Horizon scan:

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Mental Health and Wellbeing Service Delivery

Horizon Scan: Mental Health and Wellbeing Service Delivery

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CONTENTS

PREFACE

This report presents the findings of a horizon scan conducted between April and November 2022, to examine trends, threats and opportunities for the Mental Health and Wellbeing Services Division (MHWSD) of the Department of Veterans' Affairs (DVA), and to inform the design of a future model of service delivery for the Division. This horizon scan sits within a broader suite of organisational design work that has been undertaken by DVA.

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Executive Summary

Introduction and Background

Improving the mental health and wellbeing of veterans and families is a key priority of the Department of Veterans' Affairs (DVA). To review and reimagine how the Mental Health and Wellbeing Service Division (MHWSD) can design and deliver services that meet the evolving mental health and wellbeing support needs of Australian veterans and families, the MHWSD established the Service Review and Transformation Program.

The objectives of the Program are to undertake a holistic analysis of the current context and future opportunities for the Division, while also informing the co-design of a new, connected service ecosystem. Ultimately, the Program aims to optimally and efficiently create reciprocal value to meet the needs of all stakeholders.

To inform the objectives of the Program, a horizon scan was conducted to identify trends, threats, opportunities, and drivers of change for the Division. The horizon scan aimed to be future focused and inform the design of a model of service delivery for the MHWSD in support of the mental health and wellbeing of Australian veterans.

Methods

To achieve the stated aims of the horizon scan, three distinct phases of enquiry were undertaken: (1) topic identification (literature and text-based review); (2) scoring (Delphi survey); and (3) stakeholder consultation and topic refinement (deep dive workshops).

Phase 1 involved comprehensive searches of academic and grey literature (including key national and international DVA, and equivalent, documents) to identify: i) emerging trends, threats, and opportunities; ii) theoretical material on service provision, and iii) practice and operating models. Hashtag searches were also conducted on the social media site, Twitter.

Phase 2 involved a modified, single-round, online Delphi survey with 99 subject area experts, including veterans and families, support organisation representatives, mental health professionals and academics, and DVA and Defence executives. Multi-Criteria Decision-Making software was used to anonymously rank trends, threats, and opportunities identified via the Phase 1 literature and text-based review.

Phase 3 used a 'deep dive' methodology, involving six workshops with 60 internal and external DVA stakeholders to assess the short-, mid- and long-term applicability, feasibility, and efficiency of key priorities and future developments identified via the Phase 2 Delphi survey.

Results

The three phases of the horizon scan produced a wide range of results that iteratively informed each subsequent phase of the project. The results described below identify key trends, threats, and opportunities that are unique to the DVA, but which also reflect broader trends within the mental health and wellbeing sector.

Literature and text-based review

The literature and text-based review identified key trends, threats, and opportunities for supporting the mental health and wellbeing of veterans and families.

The six key trends were: 1) changing demographics of defence and ex-serving members; 2) substantial growth in digital technologies; 3) growing concern around suicide and trauma; 4) impacts of COVID-19 on mental health; 5) complex needs of modern veterans; and 6) integrated patient-centred care.

The nine key threats were: 1) unmet partner and family support needs; 2) social isolation; 3) challenges when transitioning out of defence; 4) accessing and using digital mental health care; 5) mental health attitudes, perceptions, and knowledge; 6) practical challenges to accessing mental health support; 7) issues with workforce capacity and competence; 8) service integration, coordination, and navigation; and 9) defence culture.

The nine key opportunities were: 1) support for families, friends, and communities; 2) promotion of protective factors; 3) supporting diversity; 4) enhancing digital and telehealth service options; 5) provision of holistic care that addresses complex needs; 6) strengthening early intervention and prevention; 7) improving service navigation; 8) addressing mental health stigma and cultural norms that hinder help seeking; and 9) improving workforce capacity and competence.

The review further identified 16 priorities for future service delivery models (see Table 1), 20 innovative models, programs, and interventions (see Table 2) and 15 theories (see Table 3) to guide the design of a future model of service delivery.

Delphi survey

Participants in the Delphi survey ranked statements by urgency, with an overall 97% agreement and endorsement of the ranking order. The statements were ranked across the following six categories:

1.	Mental health and wellbeing trends
2.	Challenges in accessing mental health services and supports
3.	Challenges in providing mental health services and supports
4.	Opportunities for improving access to mental health care
5.	Opportunities for improving mental health service provision
6.	Priorities for future service provision

Deep dive workshops

Findings from the six deep dive workshops were analysed inductively to develop eight key themes:

1.	A connected system of care
2.	Increased mental health support for families, partners, and children
3.	Inclusion of veteran voices and lived experience in service design
4.	From individual resilience to cultural and systemic change
5.	Early intervention before transition
6.	Support beyond the DVA
7.	Support for homeless and incarcerated veterans
8.	Scope of knowledge needed to support veterans

Discussion and conclusion

The trends and priorities identified by the horizon scan are intricately linked and fall broadly into three overlapping areas:

1.	Changes required to enable veterans and their families to access mental health and wellbeing services
2.	Changes required in the design and functioning of mental health and wellbeing service to ensure service provision is effective, timely, and appropriate
3.	Broader societal and global trends impacting on the provision of support to veteran communities

Participants highlighted that holistic care for veterans means that every issue is critical, noting that the needs of veterans and families vary over time depending on their circumstances.

The horizon scan also highlighted some disparities between the broader literature and the lived experiences of participants. While the academic literature suggested that future practices and service models should recognise and support resilience building, workshop participants critiqued the framing of veterans and families who experience mental health challenges as "not resilient." Rather than focusing on veteran resilience, they emphasised the need to anchor initiatives regarding resilience in the context of defence cultures that may contribute to and exacerbate mental health difficulties among veteran communities.

Some critical issues raised by workshop participants, such as veteran homelessness and incarceration, were not well represented in the literature and text-based review. Participants highlighted the need to target the source of these issues by addressing the social determinants of health (such as economic stability, housing, and social inclusion), in addition to providing mental health and wellbeing support.

The horizon scan consistently identified a need to support the mental health of veterans' families, partners, and children, particularly during the transition from defence to civilian life (a process that many noted can last a lifetime). Deep dive workshop participants emphasised the pressure placed on families to support the veteran through their service and transition, often without the tools or resources to do so effectively. They suggested that providing psychoeducation to families would enhance their mental health literacy and capacity to support their loved one during and beyond service. Psychoeducation, however, should be provided in addition to other mental health and wellbeing support, to avoid placing further burden on family members who may be experiencing their own mental health challenges.

Findings from the horizon scan underscored the need for mental health services to be developed by the veteran community, for the veteran community. Workshop participants highlighted person centred co-design as a key strategy for ensuring veterans and families are at the heart of mental health service design and implementation. While specific methods for including veterans in service design were not identified within the horizon scan, future service improvement should seek to identify the most appropriate methods for meaningful inclusion of veteran voices and lived experience.

One of the most urgent priorities identified by the horizon scan was the need to enhance service integration, coordination, and navigation to ensure a more responsive and connected system of care for veterans and families. Future service design should consider the development of a tailored pathway for service navigation across DVA and non-DVA mental health care services, to optimise mental health prevention, early intervention, and service delivery for veterans and families.

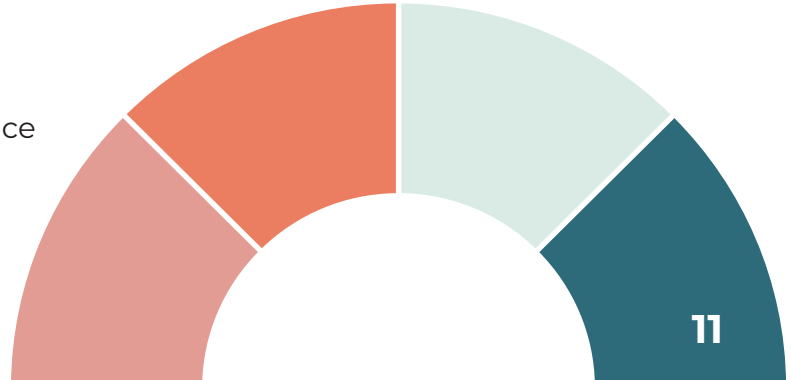
INTRODUCTION

Advances in mental health and wellbeing service delivery are urgently needed to improve mental health care and outcomes of Australian veterans and veteran families. This horizon scan presents emerging trends, threats and opportunities for the Mental Health and Wellbeing Service Division, to inform the design of a future model of service delivery.

Improving the mental health and wellbeing of veterans and families is a key priority for the Department of Veterans' Affairs (DVA). Mental health disorders are a major cause of reduced quality of life for many members of the Australian Defence Force (ADF) and veteran communities. Over half of ADF members have experienced a mental health disorder at some stage in their lives (54 per cent), which is higher than in the Australian community, where 49 per cent of individuals are estimated to have experienced a mental health disorder (Department of Veterans Affairs, 2020).

The Mental Health and Wellbeing Service Division (MHWSD) is the gateway for veterans and eligible family members to access DVA services, mental health treatment, and individual supports to improve wellbeing outcomes and quality of life. This is achieved through provision of client centred, trauma informed, recovery oriented, needs driven and compassionate care and engagement; informed by the voice of the community.

The work of MHWSD is administered and delivered by a nationally dispersed, multidisciplinary blended workforce of approximately 900 staff who are a combination of Australian Public Service (APS) employees and labour hire contractors; supported by a large, national network of independent, community-based, registered external providers. Divisional staff are highly trained, performance driven, focussed on high quality service delivery within defined timeframes, and responsive in meeting the needs of veterans and families families, the Minister's Office and the Department.



MHWSD was formed in mid-2021 to further strengthen DVA's focus on mental health and wellbeing support, underpinning a veteran-centric approach to service delivery. The new Division comprises a re-structured Open Arms – Veterans & Families Counselling (Open Arms), an expanded Client Coordination and Support (CCS) Branch, a new Mental and Social Health Programs (M&SHP) Branch (which is intended to support and strengthen connections between Open Arms and CCS), DVA's Communications Branch, and a new Divisional Business Operations Directorate.

The MHWSD Service Review and Transformation Program has been established to undertake a holistic analysis of the current state and future opportunities for the Division, to inform the co-design of a connected service ecosystem that optimally and efficiently creates reciprocal value to meet the needs of all stakeholders. This will continue the Department's long history of consumer-centred organisational responsiveness to the changing mental health and support needs of the veteran community and their families.

The objectives of the Program are to ensure MHWSD is fit for purpose and future focussed, whilst managing resources efficiently. The Program will identify and maximise opportunities to reimagine DVA's approach to delivering services that effectively facilitate improved mental health and wellbeing outcomes for veterans and families, particularly those at risk for suicide.

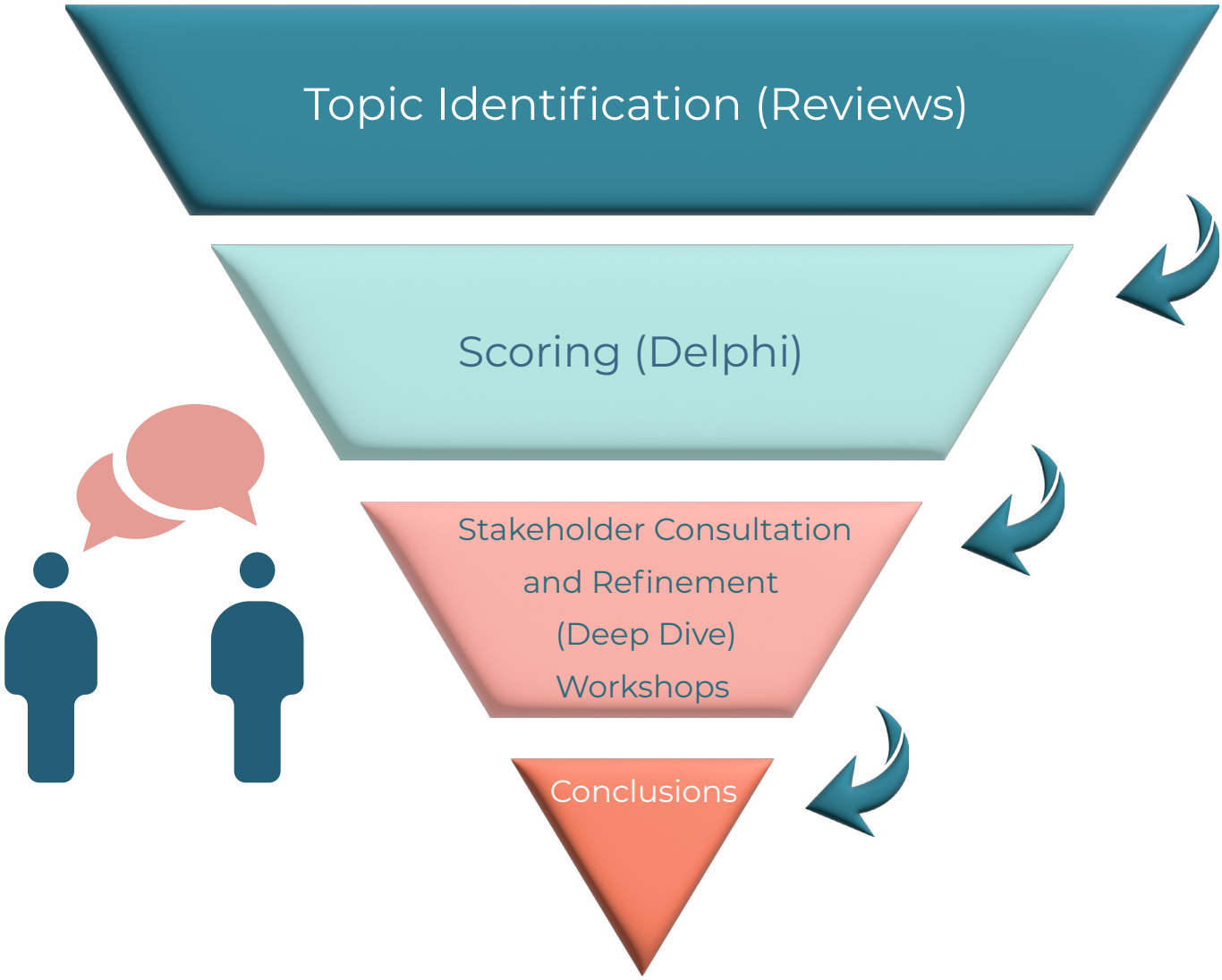
The aim of this Horizon Scan is to identify trends, threats, opportunities, drivers of change and alternative approaches for the Division. These will inform the Future Trends Review Project component of the MHWSD Service Review and Transformation Program, as well as subsequent Projects within the Program.

METHODS

The aim of the Horizon Scan was to be future focused, examining emerging trends, threats and opportunities for the MHWSD to inform the design of a future model of service delivery for the MHWSD in support of the mental health and wellbeing of Australian Veterans.

The horizon scan (see figure 1) involved 3 distinct phases: (1) Topic identification (Reviews); (2) Scoring (Delphi survey); and (3) Stakeholder consultation and topic refinement (Deep dive workshops). These phases are outlined below.

FIGURE 1: STEPS IN THE HORIZON SCANNING PROCESS



Phase 1: Literature and text-based review

Comprehensive searches of 240 academic and grey literature sources (including key national and international DVA, and equivalent, documents) were conducted to identify:

1. **Emerging trends, threats and opportunities** for the broader mental health and wellbeing support sector, and MHWSD specifically, in supporting the mental health and wellbeing of veterans and families;

2. Theoretical material on service provision related to mental health and wellbeing support and service delivery within both the broader community and veteran contexts; and

3. Practice and operating models akin to those of broader DVA that could be applied to supporting mental health and wellbeing support for veterans and families by the MHWSD.

Replicating the search strategy of the peer-reviewed and grey literature, a hashtag search of the social media site, Twitter, captured ideas on emerging trends, threats, and opportunities, and potential outcomes and impacts of these, for mental health and wellbeing service delivery within the veteran sector.

The search strategy is included in Appendix A. Major databases including CINAHL and OVID were accessed. Grey literature was identified via online searches and obtained directly from the MHWSD. Sources from the last 5 years were prioritised.

Phase 2: Online Delphi survey

A modified (single round) online Delphi survey of 99 subject area experts (veteran and family lived experience representatives, veteran and family support organisations, mental health experts and academics, DVA and Defence executives, and mental health and wellbeing professionals) was conducted using Multi-Criteria Key trends, threats and opportunities represented in the Delphi were Decision-Making software to anonymously rank key trends, threats and opportunities identified via the literature and text-based review (Phase 1), by urgency. The Delphi approach has been shown to yield reliable outcomes in a range of fields, including in health and psychology (Jetha et al., 2021). Drawing on DVA networks and the results of the Phase 1 review, participants were selected based on their expert knowledge of veteran mental health and wellbeing.

Phase 3: Deep dive workshops

A ‘deep dive’ methodology was used to assess the short-, mid- and long-term applicability, feasibility, and efficiency of key priorities and impactful future developments identified from the online Delphi study. Deep dive techniques are widely used in service improvement initiatives as they enable rapid generation of future-oriented opportunities and solutions (Bullivant, 2016). DVA networks recruited 60 internal and external stakeholders to six deep dive workshops. Responses from the Delphi survey were pre-processed and consolidated into key priority areas. Two facilitators used interactive tools to revisit each priority area and encourage scenario-based strategising to ‘stress-test’ the opportunities for innovation and impactful future developments.

RESULTS

The results cover a wide range of topics, including trends, threats and opportunities that are unique to the DVA, and those that reflect broader trends in the mental health and wellbeing sector. While the results are summarised under discrete thematic headings, many of the issues identified are complex and interconnected and thus should not be viewed in isolation. Furthermore, the majority of included literature reports on findings from the United States, since this is where much of the published literature originates. It is therefore important that overarching conclusions are not drawn from, or based on, this literature alone.

Part 1:

Literature and text-based review

Trends

6 KEY TRENDS

Worldwide, the demographics of defence and ex-serving members are undergoing profound change.

The median age of permanent ADF members is 31, and 37 for reserve members (AIHW, 2021). Ex-serving and reserve members are generally older than serving members, with 41% aged 45 years or older, compared with 17% of serving members (AIHW, 2021). In the U.S. too, the average age of the defence veteran population is increasing (O'Malley et al., 2020). This is predicted to rise in the coming years, resulting in a population of veterans with more complex medical and mental health-care needs (Amaral et al, 2018; O'Malley et al., 2020).

The number of individuals leaving the defence as young veterans is also increasing (Pedersen & Wieser, 2021), while research from the U.S. and Canada shows that women are the fastest growing cohort of both current and ex-serving defence personnel (Shoemaker & von Hlatky, 2020; U.S. Department of Defense, 2022).

Additionally, the relaxation of international discriminatory policies against lesbian, gay, bisexual, transgender, and queer [LGBTIQ+] service personnel has led to increased diversity among defence populations (Mark et al., 2019).

2. Digital technologies

Recent years have seen a substantial growth in new digital tools for mental health assessment, support, prevention, and treatment (Hollis et al., 2015; Kemp et al., 2020; O'Hanlon et al., 2017; Roland et al., 2020; Tal & Torous, 2017; Torous & Hsin, 2018; Torous & Walker, 2019). Many of these tools have proven effectiveness, are low cost, and are already being used by millions of people around the world, including current and ex-serving members of global defence communities (Roland et al., 2020).

In Australia, the use of telehealth with veteran communities (Muir, 2020) and the design of mental health apps specifically for veterans (Reger et al., 2022) has increased, with research finding that many veterans prefer to manage their own mental health care, using technologies to support protective behaviours, including physical activity, diet, sleep, and social connection (Van Hooff et al., 2019). In the U.S. too, telehealth is increasingly used to improve access to mental health services (Dang et al., 2019), and facilitate suicide risk assessments for veterans (McCarthy et al., 2021).

In Australia, the DVA recently introduced a number of reforms and trials to enhance the provision of health and mental healthcare using digital technologies (Collie, 2019). For example, the My

Service online lodgement portal is designed to reduce claims processing times (Collie, 2019) and the Combined Benefits Processing trial aims to minimise claim handover (Collie, 2019). Collie (2019) cautions that digital initiatives such as these should be rolled out with care, to minimise the potential for stress and the onset or exacerbation of mental health conditions.

3. Suicide and trauma

There is growing concern within the ADF and the wider Australian community about suicide among defence populations (AIHW, 2018a; AIHW, 2020b; AIHW, 2021). Between 2001 and 2018, 465 suicides were recorded among current serving, ex-serving, and reserve ADF personnel (AIHW, 2021). Of these, 429 were male and 36 were female (AIHW, 2021). Australian health statistics indicate an increased risk of suicide among ex-serving ADF personnel in particular (AIHW, 2020b), with **ex-serving males 22% more likely and females 127% more likely to die by suicide than people in the general Australian population.**

Younger age groups tend to be at greater risk of suicide, with males aged under 50 more likely to die by suicide than those over 50. Especially impacted are men who (i) separate at a general enlistee rank; (ii) complete less than 1 year of service; (iii) separate for medical or other involuntary reasons, and (iv) are unmarried or unpartnered (AIHW, 2021).

Concern about veteran suicide is also rising internationally. In the U.S., veterans are 1.5 times more likely to die of suicide than the general population (Balcik, 2019; Gujral et al, 2022; McCarthy et al., 2009; McCarthy et al., 2021; U.S. Department of Veterans Affairs, 2022), with rates at their highest since World War II (Gujral et al, 2022; McCarthy et al., 2012; Shiner et al., 2020; Steelesmith et al., 2019) and female veterans, who are 2.2 times more likely to die by suicide than non-veteran women (Srikanth, 2020).

In addressing suicidality among veteran communities, Wegner (2021) warns that tokenistic calls for "more support" risk offering a vague and singular solution to the complex health and political issue of defence suicide, noting the need to better understand the multiple biological, psychological and sociological contributing factors. For example, research shows that violence, trauma and abuse increase the risk of suicide among veterans, with high rates of trauma exposure among female veterans in particular (Lindsey et al., 2022). The authors highlight the need for a gender-sensitive, trauma-informed approach to veteran mental health.

4. COVID-19 mental health impacts

The COVID-19 pandemic has had a significant impact at all levels of society (Heinonen & Strandvik, 2021) and has exacerbated existing inequities and mental health problems for vulnerable and marginalised groups, including defence and veteran populations worldwide (Rosenberg et al., 2020; Srikanth, 2020). In the U.S., more than 53,000 cases of COVID-19 and 3,000 deaths have been recorded among ex-serving personnel (Srikanth, 2020). COVID-19 has also compounded a number of psychosocial challenges previously associated with the rise in rural veteran suicide rates, such as increased loneliness and isolation, lack of available services and supports, and a growing unemployment rate (Gujral et al, 2022).

5. Complex needs

The duration and nature of recent and current defence conflicts has materially changed the mental health profile of modern veterans (DVA, 2020). While many service leavers transition to civilian life successfully, research has shown that, for some, separating from the ADF is a complex and challenging process (DVA, 2018; Lawn et al., 2021) that can have detrimental physical and mental health impacts (DVA, 2020). Research shows that former defence personnel with untreated mental health problems tend to experience higher rates of alcohol misuse (e.g., Iversen et al., 2009), homelessness, domestic violence, relationship breakdown and criminality (e.g., Osborne et al., 2022), compared to other subpopulations of veterans and families. When it comes to unemployment, veterans are also more likely to struggle finding work compared to the general population (ABS, 2021). They are also at increased risk of isolation, marginalisation, and disengagement from services (Lawn et al., 2021).

Substance use disorders are a significant problem among defence veterans, and many experience concurrent ("comorbid") mental health problems such as PTSD or depression and anxiety (Van Hooff et al., 2019), which are exacerbated by experiences of loneliness, social isolation (DVA, 2013) and moral injury, manifested through feelings of betrayal, distrust, anger, shame, guilt and self-condemning or suicidal thoughts (Ames et al., 2019; Brock et al., 2012; Bryan et al., 2018; Farnsworth et al., 2014; Jamieson et al., 2021; Taylor et al., 2020). The distinct and complex challenges veterans face have a ripple effect on family breakdown and instability, and children's educational outcomes and mental health (Daraganova et al., 2018; Taylor et al., 2020; Wells, 2021, 2022).

Homelessness is another major international issue among defence veterans, and one that has been comparatively hidden in Australia (Hilferty et al., 2019). Over a 12-month period, 5,767 Australian veterans experience homelessness (Hilferty et al., 2019) and 5.6% of people sleeping rough report having served in the ADF (Wood et al., 2022). Yet only 39% had sought assistance from mainstream service organisations, and those who had, reported high rates of dissatisfaction with the services received (Hilferty et al., 2019).

6. Integrated patient-centred care

Between 2019 and 2020, DVA supported 225,546 Australian veterans and more than 103,806 family members through the delivery of specialised programs and other services across every state and territory (ANAO, 2021).

However, recent senate inquiries highlight ongoing gaps in service delivery including the need for more integrated, collaborative, and relationship-based models of care for veterans and families (DVA, 2020; LaMonica et al., 2019). The National Mental Health Commission Strategic Plan (Australian Government National Mental Health Commission, n.d.). aligns with the broader literature which emphasises local community solutions, integrated care, prevention and early intervention. Veterans and families are identified as one of the eight priority populations.

In the U.S., access to mental health services for veterans has also been suboptimal, with mixed success at disseminating and implementing integrated care models (Leung et al., 2019). However, patient preferences for non-pharmacological treatment and evidence for cost effectiveness are driving new approaches to complementary and integrative health care provision (Chou et al., 2017; Ezeji-Okoye et al., 2013; Gellad et al., 2017; Goode et al., 2016; Hempel et al., 2014; Hilton et al., 2017; Miake-Lye et al., 2016; Morone et al., 2016; Nahin et al., 2016; Paige et al., 2017; Polusny et al., 2015; Solloway al., 2016; Stahl et al., 2015; Taylor et al., 2019).

Alongside integrated care, patient-centred approaches are increasingly being implemented in mental health service delivery to improve the wellbeing of veterans and families, and increase engagement in self-care (Bokhour et al., 2020; Hacker & Walker, 2013; Shortell et al., 2017). In the U.S., the Department of Veterans Affairs promotes patient-cantered care through a 'Whole Health' approach, greater involvement of veterans, families and caregivers at all levels of the mental health system (Abayneh et al., 2020; Lawn et al., 2021). Ultimately, more coordinated efforts are needed to deliver effective and engaging mental health support internationally, and across organisations (Forchuk et al., 2022; Richardson, 2019).

Threats

9 KEY THREATS

1. Unmet partner and family support needs

Family members of veterans often compensate for the deficiencies and weaknesses of the mental health system, which can lead to significant psychological burden and diminish quality of life and wellbeing (Carbonell et al., 2020). Yet the support needs of veteran families are often overlooked by health care providers, policy makers (Franz et al., 2020) and researchers (Armour et al., 2022), creating barriers to appropriate support and help-seeking for both family members and veterans themselves (Post et al., 2022; Waddell et al., 2020).

In particular, there is a shortage of research on the support needs of young people from defence families (Daraganova et al., 2018; Wells et al., 2021, 2022). 17% of children in ADF families (aged 2-17 years) will report problems with peers, emotional problems, and 15% report hyperactivity: significantly higher levels than their civilian same-aged peers (Daraganova et al., 2018). As ADF children grow into adults, many take with them an increased risk of

posttraumatic stress symptoms (12%), suicidality (18% in the past year), and very high levels of psychological distress (29%) (Daraganova et al., 2018). Further research on the experiences of children is needed to illuminate risk factors and appropriate support needs (Daraganova et al., 2018; Wells et al., 2021; 2022).

2. Social isolation

Social isolation has been identified as a common risk factor for the development and exacerbation of mental health conditions among vulnerable individuals, including current and ex-serving defence personnel (DVA, 2013). Many veterans report negative impacts of loneliness, isolation from friends and family, and a lack of social support for their mental health and wellbeing (Fitzsimmons, 2021). These issues can be exacerbated during periods of readjustment, such as a return from deployment, or a permanent transition out of the defence (Fitzsimmons, 2021; Srikanth, 2020). Increases in single-person households among defence personnel have also led to a reduction in social support for veterans (DVA, 2013).

Defence service itself often has a profound impact on the relationships and social networks of current and ex-serving personnel, leading to a loss of social connection and support from family and friends (Taylor et al., 2020). For example, defence personnel who were deployed multiple times and for extended periods found it difficult to retain contact with family members and experienced a deterioration in their relationships with loved ones, impeding their motivation to seek mental health support (Taylor et al., 2020).

3. Transition challenges

Veterans can experience challenges in social and cultural adaptation when transitioning out of the defence (Pedersen & Wieser, 2021). These challenges involve (i) the need to navigate a new civilian identity, and (ii) the simultaneous need to maintain a part of one's pre-existing defence identity (Pedersen & Wieser, 2021).

In 2018, an Australian taskforce revealed the 10 most common barriers to effective transition for ADF members:

(1) *prolonged periods of instability and uncertainty,*

(2) *an inability to engage in, or manage, the transition processes,*

(3) *inaccessible or inadequate transition information and resources*

(4) *complex and fragmented government processes*

(5) *service delivery timeframes not meeting members' immediate needs,*

(6) *varying levels of trust in government and civilian organisations,*

(7) *low confidence in one's employability,*

(8) *limited support for readjustment challenges,*

(9) *unpreparedness for a loss of, or shift in, identity and*

(10) *the unrecognised impacts on families*

(DVA, 2018).

There are discrete risk factors for women in transition, however previous research suggests gender-blind transition policies and programs make it difficult for women to access appropriate support (U.S. Department of Defense, 2022). Transitioning from defence to civilian life can also pose significant challenges for ex-serving families, including children (Daraganova et al., 2018; Wells et al., 2021, 2022).

While support services for families in transition are slowly emerging, current efforts have been labelled "patchwork approaches" because they do not address the full range of needs of all relevant stakeholders, nor do they ensure support is comprehensive and integrated (Huitink et al., 2018). For this reason, many veterans and veteran families feel under prepared and under supported for transition (U.S. Department of Defense, 2022).

4. Accessing and using digital mental health care

Despite recent progress in the scale-up of technological innovations, digital mental health tools and approaches remain fragmented, heavily reliant on traditional methods, and largely neglect user experience and engagement, creating a number of barriers for at risk populations, such as defence communities (Roland et al., 2020). Frequently cited barriers include useability issues, problems with adherence, distrust of digital mental health tools, and limited evidence base for effectiveness (Dang et al., 2019; Morrison, 2022; Reger et al., 2022). For example, rural veterans are more likely to describe smartphones as being difficult to use or not aligned with their values, and often experience additional barriers to uptake, such as financial hardship and connectivity issues (Connolly et al.,2018). Such barriers are also consistent with those identified among the general population in rural and remote regions (Jang-Jaccard et al., 2014).

The Technology Use and Wellbeing Report (Burns, 2019) concluded Transitioned ADF and 2015 Regular ADF to be high internet and app users, with one-third of them using wearable devices. These findings show promise for ADF members self-managing their well-being through emerging technologies.

5. Mental health attitudes, perceptions and knowledge

Despite developments in mental health services and treatments for veterans and their families, multiple barriers accessing and engaging with services and supports remain (Botero et al., 2020; Taylor et al., 2020). Amongst the most significant barriers are (i) negative attitudes and perceptions of mental health care and treatment seeking stigma (Krill Williston et al., 2019); (ii) previous negative experiences with mental health services (Botero et al., 2020; Mellotte et al., 2017; Touma & May, 2021); (iii) a belief that treatment will worsen mental health symptoms (Kim et al., 2010; Sayer et al., 2009; Sayers et al., 2021; Touma & May, 2021); and (iv) concerns about reputation, service, and employment security (Balcik, 2019; Srikanth, 2020).

Another significant barrier to help-seeking for veterans and families is a lack of knowledge about mental health symptoms (Sayer et al., 2009; Sayers et al., 2021) and available services (National Academies of Sciences, Engineering, and Medicine, 2018). In Australia, these barriers are compounded by poor communication, and a lack of transparency by the DVA (Williston et al., 2019).

6. Practical challenges to accessing mental health support

For many veterans and families, practical and logistical challenges represent a significant barrier to help-seeking. These include (i) lack of transportation (Sayer et al., 2009; Sayers et al., 2021); (ii) inability to get time off from work (Kim et al., 2010; Sayers et al., 2021); (iii) geographical proximity to services (Taylor et al., 2020); (iv) difficulty securing convenient and timely appointments; and (v) competing demands of employment, school, families, finances, and other areas of life (National Academies of Sciences, Engineering, and Medicine, 2018).
Practical barriers to help-seeking were highly homogenous across the literature, with the exception of the U.S., where issues of healthcare affordability were a particular concern that did not translate to other countries (Randles & Finnegan, 2022).

7. Workforce capacity and competence

Workforce capacity and service integration issues present significant challenges for effective mental health service delivery to veterans and families (NSW Government, 2018). In a number of countries, ever-increasing workload demands alongside resource scarcity are leading to high worker burnout (Scanlan and Still, 2019) and turnover (Campbell et al., 2013); impeding the provision of high-quality clinical care (Ponce et al., 2022).

The COVID-19 pandemic has resulted in additional workforce pressures and capacity for care (Moreno et al., 2020), particularly in rural and remote locations where the necessary workforce (such as psychiatrists, psychologists, social workers) may not be available, even at the best of times (Rickwood et al., 2019). These pressures further reduce the capacity of services to respond to the multiple, complex needs of veterans and families (Touma & May, 2021).

under-equipped to respond to multiple and complex needs, nor are they prepared or trained to effectively support LGBTQI+, gender diverse, or cultural and linguistically diverse clients (Bloeser & Ramirez, 2018; Pelts et al., 2018). For veterans, there is an evident need for more veteran centred, and veteran led, clinical processes and treatment experiences within mental health services (Weir et al., 2019).

While the recent expansion of the peer workforce (Meagher and Naughtin, 2018) represents a promising shift towards person-centred, recovery-oriented care for veterans and families, research suggests that more needs to be done to support the full integration and acceptance of the peer workforce in mental health practice. Key areas for improvement include increasing the number of senior peer workers who can provide supervision, leadership and systemic advocacy, and continuing education of the non-peer mental health workforce to understand the unique skills and contribution of peer workers and to promote more inclusive attitudes (Scanlan et al., 2020).

Another notable issue centred on workforce capacity and competence involves the learning and adaption of veterans themselves, following their defence service. Existing research on skills transfer has indicated that defence personnel are particularly talented in this area, due to their highly scenario-based learning and training (TangoAlpha3, 2022). Despite the myth that the transferability of veterans' skills to other areas outside defence is low, defence simulations are in fact designed to help service members easily adapt their previous skills and knowledge to new needs and work environments, particularly in fields related to business, innovation, and highly

advanced technologies (TangoAlpha3, 2022). Defence personnel are also known to have an extremely high work ethic and a passion for completing given tasks, making them promising candidates for a range of workplace settings in life after service (TangoAlpha3, 2022).

8. Service integration, coordination and navigation

Previous reports have spoken of the fragmentation of mental health services and the divide between DVA and Department of Defence (Productivity Commission, 2019). In Australia, slow and complex administrative processes and a lack of transparency in decision making often cause delays in treatment, exacerbating financial and psychological distress for veterans and families (Collie, 2019).

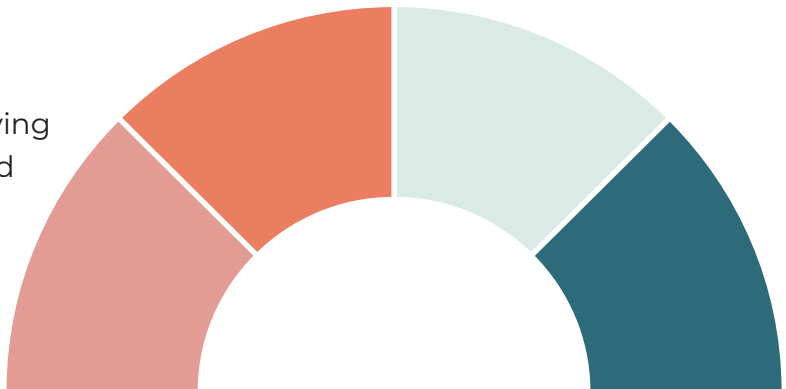
There are several critical challenges that present a barrier to preventative and early intervention efforts, as well as the provision of timely care for complex psychosocial issues (LaMonica et al., 2019), particularly during transition (Productivity Commission, 2019).

In the U.S., care coordination between VA and non-VA hospitals is fragmented and complex, often leaving veterans and families to manage their own care coordination with little guidance (Miller et al., 2019). Services in the UK also struggle to address the multiple and complex needs of veterans, with poor communication between agencies in the planning and delivery of care (Osborne et al., 2022).

9. Military Cultural Norms and their impact in help-seeking culture

The available literature highlights global potential challenges for serving and ex-serving defence members in seeking help the world over. Organisational and individual barriers include stigma, a "military culture of stoicism," (Randles & Finnegan, 2022, p. 103) and an ethos of self-reliance as critical factors in influencing help-seeking behaviour in military populations. Structurally, health service difficulties such as access and lack of understanding by civilian staff are also identified as deterrents to seeking treatment (Randles & Finnegan, 2022).

A systematic review of studies over a three-year period conducted by Sharp et al. (2015) identified 20 papers meeting the search criteria related to help seeking in military populations. Results indicated that close to 60% of military personnel do not seek help for their identified mental health problems, even though they would have likely benefited from doing so. There are many reasons associated with this treatment seeking gap, the most frequently reported being stigma (the fear of judgement or unfair treatment from their peers or workplace). In a sample of 812 young adult veterans, stigma was a notable reason for veterans underutilising mental health services (Kulesva et al., 2015), indicative of the impact of stigma across generations in military populations. Whilst these influences on help-seeking are seen for both physical and mental disorders in military personnel, a survey of 2,048 US soldiers indicated this is felt more strongly for mental health issues than for physical issues. For example, respondents believed more strongly for mental disorders that they should manage on their own (30% versus 23% for physical disorders), and were less convinced that treatment would be effective, improve their quality of life, or improve their ability to function at work (Britt et al., 2020).



Turning to the Australian landscape, similar findings emerged. Compared with the general Australian community, the Transitioned ADF personnel reported higher levels of psychological distress and were more likely to report poorer self-perceived health (Van Hooff et al., 2019). The National Mental Health Commission (2017) found ADF culture and career consequences of seeking help factored into help-seeking choices. "Elements of the ADF culture itself may give rise to an environment and expectations (of oneself and of other members) which inherently present barriers to seeking help for mental health problems, self-harm and suicide" (p.43). Some people told the Commission the high value placed on resilience and coping with adversity can also "lead to an intolerance of weakness, especially any form of mental weakness" (p. 43). The positive camaraderie of mateship can be detrimental too, as it can manifest in not wanting to let other people down.

Harm to career, jeopardised employment, and limited deployments were cited as reasons for some ADF members withholding information about their well-being and psychological health from their leaders and medical practitioners. The concern around career impact was similarly identified in the earlier ADF Mental Health Prevalence and Wellbeing Study in 2010 (The University of Adelaide, 2010) and indicates this is an issue requiring attention.

Unfortunately, the relaxation of discriminatory policies that have hindered the experiences of LGBTQI+ personnel in the past (e.g., Mark et al., 2019) has not yet led to a shift in overall defence cultural norms around stoicism and a propensity to "tough it out" (Ganz et al., 2021, p.2). Concerns around such norms are that they may promote a particular type of masculinity, and can devalue the contribution of women, who can, therefore, be less deserving of support.

This culture has serious implications for help seeking by female veterans and LGBTQI+ populations (Krill Williston et al., 2019). At present, there is a lack of appropriate and sensitive mental health screening tools, models, and interventions for these groups to better understand the complexities here.

Historically, among certain defence communities, there is also a culture that perpetuates not only sexual discrimination, but abuse, and assault under the guise of being "rites of initiation" (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, p. 9). In these communities, instances of abuse often go unreported due to a fear of retribution, shame and humiliation, separation, or no action being taken (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

OPPORTUNITIES

9 KEY OPPORTUNITIES

1. Support families, friends and communities

Emerging Australian research highlights the need for targeted support and engagement of veterans' families (DVA, 2020; Wells, 2021, 2022), friends and carers (Royal Australian and New Zealand College of Psychiatrists [RANZCP], 2019), particularly during the transition from defence to civilian life (DVA, 2017; DVA, 2018), as well as formal recognition of the indirect impact of veteran mental illness (e.g., PTSD) on their intimate partners and family members (Franz et al., 2020; Waddell et al., 2020).

Supporting the wellbeing of families and friends is particularly important considering the significant role of intimate relationships in veteran trauma recovery (Waddell et al., 2020) and the role of partners and friends in supporting veteran help seeking (Taylor et al., 2020; Van Hooff et al., 2019). To facilitate this, Waddell et al. (2020) emphasise the importance of continuing education of health care providers, government staff and the general community about the impacts of veteran mental illness on relationships. In the UK too, the Quality Network for Veterans Mental Health Services (2021) also highlighted the need for training of staff members to enhance carer awareness and family inclusive practice (including carers' rights and confidentiality), as well as identification of a 'carer's champion' within services to act as a main point of contact for carers in providing information and support. This is also the case in other countries like Australia and the United States, where there is increasing value being placed on input from families and carers, including their involvement in the co-design of veteran and family interventions (Post et al., 2022; Tindall et al., 2021).

Recent pilot research conducted in Australia demonstrated that providing family caregivers with information about physical activity, reducing sedentary time and increasing resilience enhanced their psychological wellbeing (Post et al., 2022). Additionally, the finding that some family members perceive positive effects of defence service on their relationships with immediate and wider family members (Daraganova et al., 2018) suggests that the family unit may function as a protective mechanism and source of resilience for individual family members.

2. Promote protective factors

Australian and international research highlights the importance of focusing on strengths and positive aspects of veterans' lives that serve as protective factors for improved mental health. Many of the protective factors identified were

social and included community resources or relationships, (such as bonding or connectedness to family). For example, in the Australian context, Waddell et al. (2020) highlighted social support, particularly support from an intimate partner, as a significant protective factor for trauma-exposed veterans. Jamieson et al. (2021) identified the role of helping others through advocacy and public speaking in facilitating meaning making and acceptance by veterans, noting the need for further research in this area. Similarly, in the UK, Randles and Finnegan (2022) revealed the benefits of using defence leaders and other veterans as mentors to promote help-seeking, while Weir et al. (2019) found that peer-based support within mental health and wellbeing services enhanced veteran engagement in the majority of instances. Research from the US also revealed the critical role of social support from family and friends in encouraging help seeking by veterans (Taylor et al., 2020; Williamson et al., 2019).

Other protective factors identified in US veteran populations included personal resources, such as positive temperament and future expectations (Williamson et al., 2019), psychosocial resources, such as veteran identity (defined as the veteran's self-definitions derived from defence experience) (Adams et al., 2019), educational resources, such as mental health literacy (Taylor et al., 2020; Krill Williston et al., 2020) and other resources such as pets or hobbies (Beynon, 2021; Williamson et al., 2019). Research from both the US and Australia also highlighted the crucial importance of quality and access to social services and mental health care (Van Hooff et al., 2019; Williamson et al., 2019). In Australia, exercise and dietary education were identified as protective factors (Post et al., 2022), and technologies were found to support behaviours, such as physical activity, diet and sleep, and social connection (Van Hooff et al., 2019). It should be noted that conceptualisation of protective factors varied among studies.

3. Support diversity

Service members and veterans are an increasingly diverse group and tailored, person-centred approaches to meet their unique needs should be integrated into service planning and delivery (RANZCP, 2019).

In the USA, a longitudinal study identified the indirect impacts of mental health literacy in reducing treatment-seeking stigma among female veterans and highlighted the need to address defence cultural norms that devalue femininity and hinder help seeking by female veterans (Krill Willison et al., 2019). In their systematic review of veteran help-seeking behaviour, Randles and Finnegan (2022) noted that the majority of research on help seeking has been conducted in the USA on male veterans, highlighting the need for further examination of barriers and facilitators to help seeking by female populations in different countries. Mark et al.'s (2019) narrative review of international literature identified the need for providers to address the health and wellbeing of gender minority groups in the context of defence service by (i) routinely inquiring about patients' sexual orientation and gender identity; and (ii) developing a specific transgender veteran outreach strategy focused on educating staff and sharing explicit information about the services

they provide. Research from the USA also highlights the need to explore practices that are affirmative of LGBTQI+ veterans and practices that highlight the resilience that may stem from their identity (Bloeser et al., 2018; Pelts et al., 2018).

Finally, research from the USA identified the complex needs of older veterans, and the importance of addressing the overlapping medical, mental health, neurocognitive and behavioural issues this population can face (O'Malley et al., 2020). Research exploring these issues in the Australian context is urgently needed. Research must also account for the diversity of defence families, consider how family is conceptualised across different groups, and look to integrate their supportive needs into future service planning and delivery.

4. Enhance digital and telehealth service options

In recent years, and especially during COVID-19, there has been an explosion of new digital tools for mental health assessment, support, prevention, and treatment (Ferguson et al., 2021; Roland et al., 2020), with research showing that digital technology can improve the current delivery of mental health care (Kemp, 2020). A recent horizon scan of best practice in digital mental health (Morrison, 2022) identified four opportunities for enhancing digital mental health service delivery in the future:

(1) artificial intelligence using chatbots and natural language processing (NLP) technologies;

(2) digital phenotyping using mobile devices to capture data to predict, diagnose and/or treat mental health conditions;

(3) gamification involving the use of game design techniques such as levels/progression feedback, points/ranking/scoring and achievements/awards to boost engagement and adherence to digital mental health programs; and

(4) virtual reality (VR) to simulate real-world environments for the purpose of mental health assessment and treatment, with the majority of VR research to date focused on anxiety disorders.

During COVID-19, the U.S. Veterans Health Administration pivoted much of its health care delivery into virtual channels, finding that (i) telehealth was largely effective for female veterans (Richardson, 2022); video-enabled tablets increased the use of mental health care via video, increased psychotherapy visits (across all modalities), and reduced suicide behaviour and ED visits for veterans (Gujral et al., 2022); home telehealth use contributed to managing veterans' complex chronic conditions (Dang et al., 2019); and older veterans may be more open to integrating technology into their mental health care than providers might assume (Connolly et al., 2018). The U.S. Department of Veterans Affairs offers veterans, their dependents, and caregivers access to the My Health Vet online health care portal, which provides users with an all-encompassing online platform to manage their health and care (Morrison, 2022). While the majority of research originates from the USA, veterans in a UK study reported that mental health treatment would be more accessible (including outside working hours) if the first port of contact could a telephone or online communication (Randles & Finnegan, 2022).

Digital mental health solutions and resources have also targeted veteran services in Australia (Morisson et al., 2022), albeit to a lesser extent. An Australian review of implementation of online video therapy in veteran mental health care settings found that, while the efficacy of online modalities is promising, widespread adoption and utilisation remains low with efforts often failing to progress past the pilot phase to implementation (Muir et al., 2020). The authors note that further research is needed to establish best practice for implementation, particularly across geographically dispersed sites (Muir et al., 2020). To facilitate uptake of digital solutions in Australia, Deloitte (2022) note the need to 'avoid simply digitising old ways of working'. Digital solutions should not merely replace existing face-to-face consultations, but rather, should enhance healthcare and the consumer experience. This can be achieved by working with consumers to co-design a digitally enabled future (Deloitte, 2022).

5. Provide holistic care that addresses complex needs

Providing holistic care that focuses on the lifetime wellbeing of veterans and families is crucial to address the complex care needs of veteran communities. This includes (i) staffing services with multidisciplinary teams that can address care needs in a holistic way (Inoue et al., 2021); (ii) improving information sharing between professionals across public and private and ADF and DVA systems, for example, through electronic systems that operate across ADF and DVA systems finances (Williams et al., 2021).

6. Strengthen early intervention and prevention

There is a need to ensure early access to mental health care for veterans and families long before a crisis arises, or before a situation becomes chronic. This includes early intervention and prevention of veteran homelessness via trauma informed services like Homes for Heroes (MacKenzie & Wegner, 2022). Riemer et al. (2018) propose a model in which veterans have access to walk-in counselling initiatives at crucial, time-sensitive points, instead of having to wait for the more traditional service-delivery models. These 'ad hoc' services tend to be especially useful for individuals and families who are seeking support for new or reoccurring issues that could lead to psychological distress or other psychosocial problems, including suicide, if not attended to in a timely manner (Riemer et al., 2018). Recent from the U.S. also found that the use of risk modeling in clinical programs enhances treatment engagement and reduces mental health admissions, emergency department visits, and suicide attempts by veterans, suggesting they may be effective tools to support care enhancement and harm prevention (McCarthy et al., 2021).

Digital solutions also have the potential to facilitate prevention and early intervention (Morrison, 2022). For example, using digital phenotyping to proactively monitor mental health issues (Morrison, 2022) or computer algorithms to identify symptoms within electronic health records (Crotti, 2022). Australia has led the world in the development of these technologies. However recent research highlights the need for technologies to be tailored to the unique needs of veterans and families (Heinonen & Strandvik, 2021; McFarlane et al., 2020).

7. Improve service navigation

Understanding and navigating the pathways to mental health support can be complex for veterans and families, particularly when they are feeling unwell. Previous work highlights the need to (i) streamline DVA administrative practices, including record keeping, workflow management, and claims processing to improve service navigation (ANAO, 2021; DVA, 2020); (ii) provide empathic, tailored case management for complex or high-risk clients to support veterans and families in navigating available services and supports (DVA, 2020) and (iii) leverage the insights and expertise of community-based stakeholders (Huitink et al., 2018).

In Australia, a two-year pilot of the Wellbeing and Support Program (WASP) found that holistic and collaborative case management, which involves the family of the veteran, allows for a single point of contact and improved care coordination (Lawn et al., 2021). Ongoing developments like these are important in facilitating effective case management and timely assistance from the DVA (Lawn et al., 2021). Streamlining systems of communication and information sharing will help decrease the level of difficulty veterans experience when navigating services and supports, promoting help-seeking behaviours and facilitating a smoother process for accessing and scheduling mental health support (Forchuk et al., 2022).

8. Address mental health stigma and cultural norms that hinder help seeking

Dispelling the stigma that currently exists surrounding mental health in defence populations would encourage help-seeking behaviours by veterans and families (Randles & Finnegan, 2022). Several recommendations have been made for achieving this, including: (i) sharing personal stories of veterans to normalise help-seeking; (ii) increasing mental health literacy and awareness of available services by veterans and families; (iii) providing training and educational sessions that specifically address defence culture and help-seeking; (iv) involving veterans as mentors with lived experience (Randles & Finnegan, 2022); (v) employing peer workers with defence connections and/or experience (Bird, 2015; Chinman et al., 2015; Weir et al., 2019; Westwood et al., 2010); (vi) encouraging family and friends to support help-seeking behaviours (Taylor et al., 2020); and (vii) involving veterans and families in advocacy and public speaking (Jamieson et al., 2021).

9. Improve workforce capacity and competence

Enhancing the capacity and competence of the healthcare workforce is crucial to ensure the right care is provided at the right time for veterans and families (LaMonica et al., 2019).

Research shows that many veterans and families question the knowledge and understanding of civilian professionals in relation to their distinct challenges and support needs, resulting in a distrust and disengagement with services (Elbogen et al., 2013; Lane & Wallace, 2020; Sharp et al., 2015; Vogt, 2011; Wells et al., 2021, 2022) highlighting the need for continued professional education and development targeted towards improving defence cultural competence (Wells et al., 2021, 2022). This includes staying up to date with changing biopsychosocial risks for veterans and integrating women's health services into routine practice with veteran populations (McCauley & Ramos, 2020).

Mental health service leaders are encouraged to explore ways in which the care environment can support the wellbeing of their employees. According to Ponce et al. (2022), inclusive leadership and collegial support enhance worker resilience, job satisfaction and innovation. Task sharing care with non-specialist providers may also extend the capacity of the mental health workforce to deliver care for a range of conditions across settings (Raviola et al., 2019).

CURRENT MENTAL HEALTH AND WELLBEING SERVICE DELIVERY MODELS, INNOVATIONS AND THEORIES

The review identified 16 priorities for future service delivery models (see table 1), 20 innovative models, programs and interventions (see table 2), and 15 theories (see table 3) to guide the design of a future model of service delivery.

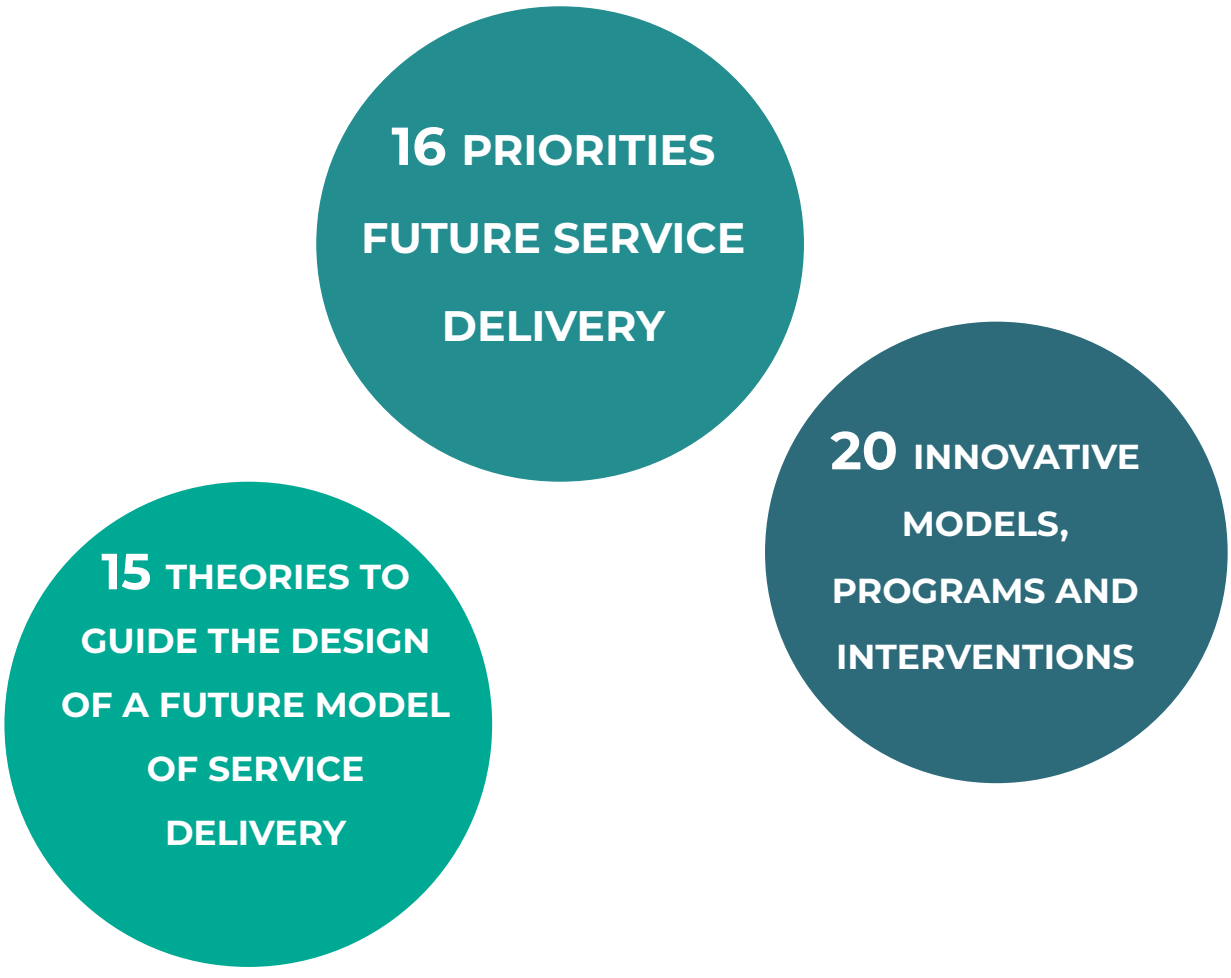


TABLE 1: KEY PRIORITIES FOR FUTURE SERVICE DELIVERY MODELS

PRINCIPLE	FOCUS	AUTHORS
Resilience	There is a need for practices that recognise and support resilience building	Australian Government (2018); Bloeser & Ramirez (2018); Deloitte Center for Government Insights (2022); Osbourne et al. (2022); Pelts et al. (2018); Ponce et al. (2022); Post et al. (2022); Transition Taskforce (2018)
Recovery	Future models should be based on recovery-oriented practices (including prevention and early intervention)	Bauer & Wistow (2018); Carrera et al. (2018); DVA (2020); McCarthy et al. (2021); NSW Ministry of Health (2018); Waddell (2020); Whitley, et al. (2019)
Diversity	Practices should be welcoming of the increasing diversity of ex-serving defence populations	Bloeser & Ramirez (2018); Mark et al. (2019), Pelts et al. (2018); Shoemaker & von Hlatky, (2020)
Equity	There is a need to employ person-centred approaches to ensure individual clients are equal partners in their mental health care	Australian Institute of Health and Welfare (2018); Curtis et al. (2020); DVA (2020)
Complexity	Future service models should consider the multilayered and complex nature of mental healthcare systems	Abayneh et al. (2020); Dang et al. (2019); Eyre et al. (2021); Huitink et al. (2018); Mackenzie & Wegner (2022); Moreno et al. (2020); Noorain et al. (2022); Osborne et al. (2022)
Environment	Future service models should include environmental factors such as patient no-shows, emergencies, resource absenteeism, unpunctuality, unavailability, and traffic delays	McFarlane et al. (2020); Noorain et al. (2022); Ponce et al. (2022)
Family	Future models should be accessible and accommodating to the needs of family and friends	Carbonell et al. (2020); Daraganova et al. (2018); Franz et al. (2020); Inoue et al. (2021); LaMonica et al. (2019); Lawn et al. (2021); Post et al. (2022); Rickwood et al. (2019); Sayers et al. (2021); Taylor et al. (2020); The Royal Australian and New Zealand College of Psychiatrists (2019); Transition Taskforce (2018); Waddell et al. (2020); Williams et al. (2021); Wells et al. (2021)
Holistic	Future interventions should (i) focus on veterans' social determinants of health; (ii) use a multidisciplinary approach to incorporate social and psychological/behavioural expertise; and (iii) include mind-body interventions such as mindfulness, yoga, and acupuncture	Australian Institute of Health and Welfare (2018); DVA (2020); Hickie & Rock (2020); Lawn et al. (2021); NSW Ministry of Health (2018); O'Malley, et al. (2020); Rickwood et al. (2019); Rosenberg, Haun et al. (2021); The Royal Australian and New Zealand College of Psychiatrists, (2019)

Personalised	Incorporation of a highly personalised model into mental health service provision would represent a significant enhancement to stepped care	Cross et al. (2019); Ferguson et al. (2021); Haun et al. (2021); Hickie & Rock (2020); Moreno et al. (2020); NSW Ministry of Health (2018); Rosenberg (2020); William et al. (2020)
Integrated	Future service models should aid decision-making across different systems and planning levels	Australian National Audit Office (2018); Huitink et al. (2018); Noorain, Paola Scaparra & Kotiadis (2022); NSW Ministry of Health (2018)
Strengths-based	There is a need for strengths model case management for people with mental illnesses	Bauer & Wistow (2018); Briand et al. (2022); Carrera, et al. (2018); Curtis et al. (2020); Wells et al. (2021)
Compassion	Mental health services should be based on principles of compassion	Kemp et al. (2020); Quality Network for Veterans Mental Health Services (2021)
Continuity	Continuity of care should be regarded as a guiding principle in planning and delivering services in mental healthcare	LaMonica et al. (2019); Miller et al. (2019); Moreno et al. (2020); Mulder et al. (2019); Noorain, Paola Scaparra & Kotiadis (2022); William et al. (2020)
Collaborative	Need for a co-designed model of care for veterans with alcohol problems	Australia's Health Reimagined (2022); Carrera et al. (2018); Collie (2019); Curtis et al. (2020); Haun et al. (2021); Huitink et al. (2018); LaMonica et al. (2019); Moreno et al. (2020); Mulder et al. (2019); Osbourne et al. (2022); Tindall et al. (2021)
Transdiagnostic	Staged care based on the transdiagnostic clinical staging model to identify the extent of progression of disease at a point in time.	LaMonica et al. (2019)
Trauma informed	Specific veteran services (e.g., Homes for Heroes), trauma informed services	MacKenzie & Wegner (2022); NSW Ministry of Health (2018)

TABLE 2: INTERVENTIONS, MODELS, PROGRAMS AND RESOURCES

MODEL/ PROGRAM/ INTERVENTION	FOCUS	TARGET GROUP	AUTHORS	COUNTRY
SafeSide Recovery-Oriented Risk Prevention Framework	This framework is a suicide and violence prevention approach employed by Open Arms. It follows the CARE model (connect, assess, respond, extend) and focuses on safety, recovery, and quality of life. The framework uses a contextual approach to risk formulation, assessing clients based on their relative risk compared to others in the same clinical context, rather than applying a general low/high classification. This helps capture the fluid nature of risk and provides more meaningful assessments. Risk formulation leads directly to tailored intervention strategies.	Individuals	Open Arms (2019)	USA
The Headspace Centre Model	A model that emphasis the provision of accessible, acceptable, and appropriate services to meet the mental healthcare needs of young people. Comprises 10 core service provision components (youth, family & friends' participation, community awareness, enhanced access, early intervention, appropriate care, evidence-informed practice, service integration, four core streams, & supported transitions) and 6 enabling system components (national network, lead agency governance, consortia, multidisciplinary workforce, blending funding & monitoring & valuation).	Youth	Rickwood et al. (2019)	AU
Whole Health Approch	An approach that focuses on understanding what matters most to the patient and aims to empower and equip them to take charge of their own health and well-being. Three major components to the approach include The Pathway (identification of goals & development of health plan), Well-being programs (health coaching & support, self-care & skill-building groups, complementary & integrative health services), and Whole Health Clinical Care (the use of the whole health paradigm for providing care across health care settings).	Veterans	Rickwood et al. (2019)	AU
Restorative Approaches Veteran Family Service	A therapeutic and educational approach that seeks to increase awareness of mental health disorders and promote shared experiences, understanding and empathy by the families of veterans in order to support recovery of the veteran.	Families of veterans suffering mental ill health	Williams et al. (2021)	UK
Home Based Primary Care Interdisciplinary Model	A model of care for older adults with disabilities and advanced chronic health conditions, many of whom are housebound, whereby comprehensive, and longitudinal care is provided in the home.	Veterans who are housebound	Dang et al. (2019)	USA

Advanced Care Coordination (ACC) Quality Improvement Program	A program that aims to (i) identify gaps between veteran and non-Veteran Affairs health care systems to decrease the burden placed on emergency departments; and (ii) implement comprehensive longitudinal care coordination that focuses on a veteran's social determinants of health.	Veterans	Miller et al. (2019)	USA
Walk-in Counselling (WIC) Model of Service Delivery	A service delivery model that offers individuals or families a single counselling session without the need for an appointment.	Individuals	Riemer et al. (2018)	CA
Veteran-Centred Model	A model designed to holistically understand the factors influencing the health and welfare of veterans. Based on AIHW's person-centred model, the model outlines domains, elements and influencing factors that impact the health and welfare of general populations, whilst also tailoring in the needs and characteristics of the Australian veteran population.	Provides clinicians support to holistically analyse and report on veteran's health and welfare	Australian Institute of Health and Welfare (2018b)	AU
Coaching Into Care (CIC) Telphone-Based Service	A telephone service provided by DVA that helps family members encourage the veteran to seek treatment for their mental health.	Family members of veterans needing mental health treatment	Sayers et al. (2021)	USA
Later-Adulthood Trauma Re-engagement (LATR)	LATR incorporates meaning-making, life review and a process of building coherence to address co-occurrence of thoughts and memories of past combat or other defence experiences remerging or becoming exacerbated alongside the normal challenges of aging.	Aging veterans	O-Malley et al. (2020)	USA
The Care for Patients with Complex Problems ([CP]2) Program	The Care for Patients with Complex Problems ([CP]2) Program focuses on the complex needs of veterans with overlapping medical, mental health, neurocognitive and behavioural issues. Outcomes include reduced healthcare costs, shortened inpatient stays and improved patient and provider satisfaction. The LATR (detailed above) is included in this program.	Veterans with PTSD and aging veterans	O-Malley et al. (2020).	USA
Model of Mental Health Innovation Diplomacy	A model that focuses on responsible innovation practices to guide and monitor implementation. It outlines a collaborative process between service providers and developers to identify and manage risks to users whilst also meeting a set of social and ethical principles.	Any mental health service provider aiming to implement social media or digital platforms into service delivery	Eyre et al. (2020).	AU

Caplan's Public Health Preventive Model for Mental Disorders	Caplan's model shifts the focus of mental health responsibility from an individual paradigm to a systems level of responsibility. It seeks to increase educational readiness, develop interpersonal and social problem-solving skills, train parents to respond to their children's needs, decrease child abuse and respond to both individual and community-based crises.	Students, children, parents, educators	Carrey (2021)	CA
Collaborative Assessment and Management of Suicidality (CAMS)	A clinical framework centred on understanding a patient's suicidal tendencies. Best understood as a philosophy of care, CAMS involves a collaborative assessment and treatment process between the patient and the clinician.	Patients experiencing suicidality	Jobes et al. (2018)	USA
Knowledge Translation (KT) Model	The KT Model is a veteran community-centred model that uses a web portal to bring 'unspoken' truths to light and instigate discussions surrounding veteran suicide. Discussions focus on definitions of veteran suicide and possible suicide prevention strategies for self-organised veteran communities, and non-government and not-for-profit organisations.	Veteran suicide prevention	Green (2020)	AU
Strengths Model Case Management	The strengths model of case management assists clients in recognising and using their personal strengths to achieve meaningful goals. The model is based on six principles: (i) clear focus on client strengths rather than deficits; (ii) a person's community is viewed as hosting a plethora of resources; (iii) the client directs their own helping process; (iv) a positive relationship between client and case manager is key for facilitation; (v) intervention is primarily community based; and (vi) people with severe mental ill health are viewed as having the capacity to recover and have control over their lives.	People with severe mental illness	Briand et al. (2022)	CA
The 'Hub and Spoke' Approach	A service delivery model that consists of a central 'hub' (an anchored, central mental health service) supported by many 'spokes', with the support worker acting as the link between the 'spokes' (other services relevant to supporting veteran mental health) to reduce the risk of care disengagement.	Veterans in need of mental health and substance use services	Osborne et al. (2022)	UK

TABLE 3: Theories relating to veteran mental health and wellbeing service delivery

THEORY	DESCRIPTION	EXAMPLES OF THEORY APPLICATION	AUTHORS
Life Course Theory	Seeks to understand the multiple factors that shape people's lives from birth to death, placing individual and family development in cultural and historical contexts.	"We base our conceptual understanding of health and well-being on the life course model proposed by Segal, Lane, and Fisher (2015). In this model, the well-being of service members and families is the central focus, and is comprised of several components, including physical health, psychological health, financial well-being, military factors, family factors, and other outcomes (including spiritual and recreational elements)" (Mark et al., 2019, p. 2).	Mark et al., (2019); Taylor et al., (2020)
Sociocultural Framework	Explains the formation of personal identity by means of socialisation and culture over time.	"From a sociocultural perspective, basic training provides a forced separation from the civilian environment which 'ensures that any sense of a prior identity or individuality is removed" (Pedersen & Wieser, 2021, p. 162).	Pedersen & Wieser (2021)
Compassionate Care	A delivery approach that outlines specific dimensions of compassion when caring for patients in health service delivery.	This review was able to substantiate that compassion is often a core aspect of digital health delivery. In fact, these new modes of intervention enable novel enactments of compassion and means to teach or train health care professionals to provide compassionate health care which would not be previously possible without digital technology. (Kemp et al., 2020, p. 10).	Green (2020); Kemp et al. (2020); Quality Network for Veterans Mental Health Services (2021)
Recovery Approach	An ideology that proposes people with mental ill health can get better and are not necessarily ill or disabled for their entire life	"We investigated the recovery approach as a social innovation in mental health care by using process-tracing methods. After introducing concepts and explaining the choice of the focus on the recovery approach we examine the milestones that signalled important changes in the landscape of the recovery approach (Bauer et al., 2018, p. 130).	Bauer et al. (2018); Carrera et al. (2018)
Strength-based approach	Approach to client care that focuses on a person's strengths and resources, rather than their deficits.	"For social workers who are supporting families with a military background, findings from this study highlight the value of a strengths-approach for assessing and mobilizing the internal and external resources and supports that protect military families and young people during the stress and change of the MCT." (Wells et al., 2021, p. 461).	Wells et al. (2021).
Restorative approach	An ethos and process that advocates for a focus on repairing, maintaining and strengthening relationships.	During implementation, the restorative approach (RA) framework was found to work as expected in the context of providing a support service for veteran families, forming a strong base for higher levels of positive family communication, understanding, empathy and motivation to change (Williams et al., 2021, p. 35)	Williams et. al., (2021)

Homecoming theory	Identifies and explains the challenges veterans face when transitioning between the service and home environment.	“Both Life Course Perspective and Homecoming theory can be used to explain the phenomena that have been explored during these interviews and could be avenues for future researchers to explore on the subject.” (Taylor et al., 2020, p. 91).	Taylor et al. (2020)
Enterprise government	A model that describes the coordination of cross-agency planning and governing systems that aim to achieve goals across organisational realms.	“An enterprise approach that fosters greater collaboration between the VA and its federal partners, and further aligns their collective efforts with community-based actors, is essential to achieve the vision laid out in the VA’s strategic plan” (Huitink et al., 2018, p. 21).	Huitink et al. (2018)
Role of institutional betrayal in help seeking	A theoretical model that assists in conceptualising institutional factors influencing help-seeking behaviour.	“One potential explanation for this phenomenon is that survivors of Military Sexual Trauma feel betrayed by the military institution that they served when the MST occurred due to the institutional response to MST or perceptions that the institution failed to prevent MST from occurring.” (Ryan & Monteith, 2019, p. 340).	Holliday & Monteith (2019)
Theory of change (ToC)	Provides an explanatory outline of how and why a desired outcome will occur.	“The development of ToC and the involvement of diverse community representatives in the process was critical in terms of understanding the context of the programme intervention, to identify components of interventions, and articulate preconditions and underlying assumptions. The participatory approach, systematically applied, gives structure to the identification and articulation of programme theory, an important step of service user involvement in mental health systems strengthening initiatives.” (Abayneh et al., 2020, p.13-14).	Abayneh et al. (2020); Qureshi et al. (2021)
Imposed service innovation	Assists in understand-ing how novel phenomena accelerates the innovation of services outside their own volition.	“Crisis accentuates the primacy of customers and the recognition that successful service innovations are built on understanding customers and their contexts; without customers, there is no business (Levitt, 1960; Drucker, 1974). In practice, imposed service innovation can inspire new directions and approaches to innovation” (Taylor et al., 2020, p. 108).	Taylor et al. (2020)
Moral injury	A term coined to describe being exposed to events that violate or breach an individual’s moral code, thus creating moral trauma.	“The purpose of this study was to explore participant’s experiences of living with moral injury and how they made meaning of those experiences. Three themes were developed that revealed the central role of meaning making, the capacity to transform through acceptance and validation and using transformation to support and advocate for other veterans” (Jamieson et al., 2021, p. 180).	Jamieson et al. (2021)

Integrated Behaviour Model	Theory explains how a behaviour occurs by outlining five determinants of behaviour including motivation and knowledge, social norms, minimal barriers and describes how a behaviour becomes habitual.	However, the determinants proposed in IBM became more influential to explain the main themes uncovered by respondents. Although many participants talked about why they joined the defence, how their experience changed them while serving, and about their rocky transition journey, the determinants (intention, knowledge, barriers, saliency, and consistency) outlined in IBM became prevalent upon analysis of the data gathered during the interviews. (Taylor et al., 2020, p. 91).	Taylor et al. (2020).
Social model of disability	Proposes the idea that poor health outcomes are impacted by wider health and wellbeing domains and not simply the result of failings within the healthcare system.	“The recovery approach focuses on helping people with mental ill health to live as part of and participate in their local community and is thus closely linked to concepts of social inclusion and citizenship (Repper & Perkins, 2003) and therefore located within the realm of the social model of disability” (Bauer & Wistow, 2018, p. 132).	Bauer & Wistow (2018)
Theory of Adult Education	Proposes that adults learn differently to children and tend to be more self-directed, internally motivated, and ready to learn.	First, recovery colleges tend to be based on the theory and practice of adult education, rather than clinical or therapeutic models. As such, they possess many of the core characteristics of an adult education college: registration, enrolment, term curricula, full-time staff, sessional teachers and a yearly cycle of classes” (Whitley, Shepherd, & Slade, 2019, p. 141).	Whitley, Shepherd, & Slade (2019)

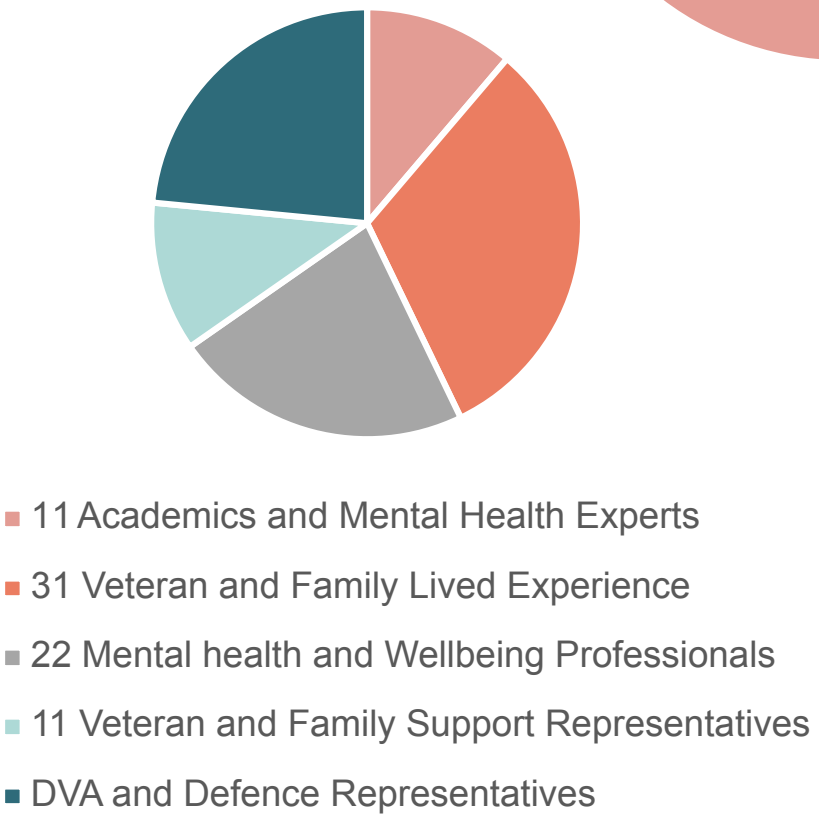
Part 2:

DELPHI SURVEY

Part 2: DELPHI SURVEY

99 subject area experts from Australia and internationally agreed to take part in the Delphi survey. The final sample consisted of 11 mental health experts and academics, 32 veteran and family lived experience representatives, 22 mental health and wellbeing professionals, 11 veteran and family support community representatives and 23 DVA and Defence representatives (see Figure 1). Of these, 40 (%) were female, 55 (%) were male and 22 (%) were non-binary. Additionally, 6 (6%) identified as Indigenous and 21 (28%) as LGBTQI+.

Overall 97% agreement with ranking order



Respondents ranked statements in the following six categories by urgency: (1) Mental health and wellbeing trends; (2) Challenges in accessing mental health services and supports; (3) Challenges in providing mental health services and supports; (4) Opportunities for improving access to mental health care; (5) Opportunities for improving mental health service provision; (6) Priorities for future service provision models. The findings for each category are outlined below, anchored by insightful quotes from open ended responses.

1. Mental health and wellbeing trends

Statements in this category related to key trends impacting on the mental health and wellbeing sector (see Table 3). Respondents ranked 20 statements in this category by urgency, with the highest levels of agreement associated with the increasing rate of ADF members transitioning out of the military with a diagnosable mental health condition (e.g., anxiety, affective, depressive, alcohol-use disorders) (59%), and the rising concern about the high rate of veteran suicides in Australia (54%).

96% agree with ranking order

Table 4: Mental health and wellbeing trends

Rank	Statements (n=20)	% Agree
1.	The rate of ADF members transitioning out of the military with a diagnosable mental health condition (e.g., anxiety, affective, depressive, alcohol-use disorders) is increasing	59.1%
2.	There is rising concern about the high rate of veteran suicides in Australia	53.6%
3.	Contemporary veterans experience fundamentally different types of conflict and deployment	43.6%
4.	Intimate partner violence has been largely overlooked in Australian veterans	35.5%
5.	Alcohol and substance use disorders are a growing concern in veteran populations	35.5%
6.	Military populations are increasingly diverse	33.6%
7.	Awareness of the impact of military sexual trauma and harassment on veterans has increased	30.9%
8.	Veteran homelessness has been hidden in Australia compared to other countries	26.4%
9.	Coordinated advocacy for veteran PTSD remains significantly behind other mental health disorders	23.6%
10	COVID-19 has created major challenges for mental health service provision	20.0%
11	An increasing number of people are leaving the military at a younger age	18.2%
12.	The suicide rate of veteran women has increased significantly in recent years	17.3%
13.	Veterans want to be in control of their own health data	16.4%
14.	LGBTQI+ veterans continue to face discrimination	13.6%
15.	Women are the fastest growing cohort of veterans	13.6%

16.	The veteran population is ageing	13.6%
17.	An increase in single person households has led to reduced social support for veterans	12.7%
18.	COVID-19 has created a rising tide of mental health issues	11.8%
19.	The use of digital mental health in the veteran space has increased	53.6%

2. Challenges in accessing mental health services and supports

93% agree with ranking order

Statements in this category related to factors that hinder

health appointments (49%) and lack of understanding of DVA benefits and services amongst veterans and families (48%). veterans and families from accessing mental health services and supports. Respondents ranked 22 statements in this category by urgency, with the highest levels of agreement relating to difficulty getting convenient and timely mental health appointments.

Table 5: Challenges in accessing mental health services

Rank	Statements (n=22)	% Agree
1.	Difficulty getting convenient and timely mental health appointments	48.5%
2.	Lack of understanding of DVA benefits and services	47.6%
3.	Fear that seeking mental health care may impact employment	42.7%
4.	Complex physical and mental health needs	41.7%
5.	Mental health stigma	35.9%
6.	Attitudes regarding self-reliance and the preference for self-management	31.1%
7.	Lack of support for veterans' families	28.2%
8.	Limited support to navigate discharge and transition	26.2%
9.	Lack of knowledge about mental health services	26.2%
10.	Lack of culturally safe and responsive service provision	25.2%
11.	Lack of trust in mental health service providers	24.3%
12.	Negative perceptions of mental health care	23.3%
13.	Past negative experiences with mental health services	22.3%
14.	Difficulty managing competing demands (e.g., job, school, and young families)	17.5%

16.	Lack of understanding of mental health symptoms	16.5%
18.	Lack of awareness of digital mental health interventions	5.8%
22.	Lack of help seeking support from family or friends	1.0%

3. Challenges in providing mental health services and supports

98% agree with ranking order

Statements in this category related to factors that hinder the effective provision of mental health services and supports to veterans and families. Respondents ranked 18 statements in this category by urgency, with the highest levels of agreement relating to lengthy compensation claims and complex administrative processes (69%), lack of military understanding by mental health professionals (57%) and lack of service capability to effectively manage complex needs and chronicity (53%).

Table 6: Challenges in providing mental health services

Rank	Statements (n=18)	% Agree
1.	Lengthy compensation claims and complex administrative processes	68.7%
2.	Lack of military understanding by mental health professionals	56.6%
3.	Lack of service capacity to effectively manage complex needs and chronicity	52.5%
4.	Lack of focus by service providers on the veteran as a whole person	48.5%
5.	Lack of integration between the veteran and non-veteran mental health system	46.5%
6.	Limited case management provided to veterans in obtaining mental health support	35.4%
7.	Lack of adequate engagement of veterans in service design and development	35.4%
8.	Fragmentation of mental health services (including digital)	31.3%
9.	Reduced workforce capacity in rural and remote locations	26.3%
10.	Fragmentation of veteran transition support services	21.2%
11.	Poor coordination between mental health and substance use services	16.2%

12.	Lack of culturally appropriate mental health screening tools, models and interventions	14.1%
13.	Increased workforce stress resulting from COVID-19	12.1%
14.	Gender-blind transition policies and programs	10.1%
15.	Limited evidence to support the efficacy of digital mental health solutions	9.1%
16.	Insufficient opportunities for clinicians to train in PTSD treatment	9.1%
17.	Lack of training by service providers to work effectively with LGBTQI+ veterans	5.1%
18.	Ethical complexities in implementing digital mental health services	2.0%

"We need skills to deal with the various situations that we go through as a result of defence life and everyday information and strategies that are right for a civvie couple or family don't translate. We need people with an actual understanding and lived experience to develop new and effective tools, information, support etc. And we need to be involved in the process to be able to test it out, give feedback, adjust it so that it is truly right for veterans and their families."

4. Opportunities for improving access to mental health care

98% agree with ranking order

Statements in this category related to opportunities for improving access to mental health care for veterans and their families. Respondents ranked 19 statements in this category by urgency, with the highest levels of agreement relating to the need to ensure timely management of rehabilitation and compensation claims (53%), the need to improve support for veterans and families in the transition period (50%), the need to provide care coordination for veterans with complex needs (50%) and the need to ensure early access to mental health care long before a crisis arises (50%).

Table 7: Opportunities for improving access to mental health services

Rank	Statements (n=19)	% Agree
1.	Ensure timely management of rehabilitation and compensation claims	52.5%
2.	Improve support for veterans and their families in the transition period	49.5%
3.	Provide care coordination for veterans with complex care needs	49.5%
4.	Ensure early access to mental healthcare long before a crisis arises	49.5%
5.	Recognise and respond to early indicators of emerging disorders (e.g., anger)	43.4%

6.	Improve awareness of available mental health services among veterans and their families	34.3%
7.	Provide early intervention and prevention for veteran homelessness	31.3%
8.	Ensure targeted suicide prevention for high-risk veteran groups	29.3%
9.	Improve awareness of coping and protective strategies among veterans and their families	28.3%
10.	Improve awareness of mental health symptoms among veterans and their families	22.2%
11.	Address the underlying causes of suicide, such as child abuse and neglect	19.2%
12.	Improve remote (e.g., telehealth) mental health assessment and treatment	19.2%
13.	Encourage veterans to support and mentor others with similar experiences	16.2%
14.	Expand telehealth options to rural-dwelling veterans	15.2%
15.	Identify a 'carers champion' to provide information and support to caregivers	14.1%
16.	Provide veterans with access to all their personal health information	14.1%
17.	Provide service dogs to veterans	6.1%
18.	Provide veterans with video-enabled tablets to improve access to mental health care	3.0%
19.	Support veteran participation in advocacy and public speaking	3.0%

5. Opportunities for improving mental health service provision

99% agree with ranking order

Statements in this category related to opportunities for improving the provision of mental health and wellbeing services to veterans and families. Respondents ranked 19 statements in this category by urgency, with the highest levels of agreement relating to the need to streamline the administrative practices of DVA (e.g., claims management, record keeping, workflow management) (55%) and the need to involve veterans and families at all levels of the mental health system (46%).

> "Counselling, social work, help in managing day to day life, relationship supports and so on are as needed as psychology and psychiatry."

> "Having a meaningful, valued role in society is critical."

Table 8: Opportunities for improving mental health service provision		
Rank	**Statements (n=19)**	**% Agree**
1.	Streamline the administrative practices of DVA (e.g., claims management, record keeping, workflow management)	54.5%
2.	Involve veterans and their families at all levels of the mental health system	45.5%
3.	Address military cultural norms that impact on veteran help seeking	43.4%
4.	Include peers and lived experience advocates	43.4%
5.	Involve the veteran and their family as part of the treating team	42.4%
6.	Enhance collaboration between the ADF and DVA in providing mental health care	41.4%
7,	Staff services with multidisciplinary teams that can address people's holistic care needs	37.4%
8.	Provide veterans with greater personal choice in decisions relating to their mental health care	35.4%
9.	Enhance interprofessional collaboration to ensure timely diagnosis and intervention	30.3%
10.	Establish an advisory council to provide advice on the lifetime wellbeing of veterans	23.2%
11.	Ensure integrated policy making for serving and ex-serving personnel	20.2%
12.	Provide "balanced care" via a linked system of services	18.2%
13.	Improve the process for scheduling mental health appointments	12.1%
14.	Provide continuous community education and outreach to reduce mental health stigma	11.1%
15.	Include veterans' personal stories in community awareness campaigns	11.1%
16.	Improve secure information sharing between current and future providers	11.1%
17.	Ensure the care environment is supportive of service provider wellbeing	7.1%
18.	Engage non-specialist providers to deliver mental health care	6.1%
19.	Use digital mental health screening, monitoring, and data management to reduce workforce burden	6.1%

6. Priorities for future service provision models

99% agree with ranking order

Statements in this category related to the key features of future mental health and wellbeing service provision models. Respondents ranked 17 statements in this category by urgency, with the highest levels of agreement relating to the need to co-design future service provision models with veterans and families (56%), the need for models to be person centred and ensure veterans and families are equal partners in their mental health care (55%) and the need for future models to focus on the lifetime wellbeing of veterans (54%).

> "There needs to be an understanding that the challenges defence life presents all impact education, employment, housing etc, and a veteran and their family's well-being is impacted because of the challenges that defence life creates in all on those areas"

> "Culturally appropriate, meaning carer, disability, veteran community, Indigenous and LGBTQI+ framework integration"

Table 9: Priorities for future service provision models

Rank	Statements (n=17)	% Agree
1.	Co-designed with veterans	56.1%
2.	Person-centred to ensure veterans are equal partners in their mental health care	55.1%
3.	Focus on the lifetime wellbeing of veterans	54.1%
4.	Recovery oriented	50.0%
5.	Focus on the social determinants of health (e.g., education, employment, housing, gender, race, social exclusion etc.)	44.9%
6.	Address multiple social, psychological, and physical needs	41.8%
7.	Accessible and accommodating to the needs of family and friends	30.6%
8.	Employ a clinical staging model that recognises the full spectrum of mental illness	25.5%
9.	Recognise and support strengths and resilience building	23.5%
10.	Include mind-body interventions such as mindfulness, yoga, and acupuncture	23.5%
11.	Consider the multilayered and complex nature of mental healthcare systems	23.5%

12.	Based on principles of compassion	18.4%
13.	Informed by a commitment to continuity of care	18.4%
14.	Incorporate diverse cultural values	13.3%
15.	Employ an equity and intersectionality lens	10.2%
16.	Reflect the multilayered nature of mental health systems	6.1%
17.	Welcoming and of diverse veteran populations	5.1%

Part 3:

Deep dive workshops

Part 3: DEEP DIVE WORKSHOPS

60 subject area experts across Australia agreed to take part in the deep dive workshops. The final sample consisted of 11 mental health experts and academics, 9 veteran and family lived experience representatives, 13 mental health and wellbeing professionals, 14 veteran and family support community representatives and 13 DVA and Defence representatives (see Figure 2).

During the workshops, participants noted that the mental health and wellbeing of veterans and families, and the systems that shape their experiences, are deeply intertwined and therefore cannot be viewed or addressed in isolation. Thus, while the following themes are presented under distinct headings, they should be viewed as interconnected and interdependent parts of a bigger picture (Bronfenbrenner, 1979).

1. A connected system of care

"What we really need is a multi-tiered system of care that's actually connecting all of these different specialist areas of support with a more general wellbeing level of support and people can more in and out of that quite easily with some sort of guidance around that for veterans to navigate"

Participants recounted difficulties navigating mental health care within the DVA, citing a backlog in processing claims, difficulty securing timely and convenient appointments, and a lack of care coordination as barriers to help-seeking. While many recognised the existence of beneficial services and supports within the DVA, they noted that veterans and families (i) tend to lack knowledge of these services and how to access them, and (ii) experience difficulties obtaining referrals and navigating between services. Participants therefore highlighted the need for improved service coordination and integration to reduce siloed approaches to care, noting that future service models should seek to improve triaging, collaboration and referral between services, and information provision on available services and how to access them.

2. Increased mental health support for families, partners and children

"They're the ones at the centre of it. They're the ones that are always living and breathing it."

There was broad recognition amongst participants of the impact of defence life not only on the veteran, but also on families, partners and children, with many family members recounting the difficulties of managing their own mental ill health while also supporting their loved one.

As one participant noted, defence families "carry their own trauma, their own mental health issues, because of the sacrifices and the things they've had to endure as a consequence of defence live." However, participants highlighted a significant gap in the mental health and wellbeing support provided to veteran families, partners, and children. At the same time, several participants described the pressure often placed on the family unit to support the veteran through their service and transition, without being equipped with the knowledge tools and resources to be able to do so effectively. Some therefore highlighted a need for psychoeducation to assist families in identifying and responding to the signs and symptoms of poor mental health.

3. Inclusion of veteran voices and lived experience in service design

> **"In terms of taking that specialist knowledge, skillset, evidence base, and translating that into services, that needs to be done through a co-design approach. It needs to be done with individuals who have that experience and not just from the clinical expert perspectives."**

Across all groups, participants highlighted the need for mental health services to be developed "by the community for the community." Integrating co-design and co-production into the design and delivery of mental health and wellbeing services was proposed as a means of moving away from "unhelpful one-size-fits-all" models and ensure the support provided to veterans and families is aligned with their distinct and individual experiences and needs. Mental health and wellbeing professionals who had included veteran voices and lived experience in their service design reported an enhanced capacity by their service to deliver appropriate support to veterans and families. They noted that human centred co-design requires professionals to look beyond the current system to explore novel approaches to identifying and meeting the needs of veterans and families. As one participant suggested, "if a consumer identifies what works for them, we need to meet them where they are at, not considering ourselves the experts."

4. From individual resilience to cultural and systemic change

> **"And it's kind of you're not being resilient enough or you're being difficult. It's actually not acknowledging any of the reasons why you show up that way."**

Participants aspired to a system of mental health care that, instead of pathologising defence members and veterans, acknowledges and addresses the broader psychosocial and sociocultural factors that influence their mental health and help seeking behaviours. The pressure many veterans and families experience to be self-sufficient in managing their mental health challenges was linked to a broader defence culture, described as "oppressive" and "silencing." The belief that defence members and veterans need to become "mentally tougher" and "more resilient" was rejected by many as a discourse that is used to blame individuals and families for "being difficult." Instead of perceiving veteran and families who experience mental health challenges as "not resilient enough", participants highlighted the need to acknowledge and challenge broader defence structures, systems and cultures that contribute to and exacerbate these challenges, including questions about the effectiveness of treatment.

5. Early intervention before transition

> **"The earlier the intervention, the more likelihood there is of recovery"**

Participants reported that the journeys and experiences of transitioning from defence to civilian life (i) take many forms, (ii) are lifelong, and (iii) are deeply complex for those involved, with significant "social and emotional impacts." Many felt that acknowledgment and consideration of these factors by the DVA could be vastly improved, suggesting that the provision of information about what to expect and how to access support should occur much earlier in the

Participants emphasised that this could include (i) provision of information and support to families, partners, and children, and (ii) recognition of the differences between defence and civilian culture and how this might impact on the transition experience.

6. Support beyond the DVA

> **"The system currently supports one or two pathways, and that is the 'unwell veteran' or the 'return to work, get on with it'"**

Participants noted that veterans and families, for various reasons, may prefer to engage in mental health support services outside the DVA. Ex-service organisations were found by many to be effective in connecting veterans and families with mental health services and resources. However, participants raised questions about the quality assurance processes, training and evidence-base of these organisations, with inconsistent information available about ex-service organisations and the support they offer. Participants proposed that the development of an up-to-date online ecosystem may enable veterans and families to make more informed decisions about their care.

Some questioned how veterans might be supported if their complex needs cannot be addressed by the standard model of care or referral pathway, or if they no longer qualify for support. Knowledge and familiarity with the broader mental health system may prove useful for support services in facilitating wraparound care for veterans and families.

7. Support for homeless and incarcerated veterans

> **"What we're seeing a lot, guys that are in a prison system or hitting rock bottom wherever that may be, whether that's homelessness, prisons or wherever, they're automatically put into a high-risk category. And once you hit a high-risk category, you're really in a position where there's not a lot of support for you."**

Participants raised concerns about the provision of mental health support to veterans who become homeless or incarcerated. They highlighted a lack of community outreach to connect homeless veterans with mental health services and critiqued the decision by many service providers to disengage with veterans when they are incarcerated, removing critical psychological, medical, and pharmacological care at a time when they are most vulnerable.

Participants, thus, emphasised the urgent need to ensure the provision of targeted support for veterans who are homeless, or at risk of homelessness, and those who have been incarcerated.

8. Scope of knowledge needed to support veterans

> **"Every single person who's served in the military has been impacted by the military culture, and that has impacted their families and their family's lives and the way they interact with their children and the way they interact with society."**

Participants described the scope of knowledge needed for mental health professionals to effectively treat and support veterans. This extended beyond knowledge of available services and how to access them, to include the impacts of defence culture on veterans and families. Participants suggested that mental health professionals need to be cognisant of the cultural paradigm that veterans emerge from when they transition into civilian life, and the challenges this shift may pose for veterans and families in connecting with the civilian community. While veteran-specific providers may be attuned to these complexities, participants highlighted the need to make this knowledge available to mainstream service providers who support veterans outside the standard DVA pathway. Participants also noted that funding models for mental health care providers need to reflect the complex support needs of veterans and families, and support engagement with a wider range of service providers, including occupational therapists, and social workers alongside psychologists and psychiatrists.

Discussion and Conclusions

The trends and priorities identified by this horizon scan fall broadly into three overlapping areas: changes required to enable veterans and families to access mental health and wellbeing services, changes required to ensure service provision is effective, timely and appropriate, and broader societal and global trends impacting on the provision of support to veteran communities.

Many of the priorities identified by the horizon scan are intricately linked, with changes in one priority necessarily affecting changes in other priority areas. For example, while Delphi responses indicated that addressing lengthy compensation claims and complex administrative processes are amongst the most urgent priorities in the provision of mental health support to veterans and families, workshop participants noted that addressing issues ranked slightly less urgent, such as a lack of service capacity to effectively manage complex needs and chronicity' would, in turn, contribute to change in higher priority areas.

Holistic care for veterans means that every issue is critical

Open-ended survey responses reflected the difficulty of ranking priorities, with participants noting that "holistic care for veterans means that every issue is critical."

Participants also highlighted the temporal nature of prioritisation, noting that "needs may change depending on circumstance." For example, some participants observed that COVID has likely shifted down in the list of priorities more recently, as people have begun to adjust to the changes brought about by the pandemic. It should also be noted that, while significant efforts were made to ensure representativeness in both the Delphi survey and deep dive workshops, minority groups—who were also more likely to experience issues of inequity during the pandemic— remained underrepresented. Another point of interest was the relatively low ranking of digital and telehealth solutions across all Delphi categories. This may reflect the fluctuating priority given to digital mental health depending on the accessibility of traditional face-to-face services.

It may also reflect a definitional issue, as terms such as “telehealth” and “digital health” are poorly defined and may therefore be perceived differently depending on the background and experience of participants. Future foresight might provide a more granular analysis of discrete topics relating to digital mental health, and the particular risks and opportunities they pose for veteran communities.

Challenging broader defence systems and cultures that contribute to mental health difficulties

The results of the horizon scan reflect some noteworthy dissonances between the broader literature and the experiences of Delphi and workshop participants. Across the literature, a number of sources highlighted the importance future practices and service provision models that recognise and support resilience building for veterans and families (see for example, Table 1). In contrast, workshop participants highlighted the need to acknowledge and challenge broader defence systems and cultures that contribute to and exacerbate mental health difficulties among veteran communities. Overall, participant responses reflected an urgent need to address the broader defence ”silencing” culture, which continues to create significant barriers to help-seeking among veteran populations long after transition.

Extending the support provided to address complex needs and social determinants of health

Findings from the deep dive workshops highlighted the importance of issues such as veteran homelessness and incarceration, which were not well represented in the literature and text-based review. While not exhaustive, the review identified only one Australian study exploring homelessness among defence veterans, concluding that the issue of homeless among veterans has been comparatively hidden in Australia. Similarly, literature on the provision of mental health support to incarcerated veterans in Australia was almost non-existent. Homelessness and incarceration are significant social determinants of health. Addressing the mental health needs of homeless and incarcerated veterans is not a sufficient course of treatment. It is important that future service models treat the source of the problem. This includes extending the support provided to veterans and families to address the social determinants of health, and engaging a wider range of service providers, including occupational therapists, and social workers alongside psychologists and psychiatrists, to address the complex support needs of veterans and families.

Targeted support for veterans' families, partners and children

A consistent finding across all phases of this horizon scan was the need for increased recognition of the mental health support needs of veterans' families, partners and children, particularly during the transition from defence to civilian life. Results from the literature and text-based review show that supporting the wellbeing of families and friends is particularly important in light of the significant role of intimate relationships in veteran trauma recovery and the role of partners and friends in supporting veteran help seeking. Workshop participants also emphasised the need for targeted support for veterans' families. Several described the pressure often placed on the family unit to support the veteran through their service and transition, without being equipped with the knowledge tools and resources to be able to do so effectively. Some therefore highlighted a need for psychoeducation to assist families in identifying and responding to the signs and symptoms of poor mental health.

It is crucial that the provision of psychoeducation to defence families occurs in addition to other mental health and practical support, to avoid placing a further undue burden on those who are experiencing challenges themselves.

Mental health services developed by the community, for the community

Findings from this horizon scan revealed the need for mental health services to be developed by the veteran community for the veteran community, to ensure interventions and programs are effective and appropriate for veterans and families. Workshop participants proposed human centred co-design as a potential approach to putting veterans and families at the heart of mental health service design and implementation. It should be noted that this horizon scan did not specifically seek to identify appropriate methods for involving veterans and families in service design and implementation. To avoid tokenistic involvement strategies that do not achieve the structural reforms important for veterans and families, future service improvement initiatives should seek to identify the most appropriate methods for meaningful inclusion of veteran voices and lived experience in service design and implementation.

A mental health ecosystem to enhance service integration, coordination and navigation

The need to enhance service integration, coordination and navigation to ensure a more responsive and connected system of care for veterans and families was identified as an urgent priority across all phases of this horizon scan. Workshop participants highlighted the need to reduce siloed approaches to care, noting that future service models should seek to improve triaging, collaboration and referral between services, and information provision on available services and how to access them. Ex-service organisations were found by many to be effective in connecting veterans and families with mental health services and resources. However, participants raised questions about the quality assurance processes, training and evidence-base of these organisations, with inconsistent information available about ex-service organisations and the support they offer. They proposed the development of a mental health ecosystem (inclusive of digital solutions) to enable veterans and families to make more informed decisions about their care. Future service design should consider the development of a tailored framework for service navigation across DVA and non-DVA mental health care settings to optimise the finite resources in mental health prevention, early intervention and service delivery for veterans and families.

It should be noted that many of the issues identified by this horizon scan are not unique to the DVA and reflect significant challenges within the broader mental health sector in Australia, in which veteran mental health care is nested. In order to improve the wellbeing of veterans and families, deficiencies within the wider mental health system need to be addressed. The National Mental Health Commission has released a 10-year plan to deliver a mental health service system in which people are connected to services in their community, have a positive service experience, are not stigmatised, or discriminated against, and are empowered to care for their wellbeing. Vision 2030 (Australian Government National Mental Health Commission, (n.d.), alongside other recent reforms in the mental health landscape (e.g., development of the Lived Experience (Peer) Workforce Guidelines and National Stigma and Discrimination Reduction Strategy), provides a framework through which future strategies and plans across DVA and non-DVA mental health care settings can be viewed to ensure a consistent approach towards the same goals for the future mental health system

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Appendix A: Search Strategy

DVA literature and text-based search strategy

Aim: The aim of the Horizon Scan is to be future focused, examining emerging trends, threats and opportunities for the Mental Health and Wellbeing Services Division (MHWSD) to inform the design of a future model of service delivery for the MHWSD in support of the mental health and wellbeing of Australian Veterans.

Methods: Systematic searches of the academic literature and grey literature (including key national and international DVA, and equivalent, documents) will be conducted to identify (i) current and future mental health and wellbeing service delivery models and innovations; and (ii) industry trends and future threats and opportunities for the mental health and wellbeing support workforce; and (iii) service design and improvement initiatives in health and wellbeing support and government service delivery, with a special focus on system reform and lessons from implementation science and service transformation research.

The literature and data-based components will scope the latest evidence and activity in four key areas:

1. **Emerging trends, threats and opportunities** for the broader mental health and wellbeing support sector, and MHWSD specifically, in supporting the mental health and wellbeing of veterans and families;
2. **Theoretical material on service provision** related to mental health and wellbeing support and service delivery within both the broader community and veteran contexts; and
3. **Practice and operating models** akin to those of broader DVA that could be applied to supporting mental health and wellbeing support for veterans and families by the MHWSD.
4. **Service design and improvement initiatives** in health and wellbeing support and government service delivery, with a special focus on system reform and lessons from implementation science and service transformation research.

This is an iterative search strategy – please select terms from this list as needed to search in each of the key areas above and add key search terms in the table as you read to assist each other. The search strategy we generate in this way, will be used for the Twitter search.

Search Terms:

Key terms	Alternate terms
Mental health, and wellbeing	Mental health, wellbeing, well-being, well being
Veterans (individual and family)	Veteran, ex-serving, military, defence, army, navy, air force.
Service delivery (gov. and non-gov.)	Service delivery, service provision.
Models and theories	Model, approach, method, strategy, framework, initiative, theory.
Service design	Human-centred design, human centred design, user centred design, user-centred design, human-centred systems, participatory design, living lab, user experience design, customer experience design.
Innovation	Transformation, change, improvement, enhancement, innovation, reform.
Implementation	Implementation, translation.
Trends, threats, opportunities	Outcomes, impacts, challenges, opportunities, threats.
Additional search terms	gov.

Inclusion/exclusion criteria:

Inclusion	Exclusion
English language	Non-English language
Published in the last 5 years	Published more than 5 years ago
Australian and international literature	
Empirical studies (qualitative, quantitative, and mixed methods)	
Literature reviews	
Peer-reviewed articles	
Grey literature/not published in a peer-reviewed journals (i.e., government/industry reports, position papers etc)	