Suicide Prevention Australia

Mental Health Australia

Relationships Australia®

Towards a Blueprint

Ensuring mainstream services are accessible and effective for veterans, defence personnel, and their families

July 2023

Executive Summary

Mainstream services already play a significant role in supporting veterans, defence personnel and their families. However, this role could be significantly expanded by improvements to mainstream services to enhance engagement and effectiveness. This paper is intended to address this gap by providing the basis for the development of a blueprint for reform in this area. It is the result of collaboration of three organisations: Suicide Prevention Australia, Mental Health Australia and Relationships Australia. This paper utilises the expertise in all three organisations, as well as drawing on previous research and inquires with relevant findings, and on specific consultation work undertaken on this issue.

The paper sets out a summary of relevant previous inquires and work undertaken by the collaborating organisations. It provides background on the consultations undertaken on this topic, bringing together lived experience representatives, peak bodies, service providers and key industry personnel to explore solutions to this complex problem through two roundtable discussions. Discussions in the roundtable sessions confirmed a picture emerging from previous research and consultation, that a blueprint for reform is needed.

The primary recommendation of this paper is that the Royal Commission should call for the Australian Government to resource a project to create and deliver a blueprint for reform in mainstream services to enhance accessibility, engagement and efficacy for veterans, defence personnel and their families.

Subsidiary recommendations are:

- The blueprint should at minimum cover the following areas for action (these are described at pages 9-11):
    - Increase access to veteran peer workers
    - Expand veteran cultural competency training
    - Co-design and co-review services
    - Improve data on the use of services
    - Improve referral pathways
- The following principles should guide activities to implement the areas for action (these are described at page 8):
    - Peers are critical to success
    - A holistic response is needed
    - Learn from, build on, and connect, what's already working
- The blueprint should include specific activities under the areas for action, and specific recommendations on the part of government that should be responsible for implementing these activities. It should also include resources required for each activity, timeframes and sequencing for implementation, and information on how progress and success should be measured and reported on. Implementation of the blueprint should be fully funded, to ensure that it delivers meaningful change. Consultations included discussion of potential example activities that could fall under these areas. (These are set out briefly in Appendix B at pages 13-15.)

It is critical that the blueprint is developed and implemented within the context of broader mental health and suicide prevention reform efforts. While improving the ability of mainstream services to better understand and respond to the specific needs of veterans, defence personnel and their families is critical, this must occur alongside efforts to improve the overall accessibility, effectiveness and equity of the mental health and system prevention systems.

Introduction

On the 8th of July 2021, the Governor-General issued Letters Patent, which established the Royal Commission into Defence and Veteran Suicide. Since that time, the Commission has received more than 3,800 submissions and heard from over 250 witnesses at public hearings sessions across Australia. A significant theme in submissions and witness statements has been the challenges that veterans, defence personnel, and their families experience in receiving support.

There has already been considerable effort made to outline the challenges faced by veterans, defence personnel and their families in accessing mental health and suicide prevention support. As the Royal Commission and the interim National Commissioner for Defence and Veteran Suicide Prevention (the interim National Commissioner) beforehand have found, there are issues around stigma related to mental health and help-seeking, lack of support during transition from military life, service systems that are fragmented and confusing to navigate, and mental health professionals who don't have the specific capabilities to work with veterans. These barriers add to existing challenges faced by all community members engaging with mental health and suicide prevention services including experiencing workforce and service shortages, fragmentation and inequities in access.

A range of non-government organisations (NGOs) provide critical support services for the Defence and veteran community, including both defence/veteran-specific and "mainstream" (general community/citizen) mental health and suicide prevention systems. A key issue is the importance of veterans, defence personnel and their families being able to choose which kind of service they engage with. For some people, engaging with a veteran-specific organisation which understands military experience is crucial in establishing trust and an effective therapeutic environment, while others may prefer accessing unaffiliated or mainstream services. Not only do different individuals have different support requirements, these needs may change over time. For example, a veteran transitioning out of defence may initially benefit from the understanding that comes from close interactions with fellow veterans in a defence-focussed service, but later as their focus changes to being more about reintegration into mainstream society mainstream services become more aligned to their needs.

So, while the importance of defence-specific services cannot be overstated, it is equally crucial that mainstream services are fully accessible and effective for veterans, defence personnel, and their families.

Although the Royal Commission has received considerable advice related to changing ADF mechanisms and defence/veteran-specific organisation responses to improve veteran mental health and wellbeing, there has been less information on how to improve support through the mainstream mental health and suicide prevention services systems.

This paper is intended to address this gap by providing the basis for the development of a blueprint for reform in this area. It is the result of collaboration of three organisations:

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With around 400 members representing more than 140,000 workers, staff, and volunteers across Australia, it provides a collective voice for service providers, practitioners, researchers, local collaboratives, and people with lived experience. Suicide Prevention Australia supports and strengthens the services of its members, is an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy services, and research support to the suicide prevention sector.

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. It was established in 1997 as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. Mental Health Australia members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Its services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. Relationships Australia provides a range of services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, services for older people, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others. Relationships Australia has provided family relationships services for 75 years.

This paper utilises the expertise in all three organisations, as well as drawing on previous research and inquires with relevant findings, and on specific consultation work undertaken on this issue. The three collaborating organisations brought together lived experience representatives, peak bodies, service providers and key industry personnel to explore solutions to this complex problem through two roundtable discussions (see Appendix A). The roundtables focussed on current successes in mainstream services that should be expanded; changes required for mainstream services to better serve veterans, ADF members and their families; and what needs to be present in the system for these solutions to succeed.

Suicide Prevention Australia, Mental Health Australia and Relationships Australia are pleased to present the outcomes of these discussions to the Royal Commission for consideration.

Recommendations from previous inquiries

Several previous inquiries have made relevant recommendations to improve veterans, defence personnel and their families' access and experience with mainstream population mental health and suicide prevention services. We have included a selection of recommendations below from these inquiries. If implemented, we believe these would enhance mainstream service engagement and effectiveness. We suggest that in the process of preparing a blueprint, the recommendations from previous inquiries should be considered.

The National Mental Health Commission delivered a *2017* *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADP members and their families.* This review found veteran's use of non-government services is difficult to assess, as data is not routinely tracked by services in the general population, nor surveyed in national data collections. Issues were raised in the review however about awareness, availability and access to services.

The 2019 Productivity Commission inquiry, *A Better Way to Support Veterans,* supported recognition of mainstream services as "a complement to veteran-specific services". This inquiry recommended DVA should publish a list of practitioners who have completed trauma-

focussed therapy and cognitive processing therapy training (Recommendation 17.3), and that mainstream mental health service providers should increase awareness about mental health supports available to veterans through DVA (Recommendation 17.1).

The Productivity Commission also recommended an independent review of DVA fees for mental health practitioners. This was undertaken, but according to the Interim Commissioner for Defence and Veteran Suicide Prevention, the outcomes of this review did not address underlying issues.

In 2020 the Department of Veteran's Affairs released a *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023*. This work included a 2019 *Environmental Scan of Mental Health Reform in Australia* with recommendations to better align DVA's work with broader mental health and suicide prevention reforms. The Strategy and Action Plan supported a whole of life wellbeing approach, and that "Veteran mental health and wellbeing is everyone's business—government, peak health bodies, health and service providers, veterans, families, friends, employers, community organisations, and the ESO community". The Strategy had four priorities across accessible health care, transition, partnerships and increasing awareness about supports. The Veteran Wellbeing Centres and Suicide Prevention Pilots were significant areas of work under this strategy. The extent of completion and impact of the actions outlined in this plan is unclear.

Most recently, the 2021 *Preliminary Interim Report of Interim National Commissioner for Defence and Veteran Suicide Prevention* undertook significant consultation and review of key issues, offering preliminary recommendations. Those relevant to mainstream services include:

Issue	**Recommendation**
Disproportionate difficulties finding practitioners to provide mental health supports to veterans - financial disincentive with DVA fees lower than in private practice or NDIS, as well as further paperwork	The Australian Government needs to amend the DVA fee schedule for mental healthcare providers to align these with both the AMA fee lists and other Australian Government schemes, to ensure that veterans are not at a disadvantage in competing for already scarce healthcare services and resourcing. Recommendation 6.9 consult with RANZCP on amending DVA fee schedule for psychiatrists Recommendation 6.11 independently evaluate DVA fee schedule
Discontinuity of care for people who have seen a mental health professional while in ADF and want to continue accessing this support after transitioning	Recommendation 6.5 The Australian Government should develop and implement processes to ensure continuity of care between ADF-provided health care and civilian health care providers for transitioning personnel. This may include Defence allowing those who have transitioned out of the ADF to continue to access ADF-provided health care, with the transitioning individual given the choice of whether they want to access that health care on a temporary or ongoing basis.
Confusion and distress navigating civilian and DVA	"A key recommendation across multiple past inquiries is action in both Defence and DVA to raise awareness of

health systems, with complexity of the DVA healthcare system and low health literacy rates of many transitioning ADF members	the range of services available to both ADF members and veterans" Recommendation 8.2 The Australian Government should work closely with state and territory governments and community organisations involved in veteran support to explore and build on initiatives that coordinate and streamline veteran services across the Australian Government, state and territory governments, and community and health sectors.
Lack of mental health professionals who specialise in veteran care, and a lack of 'veteran cultural competency' among healthcare professionals.	Recommendation 6.6 The Australian Defence Force Academy should offer psychology, social work and chaplaincy degrees to assist with improving the availability of practitioners who have Defence and veteran expertise in these fields. Recommendation 6.7 The Australian Government should implement programs and incentives for mainstream healthcare professionals to improve their understanding of issues relevant to effectively treating veterans (i.e. veteran cultural competency). The Australian Government should build upon the RANZCP training pilot – which trained a limited number of psychiatrists in veteran and military health – by providing additional funding to train more psychiatrists in these areas. Recommendation 6.8 The Australian Government should consider including veterans as a priority group for Primary Health Networks (PHNs), and providing funding and program stability for PHN initiatives to support veterans.
Limited types of mental health support covered by DVA	"A true wellness approach by DVA would provide veterans with access to all types of therapies, with a focus on a holistic healing and recovery, rather than a funding model that remunerates episodic treatment only through mainstream medicine."

Previous research and consultations

In March 2022, two of the collaborating organisations on this paper jointly authored an extensive submission to the Royal Commission. In preparing this submission, Suicide Prevention Australia and Mental Health Australia drew on their previous work regarding defence and veteran suicides. They also utilised their extensive networks to consult with both support service providers and those with lived experience of military service and suicide, including feedback from representatives of the National Mental Health Consumer and Carer Forum. A review of relevant research was also conducted and supported the recommendations of the submission.

Although the submission had a broader focus, covering all the terms of reference of the Royal Commission, mainstream services were considered as part of the work. This paper draws on relevant aspects of the previous work, and the consultations and research review from the submission. Further detail on that work can be found in the joint submission, but below the key recommendations from the submission are listed as a summary of this work:

Recommendation 14: The Commission should consider recommending systemic changes to improve coordination and navigation of post-service support ecosystem for veterans, such as a coordinating body to oversee services provided during transition, increased investment in case management/care coordination approach, and access to NGO or DVA services for personnel prior to discharge.

Recommendation 15: The Commission make recommendations that the Australian Government limit administrative requirements and increase the funding rate for private psychological and psychiatric services provided to veterans, to equate to rates for serving personnel and the general community.

Recommendation 18: The Commission recommend greater investment in supporting social connection for veterans through service navigation support, social prescribing, community organisations and review effectiveness of Veteran Wellbeing Centres to inform further expansion.

Recommendation 19: The Commission make recommendations to improve the availability of mental health literacy training for Defence and Veteran communities.

Recommendation 20: The Commission consider how best to increase support services for families of Defence personnel, and improve choice through access to support services which are not Defence or veteran specific where preferred.

Recommendation 21: Considering the evidence for the effectiveness of postvention suicide support, the Commission should examine how to improve access to such services for Defence and veteran communities, including choice of general and veteran-specific services.

Recommendation 25: The Commission should consider the most appropriate mechanisms to provide ongoing accountability for implementation of systemic reform, such as a National Commissioner for Defence and Veteran Suicide Prevention and the Australian National Suicide Prevention Office.

Recommendation 26: The Commission make recommendations for continued investment in support services which assist veterans and their families across the continuum of social determinants of health, including but not limited to financial hardship support, child and family services.

Specific consultation on mainstream services

The above previous work had to some extent addressed the need to enhance mainstream services' accessibility and effectiveness for veterans, defence personnel and their family. However, it was clear that more targeted work was needed to create a holistic, solution-focused vision for a thriving mainstream service system that supports veterans, defence personnel and their families into the future. To do this Mental Health Australia, Suicide Prevention Australia and Relationships Australia brought together lived experience representatives, peak bodies, service providers and key industry personnel to explore solutions to this complex problem through two roundtable discussions.

Participants in the discussions (see list, appendix A) were provided with a summary of previous work and asked to prepare for a discussion on the following questions:

1. What have we learned already about how best to support veterans, defence personnel, and their families in mainstream services?
    - Which services in the current system are successful? Why are they successful?
    - What models in the current system can be replicated or scaled up?

2. What do we want to see the Royal Commission recommend in relation to mainstream services supporting veterans, defence personnel, and their families in the future?
    - What top three things need to change for mainstream services to better serve veterans, defence personnel, and their families?
    - What new services or supports are needed that don't already exist?

3. What needs to happen for solutions to succeed?
    - Is there any specific training needed for mainstream services to work effectively with veterans, defence personnel, or their families?
    - What other supports are needed?

Across the two roundtable discussions, three consistent themes about how to respond to these issues for veterans, defence personnel and their families were identified. These act as a set of principles that should inform and guide activities to implement the areas for action described below.

Peers are critical to success: Trust is critical for engagement with services. Veterans, defence personnel and their families may mistrust governments and services, but trust each other. Trust in services can be developed through integrating those with lived experience, including peer workers. Connection to informal grass roots peer groups and support is invaluable, this sits alongside and complements the government-funded service system.

A holistic response is needed: Addressing suicide risk in veterans, defence personnel and their families, needs to be broader than DVA and Defence. Mental health and suicide prevention is a whole of government and whole of community issue. The current system relies on proving "un-wellness" to get support. We need to shift to services that emphasise wellness and prevention. We need holistic responses that include social connection, employment support, family support - a reason to engage with and support others as part of recovery and prevention. So whole of community responses are needed for suicide prevention – working with health, hospitals, education, police, emergency services etc.

Learn from, build on, and connect, what's already working: There are high quality, effective mainstream services that are working for veterans, defence personnel and their families. However, these pockets of excellence can be disconnected and under-resourced. Wherever possible we need to be leveraging what exists, by scaling up and connecting up what works, rather that creating something new. This involves linking with current mainstream service reforms, such as the current national rollout of aftercare services, to ensure defence related issues are considered. It involves better utilising existing connection tools, such as Veterans' and Families' Hubs. It means learning from successful approaches, such as the local systems-based approaches of the National Suicide Prevention Trial, including Operation Compass. It means tapping into existing local suicide prevention networks, which have found to be effective. And, critically, it must include utilising the Primary Health Networks (PHNs). PHNs are delivering targeted mental health and suicide prevention reforms, and should be included as a key player in veteran suicide prevention responses.

Towards a blueprint

Discussions in the roundtable sessions confirmed a picture emerging from previous research and consultation. Mainstream services already play a significant role in supporting veterans, defence personnel and their families. However, this role could be significantly expanded by improvements to mainstream services to enhance engagement and effectiveness. A blueprint for reform is needed.

Designing such a blueprint is a significant task and not possible within the timing and resources of the project that led to this paper. However, this paper can provide a starting point for this work. Based on the insights from previous inquiries, research and consultations, and the consultation work undertaken for this paper, below are set out key areas for action that a blueprint would need to address, and in Appendix B are brief outlines of potential specific actions that should be considered for inclusion in a blueprint.

The primary recommendation of this paper is that the Royal Commission should call for the Australian Government to resource a project to create and deliver a blueprint for reform in mainstream services to enhance accessibility, engagement and efficacy for veterans, defence personnel and their families.

The blueprint should at minimum cover the following areas for action:

- Increase access to veteran peer workers
- Expand veteran cultural competency training
- Co-design and co-review services
- Improve data on the use of services
- Improve referral pathways

The blueprint should include specific activities under these areas, and specific recommendations on the area of Government that should be responsible for implementing these activities. Importantly it should also include resources required for each activity, timeframes and sequencing for implementation, and information on how progress and success should be measured and reported on. Implementation of the blueprint should be fully funded through a combination of Commonwealth and State/Territory Governments, to ensure that it delivers meaningful change.

It is critical that the blueprint is developed and implemented within the context of broader mental health and suicide prevention reform efforts. Difficulties in accessing effective mental health and suicide prevention support services, across the entire community, are well documented. While improving the ability of mainstream services to better understand and respond to the specific needs of veterans, defence personnel and their families is critical, this must occur alongside efforts to improve the overall accessibility, effectiveness and equity of the mental health and system prevention systems. Without this, veterans, defence personnel and their families will continue to experience significant barriers to getting the right support at the right time.

The work to develop and deliver the blueprint will need to be undertaken in close coordination with the implementation of other recommendations of the Royal Commission. There has been discussion of an ongoing body to oversee the recommendations of the Royal Commission. This body should be resourced to lead the development of the blueprint. Ensuring adequately resourced implementation is key. The Royal Commission's considerations of ongoing accountability mechanisms beyond the life of the Commission are very welcome. Roundtable attendees called for an implementation plan for the

recommendations outlined above to ensure delivery. This should be incorporated into future mechanisms to ensure implementation of the Royal Commission's overall recommendations, and ongoing accountability following the Royal Commission.

Areas for action

Below the areas for action are briefly described. These arose out of the Roundtable and all of these received a strong consensus of support as well as aligning with previous consultations and research. Discussions also included specific actions that could fall under these areas that may give further information on what these areas for action could involve. These are set out briefly in Appendix B.

Increase access to veteran peer workers

As noted above, peers are often critical to success of services. The term "peer" can cover a wide variety of roles, such as that of mentoring, semi-formal support networks, or paid peer workers with peer work qualifications. Enhancing the peer workforce should be a particular priority of government. Peer workers are invaluable workforces within the mental health and suicide prevention sectors. They provide unique support by drawing on their own experiences and recovery, as well as specific peer support training, to support others.

Because lived experience is often complex, who will count as a "peer" to an individual seeking support may vary. For example, someone experiencing suicidal ideation due to financial crisis, may not see a connection with a mental health peer worker with lived experience of mental ill health, but no experience of suicidal ideation. In this case a suicide prevention peer worker will be more appropriate. Similarly, a veteran, even if they are experiencing suicidal ideation, may feel that they can only be fully understood by peer worker with defence experience. This means that it is important to encourage diversity in the peer workforce, and to ensure services are most effective for veterans, veterans peer workers should ideally be available. Some example actions to ensure this are listed in Appendix B.

Expand veteran cultural competency training

It is important for those working with veterans and their families to understand the context of military culture and DVA systems, as this can be crucial to the development of a trusting relationship and delivery of effective support. There have been trials and limited programs to increase 'veteran cultural competence' with some professional groups, including GPs, Psychiatrists, and other mental health professionals. However, participants at our roundtable discussions emphasised the importance of this training across a much broader group of services supporting veterans and their families, including crisis response workers and social services. For example, in America, the U.S. Department of Veterans Affairs provides one-day immersive Veteran Cultural Competence Training for anyone who provides services to or employs veterans or their families.

A combination of profession/service specific and general veteran cultural competency training is likely to be most effective. Roundtable participants emphasised the need for both veterans and services to be involved in the development of training for specific contexts, to ensure it is fit for purpose. Roundtable participants also emphasised the importance of

training including holistic approaches to veteran mental health and wellbeing challenges, such as social prescribing to address social isolation.

Co-design and co-review services

The experience of the representatives at our roundtable discussions is that mental health and suicide prevention initiatives are likely to be most effective when local communities and people with lived experience are engaged from the start. This reflects broader trends in mental health and suicide prevention towards co-design of services with people who are the intended beneficiaries. PHNs should have a particular role to play in supporting co-design of local services for veterans, defence personnel and their families, given PHN's remit to assess community health needs and commission services to meet these needs including addressing service gaps.

Whilst co-design from inception is ideal, it must be acknowledged that the majority of currently existing services were not co-designed with these groups. However, it would in most cases be possible to co-review services with veterans, defence personnel and their families, to identify changes that can be made to better serve these groups. Many service organisations would be keen to undertake such work but lack the resources to do so. It is important to acknowledge that work to enhance the design and delivery of services should not draw resources away from the running of the services, additional supports will be required for this work.

Improve data on the use of services

Quality data is essential for accountability and improvement. The Royal Commission's consideration of enhancements to accuracy, timeliness and use of data on suicide and suicidality amongst defence personnel and veterans is very welcome. There have been significant improvements to available data, such as inclusion in the census and additional data provided by the AIHW. However, there are ongoing significant data gaps around which support services veterans are accessing, and whether these services are working for them. Some larger service providers are already moving to address these gaps, and are becoming increasingly sophisticated in the ways they identify the numbers of veterans, defence personnel and their families using their services. Such analysis can be used to draw out key pieces of information such as reasons for seeking support and barriers faced. However, such work is currently under resourced and will not be possible, especially for smaller providers without government support. Improvements on data collection and use should also occur as part of broader initiatives to improve the overarching capacity and capability of service providers to better collect, use and report data.

Improve referral pathways

Roundtable participants discussed the importance of referrals between mainstream providers and veteran-specific services, and the perennial challenges of maintaining service directories to support these referrals. A variety of specific options were supported to increase mainstream services' awareness and referral to veteran-specific supports. A number of these are presented in Appendix B. Overall key commonalities in many of the proposals involved the need to streamline referrals and strengthen connections between providers. It

was noted that the relationship building work required for strong referral pathways requires time and resources, and that the costs of this work should be allowed for in funding services.

Conclusion

As stated above, these areas for action, and the principles to guide implementation, represent a starting point for work on a blueprint for reform. Further work needs to be undertaken to establish specific priority actions under each area. The process of conducting the roundtable discussions highlighted the need for sufficient resources required to develop a comprehensive blueprint. We noted that members were more readily able to critique the current system, however identifying solutions to the complex issues was more challenging. Appendix B below sets out some of the ideas for specific actions that could form part of a blueprint. While our roundtables did not produce clear consensus on all of these, many received strong support. We believe that an appropriately resourced blueprint project would provide ample opportunity to consider these suggestions and others.

Suicide Prevention Australia, Mental Health Australia, Relationships Australia, and all participants in this project would like to thank the Commissioners and staff of the Royal Commission for their time in reviewing this paper, and for the important work they have been doing. We hope that the advice presented here is helpful to that work.

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Appendix A: Roundtable Attendees

External roundtable attendees:

Stephen Tang	Australian Psychological Society
Marg Bogart	Beyond Blue
Phil Batterham	Center for Mental Health Research
Richard Nankervis	Hunter New England Central Coast Primary Health Network.
Alison Maltby	Kookaburra Kids
Tara Hunt	Lifeline
Sharon Lawn	Lived Experience Australia
Michael Burge	Lived Experience representative - NMHCCF
Nikki Jamieson	Lived Experience representative
Robin Whyte	Northern Queensland Primary Health Network
Nicole Sadler	Phoenix Australia
Amy Cooper	Soldier On
Elfin Berwick	Soldier On
Ray Martin	The Oasis Townsville

Internal attendees

Harry Lovelock	Mental Health Australia
Ingrid Hatfield	Mental Health Australia
Nick Tebbey	Relationships Australia
Claire Fisher	Relationships Australia
Nieves Murray	Suicide Prevention Australia
Chris Stone	Suicide Prevention Australia
Anne Leslie	Suicide Prevention Australia

Appendix B: Examples of Specific Actions

During roundtable discussions there was a focus on overarching areas for action to achieve consensus on these. However, during those discussions a number of more specific ideas were raised. In some cases, these had clear consensus of support. In other cases there was not sufficient time to determine if consensus could be reached. To ensure these valuable contributions are not lost, all ideas are briefly described below under the area of action in which they would best fit. Where there was a clear consensus of support for an idea this is noted.

Increase access to veteran peer workers

- Targeted government grants to increase the number of veterans/family members with peer work qualifications. (*Note this action received consensus of support.*)
- Mainstream services utilising lived experience/peer workers should attempt to ensure that there are paid defence lived experience/peer support workers available proportionate to numbers of veterans, defence members and their families using the service. Mainstream services should be resourced to deliver this. (*Note this action received consensus of support.*)
- Expand veteran peer navigator support services, funded through PHNs, to support veterans to navigate health system (including attending appointments), as well as broader supports to address social determinants of health. (*Note this action received consensus of support.*)

Expand veteran cultural competency training

- Develop/expand training programs for health and social service professionals to increase understanding of military context ('veteran cultural competency'). (*Note this action received consensus of support.*)
- Connection with other national frameworks on workforce capabilities – that cultural sensitivity training highlights veterans as a focal population and KPIs and other outcomes link back to addressing this population. (*Note this action received consensus of support.*)
- Australian Defence Force Academy should offer psychology, social work and chaplaincy degrees to assist with improving the availability of practitioners who have Defence and veteran expertise in these fields.

Co-design and co-review services

- PHNs to facilitate co-design of services for veterans and their families in local areas – looking at the mix of what services already exist in that area, and commissioning additional services to address gaps. (*Note this action received consensus of support.*)
- As recommended by the Operation Compass final report, adjust government service commissioning processes to acknowledge the value of lived experience evidence, the importance of veteran-to-veteran trust and the need for simplicity over bureaucracy, to increase opportunities for community-led initiatives to secure

funding. This could include the development and delivery of peer-led spaces, such as safe havens and aftercare services. (*Note this action received consensus of support.*)
- Require in commissioning services that all programs include a focus on building social connection/social capital, and have planning in place on how this will be achieved.
- Ensure that services consider the needs of particularly vulnerable groups of veterans, such as older veterans (eg. intersection of trauma and dementia) and women veterans (e.g. military sexual trauma).
- Co-reviews of existing employment support programs

Improve data on the use of services

- Governments and service providers should review and implement standard processes for identification of veterans accessing mainstream community mental health and suicide prevention services, for example requirement through PHN service commissioning. (*Note this action received consensus of support.*)
- Government to provide resources for program evaluation and ongoing monitoring of efficacy of mainstream services in meeting veteran needs – this role could be performed by an existing agency or a new body established following the Royal Commission. (*Note this action received consensus of support.*)
- Implement a program to promote “veteran approved” services. Currently many veterans depend on word-of-mouth and personal connections to identify services adept at addressing veteran needs. A process of formalising this to give a “veteran’s tick” could be valuable.

Improve referral pathways

- Include veterans, defence personnel and their families in the list of priority areas set by the Australian Government to guide the work of PHNs, with funding and program stability for PHN initiatives on this. (*Note this action received consensus of support.*)
- Promotion of PHNs Veterans’ Health Pathways tool developed in collaboration between PHNs and DVA, to help GPs supporting veterans and transitioning defence members to navigate the civilian health care system. Referrals should be beyond clinical services, and include social and other supports (such as social prescribing). (*Note this action received consensus of support.*)
- To improve response to emergency calls, Lifeline could have a have a switch to refer people veteran hubs.
- Fund specific suicide support call line for veterans, to be staffed by ex-serving members and carers
- Action in both Defence and DVA to raise awareness of the range of services available to both defence personnel and veterans - explore and build on initiatives that coordinate and streamline veteran services across the Australian Government, state and territory governments, and community and health sectors.
- Implement processes to ensure continuity of care between ADF-provided health care and civilian health care providers for transitioning personnel
- Encourage and de-stigmatise use of mainstream services from the beginning (including in the ADF application/recruitment process)
- Improve Emergency (000) response to veterans

- For regional areas provide mobile veteran support hubs
- Resource a whole of community response – working with hospitals, education, police, emergency services, e.g. Operation Compass included community grants of up to $25,000.
- The Australian Government should independently evaluate DVA's fee schedules for services to ensure that veterans are not at a disadvantage in competing for already scarce healthcare services and resourcing. This may include examining the funding discrepancy between DVA, the National Disability Insurance Scheme and the private sector.
- The Australian Government should consult the RANZCP on amending the Department of Veterans' Affairs (DVA) fee schedule for psychiatrists. This could include the Australian Government aligning DVA rates for psychiatrists who provide services to veterans with the rates for psychiatrists in the Australian Medical Association fee list.

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