clinical services through primary care, backed up by psychiatrists where required

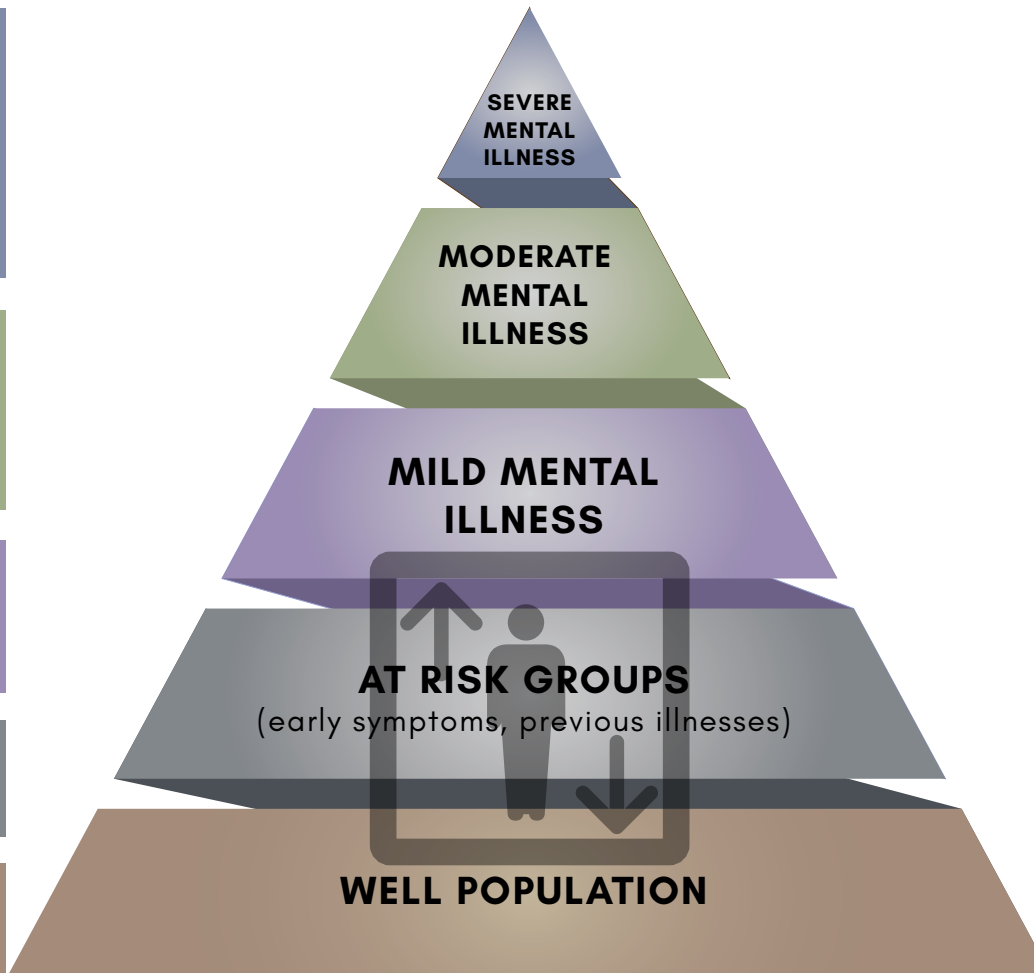
Self-help resources, clinician-assisted digital mental health services & other low intensity services for a minority

Mix of self-help resources including digital mental health & low intensity face-to-face services

Mental health & Psychological services for those who require them

Mainly self-help resources, low intensity interventions including digital mental health

Publically available or Defence & DVA sourced information and self-help resources



## Examples of Services by Step

**Acute**

- External inpatient treatment
- Inpatient acute care

**Secondary**

- Clinical treatment
- Psychiatric assessment & treatment
- Alcohol & drug programs
- Rehabilitation

**Primary**

- Critical Incident Mental Health Support
- Help lines
- JHC Health Centres
- Your GP
- VVCS

**Prevention/Early Intervention**

- Keep Your Mates Safe Programs
- Alcohol, Tobacco & other Drug Programs
- Suicide Prevention
- Mental health screening
- Employee Assistance Program

**Self Care**

- Self-care applications
- Mental health awareness & resilience building programs

### *Peer Support*

Evidence shows that individuals experiencing mental illness who are well supported by their community are more likely to complete recovery. Defence is exploring options to further strengthen the protective factors at work within Defence to develop a peer support model to enhance the delivery of current services and encourage help-seeking. Peer supporters will be sought from those who are currently serving and where possible, who have lived experience of mental health issues. Some elements of these initiatives are currently being implemented or are under development.

Keep your Mates Safe (KYMS) is a modularised training package that is designed to be delivered to all ADF members and includes general information on mental health literacy, resilience training, critical incident mental health support and mental health first aid. KYMS also includes suicide prevention training and alcohol modules.

### *Family engagement*

Families play a vital role in supporting the wellbeing of Defence personnel.

Defence has been working to better engage with families during treatment and rehabilitation of complex illness and injury, including mental illness. We are committed to continuing to improve our engagement with Defence families. The focus is now on earlier intervention by DCO and Joint Health Command (JHC) staff, medical and mental health professionals and rehabilitation consultants so that member and family needs are recognised and met sooner.

The mental health, psychology and rehabilitation services in JHC are increasingly provided in coordination with Defence Chaplaincy and the Defence welfare agencies including DCO and single Service commands. The close working relationship between health, welfare and command is designed to boost effective and coordinated delivery of mental health services to our people and their families as well as responding to the needs of command.

Defence also refers ADF members to VVCS through the Memorandum of Understanding between Defence and DVA for counselling on a fee-for-service basis. This referral arrangement has been operating since 2005 and has been the foundation for promoting access to VVCS amongst serving members and their families.

*The support I get from my wife is vital, she doesn't get Defence and she doesn't get mental health, but she gets me and when I'm not able to check myself she's my barometer*

- LEUT G -



## *Transition*

Defence recognises that the process of transition out of the services and into civilian life can be challenging and may impact on a member's mental health and wellbeing, and that of their family. However, approximately 5,500 ADF members transition out each year with little difficulty.

There are many initiatives underway to assist this process. Defence and DVA, working with the Commonwealth Superannuation Corporation, have established a transition taskforce that is engaging with ADF members who are transitioning and members who have recently transitioned, as well as their families, to inform and co-design a process that addresses the barriers to successful transition.

Defence is also reforming the ADF Transition Support Service to offer coaching and mentoring with a focus on developing an individual's post separation plan, including employment support. When people leave Defence, we are committed to supporting them successfully move on to the next stage in their lives.

## *What are we doing for APS employees?*

In a public service context, Defence is contributing to the goal of stepped care as described in the Fifth National Mental Health and Suicide Prevention Plan. Central to this is a person-driven approach where, through an integrated, regional stepped-care model, services are designed, funded and delivered to match the needs of individuals.

To better protect and promote the mental health and wellbeing of our people and respond effectively, we will provide access to mental health and wellbeing programs to assist our people to remain in, or if necessary return to, the workplace. This will ensure APS employees have access to the right kind of mental health support at the right time. Across Defence, this means ensuring our people have the option to get help if and when they need it.

Some of the key initiatives we will implement over the life of the Strategy to enhance support and recovery include:

### *Specialist training*

Specialist training courses will give employees within specialist roles, such as APS Rehabilitation Case Managers and Human Resource Business Partners, the skills to manage and effectively communicate with people in difficult situations, identify and respond to individuals in need of support and assist employees to develop resilience. Not only do these courses provide practical skills to deal with mental health issues, but they provide the skills for self-care and self-reflection, helping develop personal resilience.



*The sharing of personal stories of anxiety and depression is a powerful means of raising awareness, reducing stigma and encouraging people to take action.*

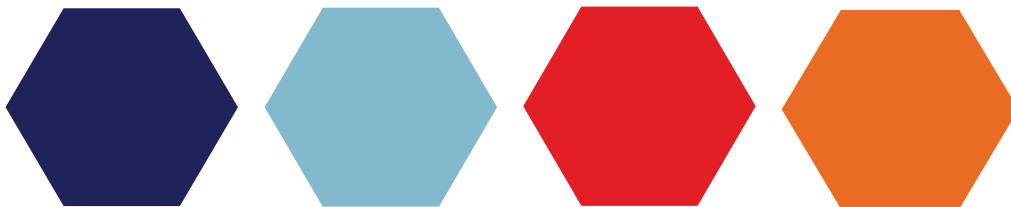
*- beyondblue -*

#### *Prevention and early intervention*

Ensuring that senior leaders, managers and supervisors are appropriately trained to assist in the prevention of mental health injuries occurring in their teams. We will ensure all APS employees have access to a wide range of information and resources so they can make informed decisions about the management of their mental health and wellbeing. Should an employee experience a mental health condition that is impacting their daily working life, support will be provided to assist them to remain in, or if necessary return to the workplace.

#### *The Employee Assistance Program*

The Employee Assistance Program is a confidential service designed to provide practical assistance to our APS employees, their immediate family members and their managers and supervisors. Experienced clinical psychologists provide professional assistance to help resolve work related or personal problems that may be impacting on the workplace. The program also includes critical incident interventions, management support, and the provision of awareness sessions. Benefits to Defence include a more resilient workforce, as well as identification of problematic issues and situations that may be able to be managed more easily through early external intervention. In 2016-2017, 736 APS, or around 4% of Defence APS employees used the Employee Assistance Program.





*Defence has been an immense support. My manager has been there for me every step of the way throughout my journey, as has my counsellor, GP, friends and family. After commencing medication supported by my GP and counsellor as well as undergoing a graduated return to work plan and miscellaneous leave supported by Defence in late 2016, now in July 2017 I am in recovery, back to full time work and I am a stronger version of me.*

- MS L -

### *NewAccess*

NewAccess is a confidential, early intervention program designed to provide practical assistance to Defence members who are experiencing mild to moderate anxiety and/or depression. Experienced, trained and clinically supervised coaches provide individual support programs incorporating problem solving, goal setting, dealing with worry, and self-help techniques that enable people to lead their own recovery. NewAccess is a new pathway for people with milder forms of anxiety and depression to improve their wellbeing and make healthy changes.



# 5. BUILDING THE EVIDENCE



Defence, in partnership with other agencies, will continue to build the evidence base about mental health and wellbeing, what works in responding to mental illness in the military and preventing suicide and self-harm.

### What does this mean?

Defence has a proud tradition of contributing to the evidence about effective mental health treatments and programs. This research goes beyond health to consider the wide range of services and care people might need to recover from mental illness.

We remain committed to better understanding and researching the factors which strengthen resilience, address stigma and barriers to care, improve prevention and early intervention and deliver effective and evidence-informed care. We recognise the value of lived experience of mental health issues to inform this work.

Research utilises existing data as well as collecting additional data and information to help expand knowledge of Defence, people, systems and programs. This data is continuously utilised and shared in contributing to further enhancements of mental health service delivery, policy and programs.

Defence will continue to improve its data collection so it can better understand the issues and identify areas that need more effort. To this end, Defence is developing a co-ordinated strategic research framework that will outline priorities for research within the Department linking in with DVA and other national and international research institutions. This will build on the current DVA/Defence Research Framework.

Defence will also continue to promote and refine the reporting of mental health injuries in Sentinel, Defence's corporate injury reporting tool.

### What are we doing for ADF members?

#### *RESTORE*

An example of Defence's commitment to developing the evidence about what works is the Rapid Exposure Supporting Trauma Recovery (RESTORE) trial. RESTORE is investigating one of the most effective treatments for PTSD - known as Prolonged Exposure (PE). The aim of PE therapy is to reduce the distress associated with reminders of the traumatic event and improve quality of life. The RESTORE Trial is investigating whether an intensive version of PE has the same effects as standard PE for current serving members and veterans. The potential implications of this study are significant; intensive PE has the potential to improve pathways for access to care, reduce stigma around mental health intervention and reduce time away from the workplace, which are all positive steps towards recovery from PTSD.



### *Transition and Wellbeing Research Program*

Funded by DVA and Defence, this Program brings together six of Australia's leading research institutions, led by the Centre for Traumatic Stress Studies at the University of Adelaide and the Australian Institute of Family Studies.

This Program provides data on the self-reported mental health of ADF personnel in 2015, as well as the prevalence of mental disorders of individuals who have transitioned out of full-time service (including through the Active and Inactive Reserves) between 2010 and 2014, and their pathways into mental health care. There are eight reports scheduled for release across 2017 and 2018.

### *LASER-Resilience Study*

Many ADF members are exposed to potentially traumatic experiences in the course of their duty. These experiences impact on members differently, depending on their prevailing circumstances, psychological and behavioural attributes. The Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) is investigating those psychological and behavioural attributes that contribute to psychological resilience by studying new members as they adjust and progress in their military career. The results of this study will inform resilience training programs, such as BattleSMART, and assist in building a stronger and more resilient ADF.

### **What are we doing for APS employees?**

To ensure we are supporting our APS employees to return to work as quickly as possible after an absence for medical or mental health reasons, we are building a strong evidence base on our return to work and rehabilitation processes and caseloads. This evidence base will allow us to undertake detailed analysis and identify any areas for improvement.





# 6. CONTINUALLY IMPROVING





The Strategy is driven by an effective quality and continuous improvement process.

### What does this mean?

Defence is committed to positive mental health outcomes for our personnel through the delivery of safe, quality, effective, efficient, and appropriate programs and services. Defence's Continuous Improvement Framework will enable us to understand what works and what does not work; to monitor, evaluate and continuously improve what we are doing.

During the previous Strategy, several government reviews and Senate Inquiries were conducted. Although they showed that we were providing a large range of services, they were not able to establish if they worked.

Defence's expert committee, the Mental Health Advisory Group, reviewed our approach and made it clear that Defence needs to properly evaluate the impact of our many mental health and wellbeing programs to determine those achieving the most impact. In other words, rather than simply continuing to develop more mental health programs, Defence needs to have increased confidence that its current programs are actually working. The Mental Health Advisory Group called for Defence to consolidate and evaluate its approach in this next stage of our Strategy.

We will maintain our continuous improvement practices, monitor and evaluate our programs and services in a coordinated way.

### What is Defence doing?

The ADF Suicide Prevention Program, which began in 2001, is a critical part of our work and will be the first place where Defence will apply the new Continuous Improvement Framework. In the medium term, this will tell us whether the program is doing what it should be doing for our personnel. In the short term, Continuous Improvement Framework monitoring will focus on whether the program is being delivered as intended. This means collecting information from across Defence about what activities are being delivered, who they are being delivered to, and how are they being delivered. This information identifies areas for improvements to be made and sets a baseline for the future evaluation of the program.

In the medium term, the monitoring focuses on gathering the evidence to answer the question of whether the program is making a difference to our personnel. These findings will be used to make improvements to ensure that the program will, or continues, to do what it should be doing.

In the long term, the focus is on using all the information collected over the previous terms to measure the actual difference in our personnel resulting from the delivery of the program. This allows us to know how successful the program has been in doing what it should have been doing. This information is also used to develop the next version of the program and Strategy.



For this Strategy to be considered successful in relation to all our people we want to see the following changes:

*At the organisational level* - Defence has a thriving workforce in which the number of people injured and the hours of lost productivity have decreased. All leaders consider mental health and wellbeing when allocating resources and employees to tasks.

*At the team level* - Our managers, commanders and supervisors will have a good understanding of what mental health injuries and illnesses in the workplace look like and the drivers of positive mental health. They will develop the skills and tools to appropriately support personnel with mental health injuries or illnesses. They will also build the skills and tools necessary to enhance the wellbeing of their team members.

*At the individual level* - People have the skills and support to take responsibility for their mental health and wellbeing in the workplace. Individuals feel comfortable talking about, and reporting on Defence's human resources and work health and safety systems, their mental health injury or illness. Individuals know where to seek help and support within Defence.

These changes will be monitored and measured through the use of tools such as the *Your Say* survey, data collected by the APS Rehabilitation Team, data on mental health injuries collected from Sentinel (Defence's Corporate Injury Reporting tool) and the Continuous Improvement Framework.



## Accountability

Defence assisted the National Mental Health Commission conduct its review into mental health and suicide prevention programs in Defence during 2017. We are now acting on the recommendations arising. Defence views these kinds of reviews as critical elements in providing accountability.

The Minister for Veterans' Affairs and Defence Personnel will deliver an annual ministerial statement on key issues for current and former serving ADF members and their families. This will include a report on progress against this Strategy. Progress against this Strategy will also be part of Defence's normal reporting process.

Reports generated as part of the Continuous Improvement Framework will provide the process for continuous quality improvement. While the Continuous Improvement Framework will generate data Defence-wide, the individual areas across Defence will continue to fulfil their reporting obligations.

Accountability for this Strategy depends on an interaction between implementation and evaluation. The former is critical because we need to know whether what was planned occurs. The latter is also critical because we then need to understand if these activities have worked as expected and what impact they have had on individuals, teams and the organisation.



## Glossary

<i>Carer</i>	A person who cares for, or otherwise supports, a person living with a mental illness and may be a family member, friend, neighbour or member of a broader community.
<i>Comorbidity</i>	The presence of one or more diseases or disorders in a person, in addition to the primary disease or disorder.
<i>Consumer</i>	A person living with a mental illness who uses, has used or may use a mental health service.
<i>Early intervention</i>	The early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.
<i>Mental health</i>	The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.
<i>Mental health problem</i>	Diminished cognitive, emotion or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.
<i>Mental illness</i>	A clinical diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia.
<i>Person-driven care</i>	Treatment, care and support that places the person at the centre of their own care and considers the needs of the person's carers.
<i>Prevention</i>	Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing, and action to reduce the risk factors for mental illness and the incidence of suicide.
<i>Primary care</i>	Generally the first point of contact for people living with mental health problems or mental illness, and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists and Aboriginal health workers.
<i>Recovery</i>	The National Framework for Recovery Oriented Mental Health Services: Guide for Practitioners and Providers outlines there is no single description or definition of recovery, because recovery is different for everyone. It notes the central role of hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination.
<i>Secondary care</i>	Care provided by medical specialists. Secondary care providers can include psychiatrists and psychologists.
<i>Severe mental illness</i>	An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition between levels as their needs change.
<i>Stepped care</i>	An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition between levels as their needs change.
<i>Stigma</i>	A negative opinion or judgement that excludes, rejects, shames or devalues a person or group of people on the basis of a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigma against people living with a mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character.
<i>Suicidal behaviour</i>	A range of behaviours that include thinking about suicide (ideation), planning a suicide, attempting suicide, and taking one's own life.



## Acronyms

ADF	Australian Defence Force
ADFAMS	ADF Alcohol Management Strategy
AHMOO	Acute Mental Health Support on Operations
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
BattleSMART	Self-Management and Resilience Training
CDF	Chief of the Defence Force
CIF	Continuous Improvement Framework
CO	Commanding Officer
COL	Colonel (Army)
DCO	Defence Community Organisation
DeHS	Defence eHealth System
DFA	Defence Families of Australia
DVA	Department of Veterans' Affairs
EAP	Employee Assistance Program
JCG	Joint Capabilities Group
JHC	Joint Health Command
KYMS	Keep Your Mates Safe
KYMS-SPT	Keep Your Mates Safe Suicide Prevention Training
LAC / W	Leading Aircraftman / Aircraftwoman (Air Force)
LEUT	Lieutenant (Navy)
MHAG	Defence Mental Health Advisory Group
MHIP	Mental Health Integration Project
MHRAT	Mental Health Risk Assessment Training
MHSC	Mental Health Screening Continuum
MilHOP	Military Health Outcomes Program
MRCA	Military Rehabilitation and Compensation Act
PLTOFF	Pilot Officer (Air Force)
PTSD	Post-Traumatic Stress Disorder
PULSE	Profile of Unit Leadership Satisfaction and Effectiveness
RESET	Prevention program for emerging PTSD
RESTORE	Rapid Exposure Supporting Trauma Recovery
SMN	Seaman (Navy)
VADM	Vice Admiral (Navy)
VVCS	Veterans and Veterans Families Counselling Service
WGCDR	Wing Commander (Air Force)





## Where to seek help

If you or someone in your workplace is in crisis and you think immediate action is needed, call **Emergency Services 000**, contact your doctor or local mental health crisis service, or go to your local hospital emergency department.

## The ADF Health & Wellbeing Portal

This is an online health information resource tool for ADF members and their families  
[www.defence.gov.au/health/healthportal/](http://www.defence.gov.au/health/healthportal/)

**Your chain of command** is a primary resource that can provide advice, referral and support.

Contact your local on-base Health Centre, Mental Health Professional or the Duty Officer/Officer of the Day for immediate assistance and referrals.

**Military Chaplains** are connected to all ships/units/bases around Australia and on Operations. They can provide all-hours support and appropriate referral. To access Defence Chaplaincy support, call 1300 333 362 and ask to speak to the Duty Chaplain from your area and service.

**The ADF Mental Health All-hours Support Line (ASL)** is a confidential telephone service for ADF members and their families available 24/7 on 1800 628 036 or if calling from overseas +61 2 9425 3878.

If you are away from base, or for out-of-hours assistance, you can call **1800 IMSICK** (1800 467 425) to locate the nearest support.



## APS

### Emergency contact information - 24 hours

If you or someone you know needs help, call:

- Emergency on 000
- Lifeline on 13 11 14
- Kids Helpline on 1800 551 800
- MensLine Australia on 1300 789 978
- Suicide Call Back Service on 1300 659 467

### Defence Employee Assistance Program (EAP)

The EAP provides short-term confidential counselling and support for employees and immediate family members (if eligible). It is easily accessible, voluntary and can provide support on a range of personal and work-related issues. The Defence EAP can be accessed by calling **1300 687 327**

For more information, visit the PeopleConnect Work Health and Safety Mental Health Portal on the Defence intranet.

**Defence Family Helpline** (1800 624 608) The Defence Family Helpline is available 24/7 for ADF Members and their families, and is staffed by qualified human services professionals including social workers and psychologists.

The **Defence Community Organisation** website is:  
[www.defence.gov.au/dco](http://www.defence.gov.au/dco)

**Veterans and Veterans Families Counselling Service** is a 24/7 service available to veterans of all deployments and their families. Contact: 1800 011 046.





