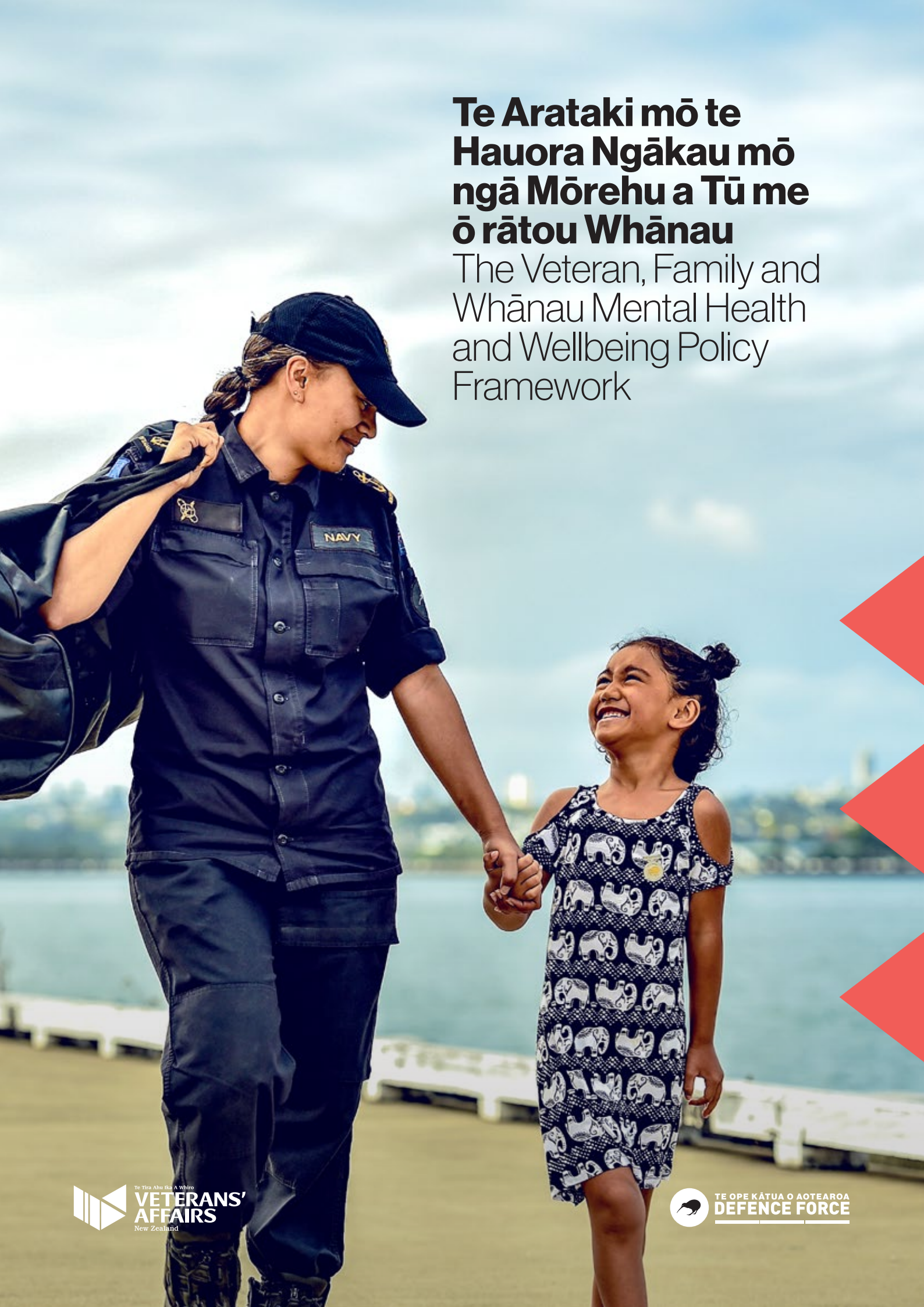
Te Arataki mō te Hauora Ngākau mō ngā Mōrehu a Tū me ō rātou Whānau

The Veteran, Family and Whānau Mental Health and Wellbeing Policy Framework



Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

TE OPE KĀTUA O AOTEAROA
DEFENCE FORCE

Support is available

This document includes information about mental health, addiction and suicide that readers may find distressing. If you need to talk to someone, the following organisations can help:

Need to talk?

Free call or text **1737** any time for support from a trained counsellor.

NZDF4U (24/7 confidential wellbeing support for anyone in the military community, including veterans and families) Phone:

0800 693 348 or free text 8881

Lifeline:

0800 543 354 or free text 4357

Samaritans:

0800 726 666

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tēnei Ao?
Māku e kī atu –
he tangata, he tangata, he tangata.

PROVERB

Pluck out the heart of the flax bush
and where will the bellbird sing?
Let it be raised high on land
and on sea.
Ask me what is the greatest
in all creation?
I will tell you –
it is people, people, people.

KARAKIA TĪMATANGA

Whāia, whāia
Whāia te uru tapu nui o Tāne
Tāne te waiora
Tāne te pūkenga
Tāne te whakaputa nei ki te ao mārama
Tū te ngana, Tū ka maranga
Te tuhi, te rarama.
E Rongo, whakairihia ake ki runga
Hui e tāiki e!

OPENING PRAYER

Aspire, strive and achieve
The essence of humanity
Our well being
Our abilities, our minds
Our search for enlightenment
With energy, alertness
and clarity.
We do this in peace
Forever as one!

MIHI

Tihei mauri ora

Ngā Mōrehu a Tū o Te Arataki Hauora
Ngākau me ō koutou whānau

Mai i te Hiku o Te Ika, Te Tairāwhiti,
Te Taihauāuru ki te Tai Tonga,
o Aotearoa whiti atu
Ki ngā moutere o Te Moana-nui-a-Kiwa
Kia ora tātou katoa

Ngā mōrehu a Tū, i haere tū atu i
hoki tū mai me ngā pouaru hoki

Ngā maramara o te hunga kua riro

Ngā tamariki me ngā mokopuna
Nau mai, haere mai

Ki ō tātou mōrehu kua hinga
Mō rātou i mate korouatia otirā
me rātou i mate māuiui i ngā
pakanga maha o te ao.

Me mihi aroha ki a rātou

Kia ea ai hoki te kōrero rā ko te mūrau
o te tini, ko te wenerau a te mano

E kore rātou e warewaretia

GREETINGS

Alas, the breath of life

We greet you in regards to the Health
and Wellbeing of you and your whānau

From the North, the East,
the West, and the South Island,
of New Zealand to the
Islands of the South Pacific.
Greetings to us all

Veterans of Tu who served and
returned, and to those who are widowed

The many whānau of those who have passed on

To our young children and grandchildren
We welcome you

To our veterans who have fallen,
for the aged and
for the ill, who
have served in any war.

We pay our respects to them

Let us acknowledge the few
that shelter the many

Lest we forget

Foreword

We welcome *Te Arataki mō te Hauora Ngākau mō ngā Mōrehu a Tū me ō rātou Whānau* – the first detailed examination of the mental health and wellbeing of Aotearoa New Zealand's veterans. We congratulate the Roundtable that developed it through a collaborative cross-sector process. They have produced something that is educational, compelling, and practical.

This resource explains the experience of moving from military to civilian life in Aotearoa New Zealand for many of those who have served, and their families and whānau. It draws from international evidence to explain which groups may be at particular risk of poor mental health and wellbeing outcomes.

All veterans need access to welcoming and suitable support through the NZDF while serving, and though civilian health services once they leave service.

The evidence that some have poor outcomes is concerning, and highlights the need for system improvements, increased awareness, effective prevention, and enhanced support. The experience of other countries also shines a spotlight on the need to improve our own information and research.

There are opportunities for a range of organisations – military and civilian, government and non-government – to collaborate and take effective steps to improve the wellbeing of our veterans, their families and whānau. We would like to see these opportunities taken, and the priorities that this document has identified, embraced and taken forward.

Kia ea ai hoki te kōrero rā ko te mūrau o te tini,
ko te wenerau a te mano

Let us acknowledge the few that shelter the many

Hon Meka Whaitiri
Minister for Veterans

Hon Peeni Henare
Minister of Defence

Hon Andrew Little
Minister of Health

Preface

In mid-2021 Veterans' Affairs initiated new work to focus on the mental health and wellbeing of those who have served (veterans) and their families.

This work involved bringing together, in a roundtable setting, mainstream organisations, veteran advocacy groups, health practitioners, and veterans themselves. Their joint aim was the development of a single cohesive and compelling resource that would explain the justification for focusing on the needs of veterans, and how those needs could best be met. It would be forward-looking and evidence-based, and would look at what works for veterans if they are to be supported in their mental health and wellbeing.

Despite the fact that *He Ara Oranga*, the 2018 report of the Government's inquiry into mental health and addiction, had identified veterans as a vulnerable population group, there was at the time no existing New Zealand document that did this. We now have one.

In the months that followed the first Roundtable meeting in July 2021, the enthusiasm of those participating ensured that their work continued to progress, despite the restrictions and limitations imposed by COVID-19. The result is this document: a policy framework designed to raise awareness of the needs of veterans and the most effective policy and service responses to those needs. It has drawn on both expert evidence and lived experience; and its findings and recommendations are practical and achievable.

We hope that it will be used to educate and guide those organisations in New Zealand who can help those who have served our country, and their families and whānau, to live their best possible lives.

Kevin Short

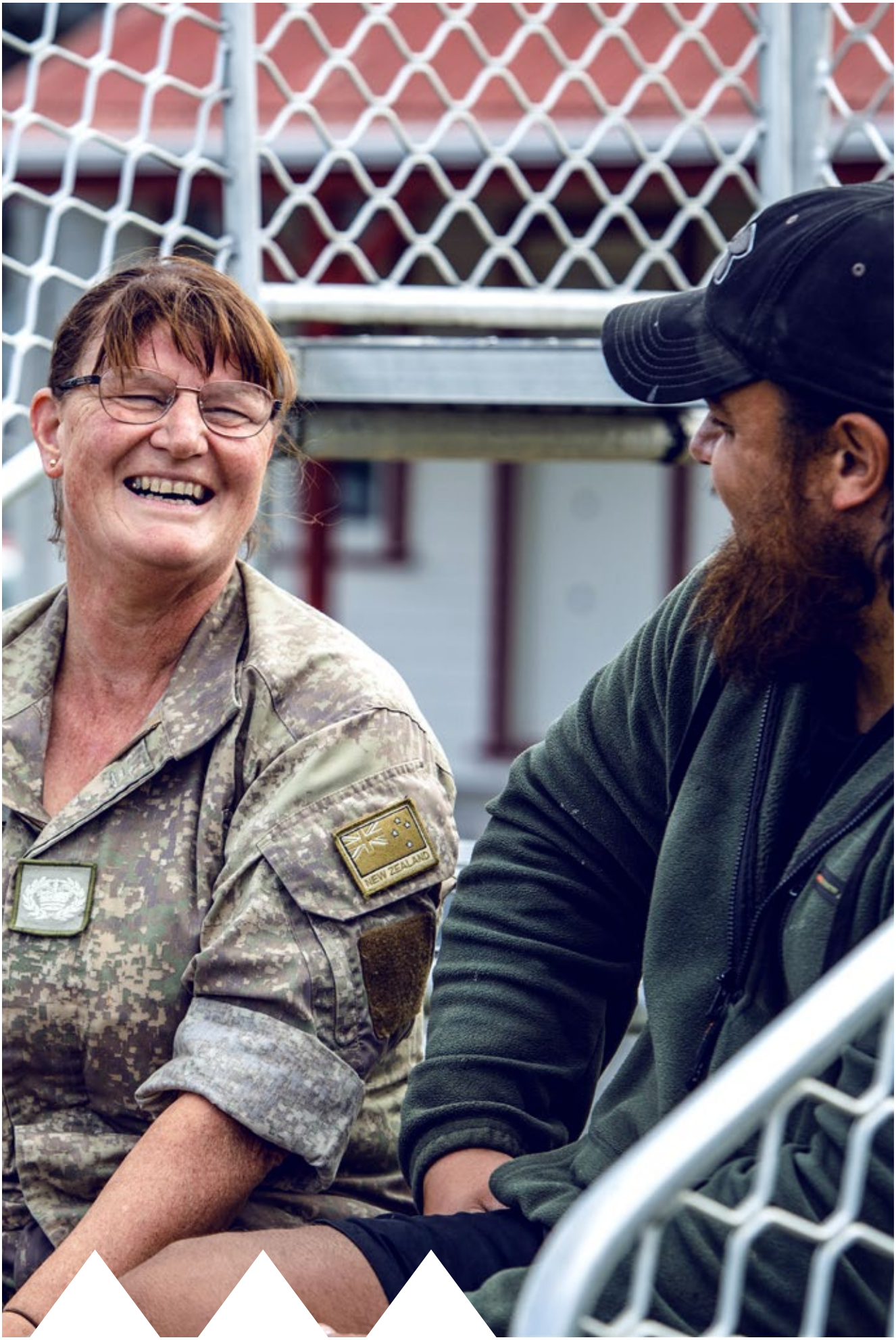
Air Marshal
Chief of Defence Force

Dr Arran Culver

Acting Deputy Director-General
Mental Health and Addiction
Ministry of Health

Bernadine MacKenzie

Head of Veterans' Affairs
New Zealand Defence Force


NEW ZEALAND

Acknowledgements

This resource is a collaborative effort. Veterans' Affairs New Zealand would like to thank all those who contributed.

The Veteran Mental Health and Wellbeing Roundtable guided the development of this policy framework. They brought their professional knowledge and personal experience to the process, as well as the views of their networks. The members of the Roundtable were:

- Kevin Allan (Chair). Chair of the Mental Health Foundation; previously Mental Health Commissioner, Office of the Health and Disability Commissioner.
- Bill (Willie) Apiata VC. Ngāti Kawa, Ngāti Hine, Ngāti Rāhiri Ngā Puhi. Veteran.
- Col Clare Bennett. Psychologist and Director of Integrated Wellness, New Zealand Defence Force.
- Major General John Boswell. Chief of Army, New Zealand Defence Force.
- Dr Arran Culver. Chief Clinical Advisor, Mental Health and Addictions, Ministry of Health.
- Marty Donoghue. Chief Executive, Royal New Zealand Returned and Services' Association.
- Dr Hinemoa Elder. Te Aupōuri, Ngāti Kurī, Te Rarawa, Ngāpuhi. Psychiatrist FRANZCP, PhD, MNZM.
- Tina Grant DSD, JP. Ngāti Tūmatauenga, Ngāti Tahu. NZ Army Families of the Fallen, New Zealand Defence Force.
- Lt Col Stephen Kearney. Clinical Psychologist and Chief Mental Health Officer, New Zealand Defence Force.
- Bernadine MacKenzie. Ngāti Mutunga ki Wharekauri, Moriori. Head of Veterans' Affairs, New Zealand Defence Force.
- Lars Millar (until 30 March 2022). Veteran. Co-chair of the No Duff Charitable Trust.
- Dr Mike O'Reilly. Ngāti Porou. Principal Clinical Adviser to Veterans' Affairs, New Zealand Defence Force. Veteran.
- Ben Peckham. Ngā moutere o te Moananui-a-Kiwa (Logana, Fiji Islands). Veteran.
- Andrew Peters. Te Aupōuri, Te Rarawa, Ngāti Kahu, Ngā Puhi. Veteran. National President of the New Zealand Vietnam Veterans Association / Te Kāhui Mōrehu a Tū o Whitināmu.
- Victor Timu BEM. Ngāti Kahungunu, Ngāti Tuwharetoa. Veteran. Communications Representative, New Zealand Vietnam Veterans Association / Te Kāhui Mōrehu a Tū o Whitināmu.
- Steve Shamy (Chairperson of the Expert Evidence Group advising the Roundtable). Chair of the Australasian Services Care Network (ASCN) New Zealand.
- Steven Youngblood (until 17 November 2021). Director, Wellbeing System Leadership and Insights at the Mental Health and Wellbeing Commission.
- Kylie Clode. Roundtable Facilitator and Writer.

We would also like to thank the Expert Evidence Group for its advice to the Roundtable, and the veterans and family members who gifted us their personal stories. We have drawn on these stories, and those from earlier consultation processes, for the quotes included in this document.

We are indebted to the kaumātua who advised the Roundtable on the title, opening and closing of this document:

- Ronald Miki Apiti. Waikato / Tainui. Kaumātua Royal New Zealand Returned and Services' Association / Te Rātonga Kāhui Mōrehu a Tū o Aotearoa. New Zealand Vietnam Veterans Association / Te Kāhui Mōrehu a Tū o Whitināmu.
- Robert (Bobby) Newson. Te Rarawa, Te Aupōuri, Ngāpuhi. Kaumātua Royal New Zealand Returned and Services' Association / Te Rātonga Kāhui Mōrehu a Tū o Aotearoa. New Zealand Vietnam Veterans Association / Te Kāhui Mōrehu a Tū o Whitināmu.

We are grateful for the time and expertise of our other local and international contributors, especially Dylan Kurtz and the staff at the Department of Veterans' Affairs, Australia and our other international reviewers:

- Heidi Cramm, PhD, OT Reg. (Ont.). Associate Professor, School of Rehabilitation Therapy, Queen's University, Canada. Research Lead, Families Matter Research Group.
- Professor Matt Fossey FRSA. Professor of Public Services Research. Director, Veterans and Families Institute for Military Social Research (VFI), Anglia Ruskin University.
- Dawne Vogt, PhD. Research Scientist, Women's Health Sciences Division, National Center for PTSD, VA Boston. Healthcare System & Professor of Psychiatry, Boston University of Medicine.
- Ben Wadham. Director, Open Door: Understanding and Supporting Service Personnel and their Families. Co-Deputy Director, Wellbeing and Resilience, Órama. Director, College of Education, Psychology and Social Work, Flinders University.

We also wish to thank Abigail Wood and Katelyn Sylvester, for the list of references they provided to inform the policy framework.

Finally, as always, we want to thank all those who have served – our veterans, their families and whānau.

Key points

- In 2020/21, 772 service people left the New Zealand Defence Force (NZDF). As they join the ranks of the over 140,000 veterans living in Aotearoa New Zealand, the majority will, with their families and whānau, experience good mental health and make a successful and safe transition into civilian society. While many will experience bumps in the road, they will be prepared for change, and will leverage the skills and strengths they gained through their time in service.
- A small number, however, will face more significant problems. They may experience mental health and/or addiction issues, and be at risk of a range of poor outcomes – including social withdrawal, poverty, homelessness, intimate partner violence, and suicide.
- Our understanding of these outcomes and what drives them is evolving rapidly, in particular as a result of data collection and recent research in largely comparable countries: Australia, Canada, the United Kingdom and the United States. Research specific to the experience of Aotearoa New Zealand veterans, once they leave service, is scarce.
- There is a perception that military service itself is intrinsically hazardous to mental health and wellbeing. For some, their experiences during service, including exposure to trauma in military operations or other environments, can result in harm. But for many, military service develops skills and attributes that are sought after in civilian life, and their service can build resilience, confidence and flexibility. The NZDF has incorporated a model for building psychosocial resilience over the course of a military career.
- Success or struggle in making the transition from service to civilian life is determined by a complex interplay of military experience, physical and psychological health, social and economic factors, personal resilience, and individual life experiences after service (including access to veteran-friendly support).
- Based on international research, veterans with a higher risk of poor mental health and wellbeing outcomes often include: early leavers (who only serve a few years), anyone who leaves the forces for reasons not of their choosing (medical, disciplinary or administrative release), those who have experienced trauma or abuse during service, those with pre-service life challenges (such as trauma or existing health conditions), women, and LGBTIQ+ veterans.
- Supporting the mental health and wellbeing of veterans and their families requires an individualised, integrated, cross-agency response that minimises the negative impacts of these factors on transition and promotes protective factors to help them thrive. Effective responses to improve the mental health and wellbeing of veterans and their families and whānau need to be tailored to the nature – and timing – of their needs.
- From a review of what is known about the mental health and wellbeing of Aotearoa New Zealand veterans, existing practices for facilitating a smooth transition from service, and international research findings, the responses that are likely to enhance veteran and family wellbeing include: a focus on prevention and wellbeing promotion; streamlining cross-agency responses; increasing health provider awareness and education; maintaining military connectedness; meeting the needs of the whole family and whānau; and supporting diversity and cultural needs.
- Four inter-related priorities for action are suggested: data and research; prevention and wellbeing promotion; transition processes and support; and professional and service development.

Our Aotearoa New Zealand context

Te Tiriti o Waitangi

Te Tiriti o Waitangi[1] is the founding document of Aotearoa New Zealand[2]. It establishes an enduring relationship – and commitment – between Māori as tangata whenua[3] and the Crown.

The Crown, including its government agencies, has an obligation to uphold the principles of Te Tiriti o Waitangi and protect and promote the mental wellbeing of Māori veterans and their whānau.

We know very little about the mental health and wellbeing of Aotearoa New Zealand's Māori veterans, but we do know that Māori are a significant and important part of our veteran community, and that Māori experience unfair and avoidable inequities in terms of mental wellbeing. The evidence assessed to create this Framework also suggests that Māori veterans are likely to experience inequities through complex multiple causes.

We aspire for this Framework to uphold the principles of Te Tiriti. This framework advocates for efforts to address the paucity of information about Māori veterans and their whānau, and the factors that adversely affect Māori veteran health and wellbeing. We promote culturally appropriate responses, including 'for Māori, by Māori' and holistic approaches. We want more inclusive and educated communities, organisations and individuals that demonstrate awareness and understanding, and that deliver effective – and meaningful – support for Māori veterans.

Veterans

When we refer to veterans in this document, we mean all those who have completed a period of military service, but who no longer serve. The majority of veterans will have served in the Navy, Army or Air Force of the New Zealand Defence Force (NZDF) – either the regular force, reserves[4] or both. Some may have served in overseas forces, but now live in New Zealand.

Different countries define veterans in different ways. Lessons learned from the management of international veteran populations must be treated with some caution.

Whānau

Whānau is a term used widely throughout this document, and is based on a Māori world view. It is most often understood to mean 'extended family', but can describe a complex network of relationships beyond those commonly bound in the European definition of family.

In Aotearoa New Zealand, the term whānau is often used to describe a person's extended network of family and friends. It is also used for functional collectives, often with a common mission, like the 'NZDF whānau'.

1 The Treaty of Waitangi.

2 Māori is one of the official languages of New Zealand and the Māori word Aotearoa is commonly used alongside New Zealand.

3 People of the land – commonly used to refer to Māori.

4 Reserves work and train part time with the NZDF. They provide complementary capacity and expertise to the regular (full time) force.

Introduction

For the first time in Aotearoa New Zealand, this document draws together the evidence for focusing on, and responding to, the mental health and wellbeing needs of our veterans, their families and whānau. It also identifies priorities for action.

The Veteran, Family and Whānau Mental Health and Wellbeing Policy Framework has been developed by a Roundtable of knowledgeable individuals and organisations from across the mental health and defence sectors. Many of them have served – or are still serving – in the New Zealand Defence Force.

Roundtable members have brought their personal and professional experience, and that of their networks, to this document. They have also drawn on the available literature and have been advised by an Expert Evidence Group.

Why has this resource been developed?

Military service, and difficulties with transitioning to civilian life outside the military, may have a significant impact on the mental health and wellbeing of veterans and their families. International understanding of the underlying drivers, and their effects, is rapidly evolving.

While serving, the primary health needs of veterans are met within the armed forces. Once they leave, the civilian health sector takes on core responsibility for the health needs of Aotearoa New Zealand veterans. To date, however, outside of the defence sector, there has been little specific focus on the mental health and wellbeing needs of veterans and their families. This document provides a framework for that focus.

Civilian organisations and their staff also often have a very limited understanding of veterans and their needs. Recent consultations in Aotearoa New Zealand, including the 2018 Paterson review, have confirmed that veterans believe they are poorly served by civilian agencies once they transition from military to everyday life. (Paterson, March 2018.)

Opportunities are emerging to increase awareness of, and responsiveness to, the mental health and wellbeing needs of veterans. These include:

- Kia Manawanui Aotearoa, the Government's long-term pathway to mental wellbeing was published in September 2021. It highlights groups with specific needs that may require a particular focus. 18 groups were highlighted, including veterans.
- The Initial Mental Health and Wellbeing Commission (MHWC) identified veterans as a priority group, and that access to community navigators would assist veterans to access help. The permanent Commission endorsed this advice. It is also required to ensure it has effective means of seeking the views of veterans when performing its functions and exercising its powers under the Mental Health and Wellbeing Commission Act 2020. The findings of the MHWC's 2022 monitoring report also fit well with the needs of veterans. These include a focus on peer support, workforce, holistic approaches, connections between services and data about under-served communities. (New Zealand Mental Health and Wellbeing Commission, 2022)
- The 2022 health sector reforms will lead to a more nationalised health service, with a national health funder (HealthNZ) and Māori Health Authority. We need to ensure that veterans and their families are considered when it comes to setting future priorities and establishing best practice expectations.
- The Minister for Veterans has sought advice on the development of a Kawenata (Covenant), to provide recognition for veterans who have served Aotearoa New Zealand. Issues raised during development of this framework, are also being considered through the Kawenata process.

This document synthesises health and defence evidence, and expert knowledge and experience, and identifies what needs to be done to advance the mental health and wellbeing of veterans, their families and whānau.

Who is this resource for?

This policy framework has been developed for:

1. civilian organisations that are responsible for planning, funding, delivering and monitoring mental health and addiction programmes and supports to assist veterans, their families and whānau to thrive post-service. This includes the Ministry of Health, new health funding bodies, the Accident Compensation Corporation (ACC), the Mental Health and Wellbeing Commission, and health workforce and research organisations. It will also help other organisations and groups that may provide mental health support to veterans, such as Corrections, employers and education providers.
2. the New Zealand Defence Force, including Veterans' Affairs New Zealand. The NZDF has equivalent responsibilities towards those who are still serving, and those veterans who qualify for support from Veterans' Affairs.
3. The wider veterans' sector, in particular those organisations that have a role in protecting and improving the mental health and wellbeing of veterans.

In the course of gathering evidence, the Roundtable has identified some wider indicators of wellbeing that require attention from other sectors. These are highlighted in the report.

The policy framework is expected to be used to:

- build agency and staff awareness and understanding of veterans' issues and appropriate responses
- create a platform for new cross-agency agreements and processes, including across health, defence and veteran organisations
- inform priorities, including for new research, funding and shared agency work programmes
- develop mental health and wellbeing policies, strategies and plans that are more responsive to the needs of veterans and their families
- adjust existing services and supports so they better meet the needs of veterans and their families
- design new services and supports for veterans and their families.

Evidence limitations and interpretation

There is an extensive and growing body of international evidence about the mental health and wellbeing of veterans, and to a much lesser extent, their families. We understand some of the factors affecting the health and wellbeing of Aotearoa New Zealand's people while they are still serving. We have aggregated data from medical records, deployment screening and organisational surveys.[5] However, because there is no veteran identifier in the Census or health datasets, we know little about Aotearoa New Zealand veteran mental health and wellbeing once they leave service. The few larger studies undertaken on veterans are based on opt-in surveys, or are for a specific cohort.

We can gain insights on potential patterns and areas of need for Aotearoa New Zealand veterans based on international veterans' research, including longitudinal research from serving to transition and beyond. Care needs to be taken in extrapolating these findings to Aotearoa New Zealand's veterans, because of differences in the makeup of our veteran community, their experiences during service and the services and supports available to them whilst serving and once they leave the NZDF.[6] International studies on mental health and addictions experienced by veterans also vary widely by sample characteristics, geographical location, and measurement of conditions. (Armour, 2021)

This policy framework draws primarily on the evidence from the Five Eyes nations that are most comparable to Aotearoa New Zealand in terms of our military structures, cultures and deployment histories – Australia, Canada and the United Kingdom. All of these countries have generated relevant and significant research in recent years. While significant research has also been conducted in the United States, there are structural, cultural and contemporary deployment differences between Aotearoa New Zealand and the US that make comparisons more difficult. Much of the research is consistent, although in some areas, findings are mixed.

We can hypothesise the applicability of international patterns to Aotearoa New Zealand veterans and their needs based on:

- the similarity between patterns in their serving populations and Aotearoa New Zealand's serving population (e.g. risk factors). Some of these similarities can be seen from NZDF research that benchmarks internal health and wellbeing findings with those in the broader Aotearoa New Zealand population.
- patterns in the broader society of Aotearoa New Zealand (e.g. prevalence of mental health and addiction issues in the general population).
- veteran research specific to Aotearoa New Zealand to confirm (where this is available and robust).

5 These surveys include the NZDF Health and Wellbeing survey, an organisation wide, voluntary, survey based, cross-sectional study, most recently undertaken in 2019. It aims to investigate the current health and wellbeing of both civilian and military personnel in the NZDF. It is used to collect baseline information on indices of health and wellbeing as well as to compare the NZDF to the population at large and to other comparable organisations. The study includes a variety of constructs and variables broadly relevant to health and wellbeing (e.g. physical health, relationships, mental health, help seeking). The survey is anonymous and distributed to all NZDF employees. Response rates for the 2016 survey and 2019 survey were 40% and 33% respectively.

6 The services and support available include general NZDF health service support, pre and post deployment training and critical incident support, transition support, and access to public health services and veteran support groups after transition.

While there is little international evidence about the mental health and wellbeing of indigenous veterans, what there is suggests poorer outcomes for this group. 17% of Aotearoa New Zealand's regular forces are Māori. While available internal NZDF research suggests that Māori report similar levels of wellbeing to non-Māori while they are serving, we know that in the general population Māori experience significantly higher rates of mental health issues, higher rates of suicide and greater prevalence of addictions than non-Māori.

Overall, we have taken a conservative approach to applying international evidence to Aotearoa New Zealand. Given the multicultural and diverse nature of the New Zealand Defence Force it is possible that the outcomes for Aotearoa New Zealand's veterans are worse than the countries we are comparing ourselves to.

Responsibilities for the provision of mental health and addiction support for veterans

Aotearoa New Zealand has complex arrangements for the provision of mental health and addiction prevention, treatment and support for veterans. The key arrangements to understand are the following.

While serving, responsibilities are reasonably straightforward and seamless

Defence Health, part of the NZDF, is responsible for the provision of primary health services and support for service people. This includes prevention and promotion, assessment, treatment and rehabilitation. Many aspects of assessment, treatment and rehabilitation require utilisation of third-party providers.

Serving uniformed NZDF personnel may not generally seek medical services outside of the NZDF.[7]

Note that this is not the case for civilian staff or family members. No primary health services are provided to the families of NZDF service people or civilian staff by the NZDF. Family and whānau of service people, along with civilian staff, must seek health services from outside the NZDF. They can, however, access chaplaincy, social worker and NZDF4U wellbeing support, and may be eligible for additional support funded by the NZDF, depending on the circumstances.

While serving, there is usually limited need for social supports from outside the NZDF. When this is required, the NZDF often acts as a connector – e.g. to access housing or Royal New Zealand Returned and Services' Association (RNZRSA) support. Financial support from the RNZRSA and a range of trusts, can be particularly valuable for family and whānau in need. They can continue to be an important source of support after a service person and their family leaves the NZDF.

Specialist mental health and addiction services, when required, will be arranged by Defence Health and are generally accessed through the public health system, although private providers are often used.

The NZDF also manages all work-related injuries on behalf of the ACC, Aotearoa New Zealand's no-fault accidental injury scheme since 1 April 1974. ACC funds injury prevention, rehabilitation and compensation. Mental injuries are covered in certain circumstances.

While its core focus is on those still serving, the NZDF does offer some support once individuals leave service:

- a 24/7 helpline that provides confidential wellbeing support for anyone in the military community, including veterans and families (NZDF4U). Veterans can access face to face counselling for issues related to their service or transition.
- transition support for 12 months after a service person leaves the NZDF.
- web-based wellbeing information and resources targeted to service people, veterans and families.
- Response Recovery Coordinators provide ongoing support for the injured and ill.

7 Health services offered by the NZDF include medical officers, nurses, medics, physiotherapists, social workers, psychologists, chaplains, sexual assault prevention and response advisors, recovery coordinators, deployment support officers, community facilitators, and Veterans' Affairs.

After leaving the NZDF, the situation becomes more complex and less streamlined

Aotearoa New Zealand has a universal public health and disability system. It treats civilians and veterans alike, and has no separate healthcare system for veterans. When they leave the NZDF, the veteran will need to register with a general practitioner and access services from within the public system (where co-payments may be required for some services), non-government organisations, or privately.

A range of services and supports are available through the public system, including mental health promotion, primary mental health support (including therapies), helplines and specialist services. Some people may access services outside the public system – for example, assessment, therapy and rehabilitation. NGOs, including veterans' organisations such as the RNZRSA and the No Duff Charitable Trust provide advocacy, advice and support.

ACC may have ongoing responsibility for a veteran's existing claims made during service. A veteran may also make new claims.

Some, but not all, veterans will also be eligible for support from Veterans' Affairs New Zealand, under the Veterans' Support Act 2014.

Veterans who qualify for support under the Veterans' Support Act 2014 can receive additional entitlements in recognition of their service

The Veterans' Support Act 2014 is based on legislated individual entitlements, administered by Veterans' Affairs New Zealand, a semi-autonomous unit in the NZDF.

While Veterans' Affairs provides information, case management and rehabilitation planning for clients in-house, it does not develop or deliver its own mental health and addiction programmes or services. Aotearoa New Zealand's veteran support system is, therefore, heavily dependent on the civilian health system infrastructure to develop and deliver appropriate and effective services and support for veterans – once they leave service – and their families.

The Veterans' Support Act 2014 replaced the War Pensions Act 1954. It introduced two schemes, with different eligibility arrangements. Scheme One of the Veterans' Support Act covers all veterans who served before 1 April 1974 (regardless of whether that service was operational or routine), and provides similar support to the War Pensions Act. Most of Veterans' Affairs' clients are eligible for Scheme One, and their average age is around 80 years old.

Scheme Two covers people who have served in deployments that are declared 'qualifying operational service' by the Minister for Veterans since 1 April 1974 – the date that ACC was introduced in Aotearoa New Zealand. Whether a deployment qualifies is based on factors relating to the threat posed to those deployed from operational and environmental risks. The legislation describes the threshold that must be met as the deployment posing "a significant risk of harm to [those] deployed". Because of the nature of their deployments and the risk assessment, Navy veterans are less likely to qualify.

The fact that not all veterans qualify for Veterans' Affairs support is considered to be inequitable and divisive by many service people, veterans, and their families.

In addition to these eligibility arrangements, support can only be provided for 'service-related' illnesses or injury. This means that an eligible veteran may end up accessing mental health and addiction services and support through Veterans' Affairs, ACC, and the public and private health systems. Scheme 2 has a strong rehabilitation focus, similar to ACC, and provides for an extensive range of entitlements from assessment through to rehabilitation (including vocational rehabilitation) and compensation.

Both schemes provide some support for family members – particularly spouses/partners and children, including financial assistance and counselling. Some entitlements differ between the two schemes.

Entitlements under the Veterans' Support Act 2014 are generally more generous than those available through other sectors, including ACC. This difference is in appreciation of the contribution made by veterans through their service, and acknowledgement of the potential impact of this service on individual health and wellbeing.

Veterans in Aotearoa New Zealand

It is estimated that there are over 140,000 veterans in Aotearoa New Zealand – people who have completed a period of military service, but who no longer serve.

These veterans, alongside their families and whānau, are members of and participants in their local communities. This includes accessing health information, services and support as necessary.

Of these 140,000 veterans, around 40-45,000 individuals are likely to be eligible for additional support and services from Veterans' Affairs under the Veterans' Support Act 2014. Approximately 10,000 people are currently receiving that support.[8] The top conditions claimed by eligible veterans under the age of 65 are hearing, depression and/or PTSD, orthopaedic and skin conditions. The top conditions claimed by those aged 65 and over are orthopaedic, hearing, heart and depression and/or PTSD.

We have very little data for the 140,000 veterans in Aotearoa New Zealand. We do know, however, that most of those currently serving in the NZDF are New Zealand European (or other European), and male.

Representation of women and ethnic groups has increased slightly over time. This increasing diversity will also shape the make-up of the veteran population into the future. Diversity of the serving population in the regular forces of the NZDF in 2010 and 2020 is shown in the table above.

Regular forces serving in the NZDF

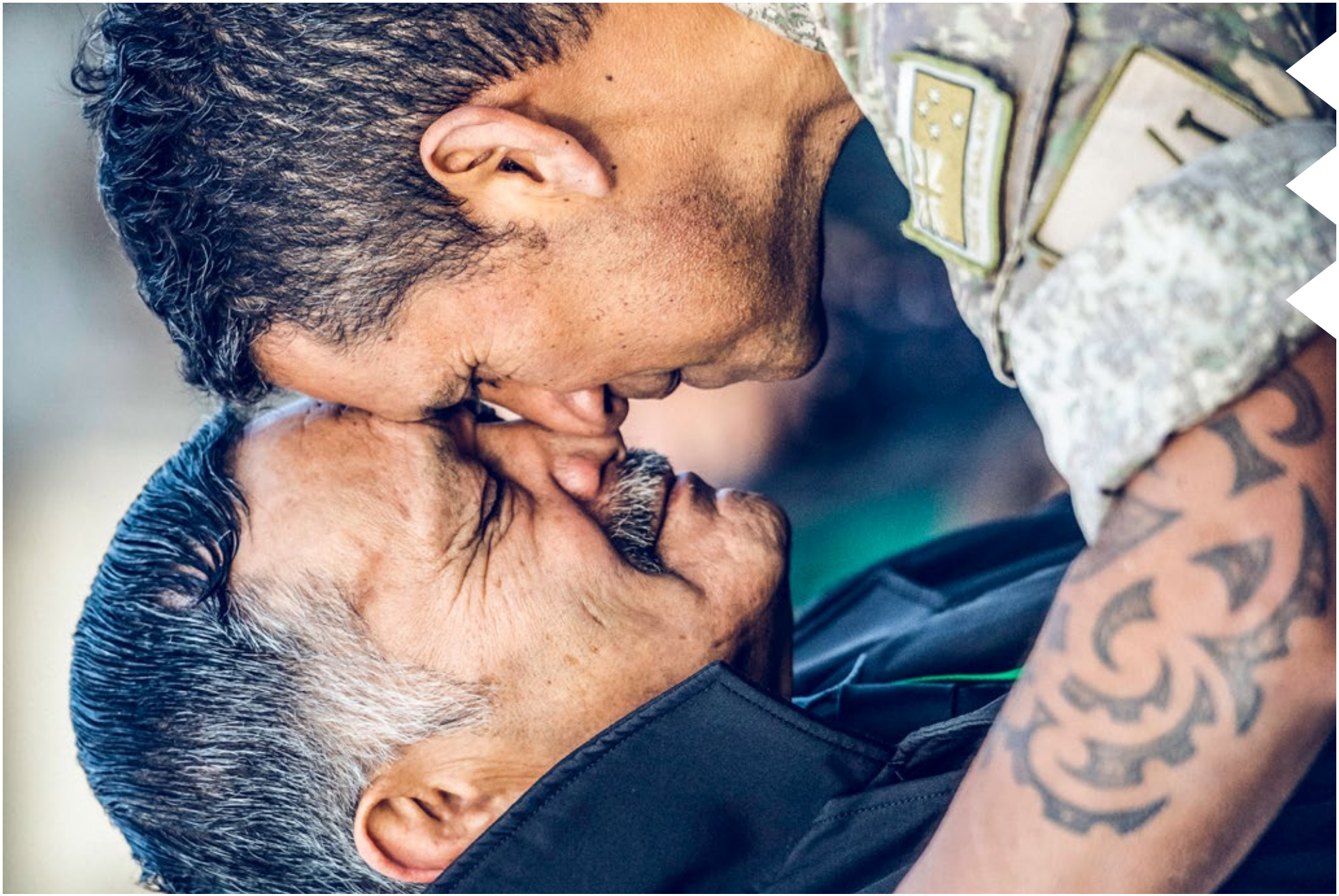
	2010	2020
Women	17%	18.5%
Māori	17%	17%
Pacific	2%	5.4%
Asian	1%	2.7%

The size and characteristics of the future veteran pool is determined by the number of service people leaving the NZDF each year. In 2020/21, 772 service people left the regular forces of the NZDF and became veterans. This represents an attrition rate of 8%, the lowest in the past 5 years. The rate of exit, however, is expected to rise over 2021/22. This rise is primarily due to the COVID-19 work environment and restrictions on the usual role opportunities, and the major responsibility the NZDF has had for staffing managed isolation facilities. These factors have resulted in some personnel seeking alternative roles in a buoyant job market. Attrition also tends to rise during periods of low unemployment.

Internationally, the length of service is reducing, and veterans are releasing from the armed forces at a younger age. 'Early service leavers' are not a new phenomenon in Aotearoa New Zealand. Figures from 2000 to 2005 indicate that many service people left within two years of joining the NZDF – over 30% of those leaving the Army served for a year or less. The median length of service of those leaving the NZDF in 2020/21 was 6.2 years.[9]

8 These figures are estimates. The figure for those likely to be eligible for support from Veterans' Affairs (40-45,000 individuals) reflects the number of people who may have qualifying service. Many people with qualifying service are younger and still serving with, and being supported within, the NZDF. Veterans often do not seek support until they need it – which is often later in life – at which point they will need to demonstrate that there is a link between service and their condition.

9 Diversity data available from NZDF annual reports and reports to Select Committees. Other unpublished data provided by the NZDF.



The unique nature of military service

When joining the armed forces, service people make a profound and personal commitment to their country. They sacrifice the cultural norms and predictability of civilian life, to become part of a new community with a unique identity and culture of its own.

Service people acknowledge that the demands placed on them may be different from those in other occupations. They are trained, prepared and supported for a range of roles and contexts that may place them in personal danger. In return, a majority of New Zealanders (90% of a representative survey) agree or strongly agree that Aotearoa New Zealand has a moral obligation to support its service people and their whānau[10].

The application and selection process for military service, and further screening prior to operational deployment, results in a cohort with initially lower prevalence of adverse health conditions (including mental health issues) and mortality than the general population. This 'healthy soldier' effect has been found to diminish over time after leaving service. (Cox B, 2015) A recent study suggested that the health of older veterans in Aotearoa New Zealand does not differ greatly from that of their non-veteran peers. (Yeung P, 2018)

Service people experience the majority of the same issues as civilians, but can also face additional unique pressures. These may include the restrictions and constraints on their freedoms associated with the Armed Forces Discipline Act 1971, the nature of 24/7 service, and the sometimes-stressful nature of work in locations geographically distant from their friends and families. Although support is provided for service people and their families around deployment and post-deployment, reintegration can be particularly difficult times for some.

Trauma in service people is common. In Australia, about 9 out of 10 veterans will experience at least one non-military traumatic event across their lifetime. (Van Hooff M, 2018) In addition to this lifetime incidence, the veteran may experience trauma during their time in the military, including trauma on military operations and in their day-to-day service.

A 2019 NZDF survey found that 46% of regular force respondents and 44% of civilian respondents said they had experienced trauma. 27% of the regular force group said trauma had been a result of time in service with the NZDF[11].

As well as exposure to traumatic events, military service can involve immersion in an often intensely masculine culture. Taking calculated risks is also at the core of military organisations. For some veterans, civilian life can seem boring in comparison, which can contribute to transition and adjustment issues, and increased risk taking.

Military service presents risks – particularly around combat exposure, moral injury exposure and the stress of long and frequent deployments and reunions.

Military service may also be protective. For many service people and their families, it provides security of employment and income, camaraderie and community. It focuses on building resiliency and supports health and welfare needs.

The NZDF recognises these risks and their impact, and offers a range of mental health initiatives, including mental health promotion resources, resilience training and mental health support. It has recently released an updated NZDF Health website, that provides information and resources targeted to service personnel, veterans and families.

10 A Kawenata for New Zealand. Veterans' Advisory Board. 2020. https://www.veteransaffairs.mil.nz/assets/Work-Programmes/FINAL-VAB-report-for-the-Minister-29-July-2020.pdf

11 NZDF Health and Wellbeing Survey 2019. Unpublished.

Moral Injury

Moral injury is an emerging concept within military mental health. There is no consensus definition of moral injury, but it can be defined as the psychological distress that results from actions, or the lack of them, which violate one's moral or ethical code.

Moral injury can be caused by a range of experiences termed potentially morally injurious events (PMIEs). PMIEs are generally categorised into one of three types: perceived transgressions by self; perceived transgressions by others; and perceived betrayal. (Nash, 2013)

Moral injury is not a mental illness. However, it can lead to negative thoughts about oneself or others as well as deep feelings of shame, guilt or disgust. These, in turn, can contribute to the development of mental health issues, including depression, PTSD and suicidal ideation. (Nash, 2013)

Prevalence estimates for moral injury and its precursor, PMIEs, are unknown for many militaries. A 2021 study estimated that over 65% of Canadian Armed Forces members reported exposure to at least one event that would be considered a PMIE. (Hansen K, 2021)

Moral injury is an evolving and perhaps important concept for Aotearoa New Zealand's service people and veterans. The nature of many NZDF deployments suggests that their chance of exposure to PMIEs may be quite high.

Military service, identity and transition to civilian society

Contemporary research has focused on the development and challenges to a person's identity over critical points in life and the impacts of these challenges on wellbeing. (Prahaso N, 2017) Veterans Affairs Canada has produced a useful resource about veteran identity research and its application. (Veterans Affairs Canada, 2017)

Defence life involves acculturation to a structured hierarchical and communal environment which can be a source of strength as well as a vulnerability. Veterans may spend years in a culture focused on building a shared identity and purpose as service people; doing what is asked of them, when it is asked of them. These attributes are essential to doing their job successfully at home and overseas.

The military ethos is a double-edged sword. It is a source of strength and resilience when it helps individuals, families, and groups engage resources and leverage emotional and instrumental supports, and promotes hope. Military ethos can be a vulnerability when underlying beliefs become a barrier to accessing resources and supports, and instilling hope. (Westphal, 2015)

Identity is a highly complex phenomenon. Those who have served may struggle to reconcile the meaning of their military service and their post-release identity. (Castro, 2019) Some of Aotearoa New Zealand's ex-service people tend to see themselves as veterans first and members of wider society second. (Cardow A, 2021) Other veterans do not see themselves as veterans at all. In particular, younger people often do not identify as veterans. Women veterans may also not identify with the label 'veteran', and the civilian community may have difficulty recognising women as veterans. The public may also have a narrow perception of who is a veteran – for example, those who fought in WWII or in Vietnam.

Transition

Transition involves leaving a culture – and a highly structured and socially connected environment – where many basic needs are fulfilled by the service. Veterans have to find new reference points and need to reconnect with unfamiliar social and cultural landmarks – such as a new job, new education, and a different way of accessing healthcare.

There is evidence that transition and mental health and wellbeing are intrinsically linked together. A sense of bereavement and disruption upon leaving the forces is normal but poor transition may increase the risk of poor mental health for veterans and their families.

Until recently, most NZDF transition support was provided to those with a significant length of service. The NZDF piloted a new expanded transition service from 2019 to 2021, involving over 1100 personnel. Feedback from the pilot confirmed that transition was seen as a time of significant stress for military personnel. Their concerns about the transition to civilian life were generally around a fear of the unknown, often related to having joined a service directly from school and not having ever experienced a civilian workplace. The lack of financial security, transferable skills/qualifications, and loss of relationships were often cited as major reasons for apprehension about leaving.

Strengths and vulnerabilities associated with military ethos traits (adapted from Westphal, 2015)

STRENGTH	TRAIT	VULNERABILITY
Placing the welfare of others above one's own	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to protecting the team	Loyalty	Complicated guilt of colluding with masking so as to protect colleagues
Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging distress and suffering
Becoming the most effective professional possible	Excellence	Feeling ashamed of perceived imperfections
Commitment to operational service	Operational focus	Reluctant to risk deploy-ability

Recognition and remembrance may also be key issues for veterans reintegrating into the wider society of Aotearoa New Zealand. Veterans can feel that their service, and doing their duty, means little once they leave the forces.

Veterans may not be able to convey the relevance of the skills and strengths they have to potential employers, or have qualifications that are recognised in civilian life. An exploratory survey of Aotearoa New Zealand veterans suggested that the transition experience for some veterans was poor, and some respondents felt inadequately prepared for, or supported through, the transition process. (Cardow A, 2021)

For some, the ties of affiliation may be so strong that leaving the service can involve a loss of identity. Loss of sense of self, status and belonging, can also be overlaid with physical injuries, mental injuries and moral injuries. These factors can lead to isolation and a feeling of abandonment, especially if the release was unwanted or unexpected.

A recent UK report assessed the likely future of transition. One of its conclusions was that there may be greater complexity of veteran need profiles over time, requiring more specific support, including psychological support. (Forces in Mind Trust, 2021)

At a general level, the evidence indicates:

1

Transition is very important and a good, well-integrated transition is an intrinsic part of maintaining mental health and wellbeing.

Transition involves reintegrating veterans back into wider society. A number of comparable countries offer transition programmes and support, although they may emphasise different aspects of transition. Although there is limited evidence available, transition support probably improves psychosocial outcomes in veterans.

Transition support is often time-limited and focused on the first year after leaving service. A recent study showed that needs increase over time, suggesting greater need for support in the third year than the first year. (Vogt D. T., 2018)

Post-military transition can be a bumpy road, even for those who are ultimately successful. Poor transition reduces quality of life, mental wellbeing and productivity, and creates a burden on health and social sectors. It places costs on individuals, families, and wider society. While there is limited evidence quantifying those costs, in the UK, failed transition conservatively cost the state upwards of 113 million pounds in 2013. The financial cost to the charity sector and individuals was anticipated to be many times that, in addition to the quality-of-life cost to the individual of ill-health, imprisonment and family breakdown. Alcohol misuse had the largest single effect (35 million pounds), followed by mental health issues (26 million pounds) and unemployment cost (21 million pounds). (Forces in Mind Trust, 2013)

2

An All of Life (or life course) perspective and approach to veteran mental health and wellbeing is important.

This includes considering needs and responses over a person's lifespan, and all aspects of their life. The additional intersecting layer of the family life cycle also adds complexity. It is also important to take a multi-agency, not just a multi-disciplinary approach.

For example, younger veterans including those who leave the service within the first few years of service, may leave feeling disillusioned with their service and without the qualifications, skills, and mindset to help them make a successful transition. Access to civilian training and employment are key issues for this group. The experience of forced or early termination of military service in young veterans can result in challenges to their sense of identity and purpose, and lead to poor mental health outcomes when they release from service.

At the other end of the spectrum, the protective factors of service – the "healthy warrior" effect – may wane with increasing age. As veterans get older, they are likely to develop health issues related to earlier service such as hearing loss and chronic pain linked to old injuries or environmental exposures. Transition points can bring up old memories and experiences, and trigger or worsen mental health and addiction issues. A key life transition point is in older age, when veterans may be retiring, losing partners and friends, experiencing shrinking social circles and increased isolation, or developing physical health issues or frailties, all of which can impact on mental health and wellbeing.

3

Effective transition needs to include family and whānau, and consider their needs too.

The best support available is family, whānau, and community. However, families are also going through change, alongside the veteran, and are eligible for little support. Australian research has confirmed that the period following exit from services can be a vulnerable time for families. (Daraganova, 2018) Respondents in a UK ethnographic study indicated that during the hardest moments of transition, the heaviest burden of support was most likely to fall on their family and friends. Not only are family and friends likely to have their own experiences with transition, but they are also a key safety net in terms of supporting those who are transitioning. (Forces in Mind Trust, 2021) Australian experience supports the need to include family and whānau. Over recent times they have invested significantly in programmes to include families in the transition of service people, and on supporting the families themselves.

How, and why, we consider families matters. Are families included as a sort of extension to support agencies, where they have some utility to the transition success, or are the needs of the families considered, in their own right?

4

Connection with support organisations and transfer of the veteran's personal information is important.

Access to military records at the time of leaving the service is important, including transfer of medical information. Registration with a GP as part of the transition process is also a significant factor in improving health outcomes. This has been a focus in the UK, as part of its wider approach to enabling priority treatment within the NHS for UK veterans.

NZDF transition service

The NZDF transition service aims to help members feel more prepared, supported and valued during their transition. People can self-refer at any time if they are planning to leave, or be referred to the service (for example, by Chaplains and social workers). Most currently serving personnel planning to leave the NZDF are proactively contacted.

A team of three coaches takes a holistic approach to transition, with a focus on both career and wider wellbeing. They focus on helping service people to prepare early for their transition, rather than only in their final period of service. There is an emphasis on what the service person can do while still within service to set themselves up for civilian life, including identifying and presenting transferable skills, and career and study options. Where departure is imminent, the coaching focuses on CV preparation, job search activity and interview preparation. Coaching also highlights ways the service person can retain connections to the NZDF.

The team provides 1:1 confidential career coaching, workshops, a transition seminar, and self-help resources. One of the main reasons for people leaving the NZDF is the wish for more family stability, so on-line workshops are also available to partners and, on occasion, the coaches also work with partners.

As research has shown that some people struggle after leaving the military, a twelve month reach-back service is offered.

An internal evaluation, including customer feedback on the service has been positive. Coaching was described as offering an individualised level of support that demystified an uncertain time, empowering service people, instilling efficacy and confidence, and reducing stress. It also encourages people to take practical steps to prepare to leave the service in a more managed way, often reframing their departure in a more positive light.

Veterans experience higher levels of mental health issues and addiction

This section highlights what we know about the prevalence of common mental health conditions, post-traumatic stress disorder (PTSD), alcohol and drug use, and problem gambling in veterans.

We know that veterans are often reluctant to seek mental health care. A recent systematic review identified a number of barriers and facilitators of help-seeking for a mental health issue within the veteran population. Barriers included stigma, military culture of stoicism, and self-reliance. Health service difficulties such as access and lack of understanding by civilian staff were also identified. Facilitators to help combat these barriers included a campaign to dispel the stigma, including involvement of veterans and training of military personnel, as well as more accessibility and understanding from healthcare staff. (Armour, 2021) Families may also prove instrumental in precipitating help seeking. NZDF's own information suggests that perceived stigma around mental health issues and help-seeking remains, creating barriers to care for both civilian and military personnel.

Veterans may also have physical health conditions that impact on their mental health and wellbeing. Given the ageing veteran population, care needs to be taken in drawing inferences, but, for example, in the United Kingdom, veterans appear more likely to experience musculoskeletal problems, chronic pain and hearing difficulties, all of which can have a profound effect on psychosocial functioning. (Armour, 2021)

In Aotearoa New Zealand, hearing and orthopaedic issues are two of the most common reasons for seeking support from Veterans' Affairs. NZDF's 2016 survey of its serving and civilian staff also found that 16% of respondents reported that pain had been a problem for them over the previous four weeks. Around a third of these screened as having elevated levels of psychological distress.

Prevalence of common mental health conditions in veterans

The prevalence of common mental health conditions such as depression and anxiety in Aotearoa New Zealand's veteran community is unknown, but, based on international experience, is likely to be higher than the general population.

Overall, due to the 'healthy warrior' effect and protective aspects of service, those currently serving appear to have a lower (or similar) prevalence of common mental health conditions to the general population.[12]

However, an estimated 46% of former Australian Defence Force members, transitioned within the past five years, met diagnostic criteria for a mental illness in the preceding 12 months. This was more than double the 12-month prevalence of mental illness found in the Australian population. The most common type of disorder in the recently transitioned cohort was anxiety disorder (37%) followed by affective disorders (23.1%). (The Royal Australian & New Zealand College of Psychiatrists, 2019)

In the United Kingdom armed forces (in a combined sample of veterans and still serving personnel) the rate of common mental disorders remained stable at around 20% from 2004/06 to 2014/16. (King's Centre for Military Health Research and Academic Department of Military Mental Health, 2021) However, a survey of Canadian veteran health reported that the number of veterans with mental health conditions rose from 2% in 2002 to approximately 12% in 2012. Higher odds of mental health conditions amongst Canadian veterans were associated with serving in the land forces (army) and being deployed overseas. (Rebeira M, 2017)

12 Note that people may be less likely to acknowledge mental health issues while serving, because of stoicism, stigma and potential career impacts.

He'd changed. The doctor diagnosed him with depression. What caused it I don't know – there was some family history but there were work pressures and some stuff from deployments that he'd bounce right through at the time. Our men are tough, asking for help isn't easy for them. He had to hit a crisis before he got help... but he got help and he is ok now."

– PARTNER

Prevalence of Post-Traumatic Stress Disorder in veterans

While PTSD is often associated with military personnel who have undertaken active service, around 3% of New Zealanders experience it. About two thirds of New Zealanders will experience at least one traumatic event in their lives that has the potential to develop into PTSD.

In addition to traumas commonly faced by the general community, military personnel can be exposed to traumatic events specific to military service. This potentially places them at greater risk of PTSD than the general population. While Aotearoa New Zealand veteran data is limited, one quarter of transitioned Australian Defence Force members were estimated to have met criteria for PTSD in their lifetime (24.9%). (Department of Veterans' Affairs, 2020) UK veterans face double the risk of PTSD compared with non-veteran members of the public. The prevalence of PTSD for UK veterans is also higher than for serving regulars – 7.4% in comparison to 4.8%. (King's Centre for Military Health Research and Academic Department of Military Mental Health, 2021) Canada also reports higher rates of PTSD for veterans.

A recent survey of post-traumatic stress in Aotearoa New Zealand, limited by its small sample size, suggested that the prevalence of clinically significant post-traumatic stress (not clinically diagnosed PTSD) may be higher among military personnel (including veterans) than the general population of Aotearoa New Zealand. Interestingly, it found lower levels of post-traumatic stress in operational veterans (who had been deployed), than those who had not. (Richardson A, 2020)

PTSD is often associated with addictions, such as high levels of alcohol use. PTSD may manifest years after service, or get worse with age as key life transitions take place.

Prevalence of alcohol and drug use in veterans

The prevalence of hazardous drinking in the general population of Aotearoa New Zealand is high. While current prevalence of alcohol and drug use in Aotearoa New Zealand's veteran community is unknown, research into health conditions in a cohort of Aotearoa New Zealand Vietnam veterans revealed that they had a greater likelihood of ongoing problems with drugs and alcohol, in comparison with the general population. (Cox B, 2015)

In other jurisdictions, the prevalence of hazardous alcohol use and illicit drug use appear to be similar between veteran communities and the non-veteran population. While there is some inconsistency in international data, there is a suggestion from Australian Defence Force data that service may be protective from subsequent harmful behaviours. Alcohol consumption while serving in the ADF was reported as less than the broader community but approximated the social norms after transition, while remaining generally less than the population prevalence.

This pattern is also seen in the prevalence of illicit drug use (although well designed studies are scarce), with a similar suggestion of service being protective.

Prevalence of problem gambling among veterans

0.2% of the adult population in Aotearoa New Zealand report problem gambling behaviours, while 1.8% report "moderate risk" gambling behaviours. Risk factors include being 18-39 years old, Māori or Pacific ethnicity and experiencing high levels of psychological distress. (Abbott, 2015)

In the 2019 NZDF Health and Wellbeing Survey, 7% of serving staff who responded indicated they have, or have in the past, felt they may have a problem with gambling.

There is no published research into veterans and problem gambling in Aotearoa New Zealand. The international evidence, however, indicates that the prevalence of problem gambling may be significantly higher among veterans than the general public.

In UK veterans, problem gambling was found to be significantly more prevalent in veterans (1.4%) compared to non-veterans (0.2%). (Dighton, 2018) A recent UK study also found that its sample of veterans was more than ten times more likely than non-veterans to experience gambling harms and to gamble as a way of coping with distress. (Forces in Mind Trust, 2021)

In a US study, veterans receiving care through Veterans Affairs had a lifetime problem gambling prevalence of 10.7%. This veteran cohort was two times as likely to experience problem gambling as the general adult population. Surveys undertaken by the US Department of Defence have reported the lifetime prevalence of problem gambling in veterans as between 6.3% – 8.1%. (Stefanovics, 2017)

A recent study of Australian serving personnel who had undertaken deployment to the Middle East Area of Operations determined that 7.7% of this group reported problem or at-risk gambling behaviours. (Cowlishaw, 2020)

People are more likely to have problems with gambling if they have other mental health problems and addictions, like PTSD, and alcohol and other drug misuse.

Work, home, and family can all fall victim to the effects of problem gambling. Problem gamblers are at increased risk of criminal behaviour, intimate partner violence, and suicide. (Fong, 2005)

Veterans and their families experience poorer wellbeing outcomes

A wide range of wellbeing indicators have been considered within the international literature. In our review of the literature, veterans were consistently shown to have poorer outcomes in the three indicators discussed in depth below: suicide, homelessness, and intimate partner violence.

Other wellbeing indicators have limited or inconsistent evidence of differential outcomes for veterans (i.e., imprisonment) or, in some circumstances, no evidence of a worse outcome (i.e., employment).

We could find no wellbeing indicators where veterans had improved outcomes as a result of service. The apparent drop off in wellbeing in the veteran population, once they leave service, highlights the importance of longitudinal research, preparing veterans for life after service, and ensuring welcoming and effective support in civilian society.

Suicide in the veteran population

The suicide rate of those serving in the NZDF is thought to be lower or comparable to the broader NZ population. However, the prevalence of suicide in Aotearoa New Zealand's veteran population is unknown. International evidence indicates that veterans are at higher risk of suicide than the general population.

Australia has recently expanded and updated its suicide data. Ex-serving Australian Defence Force members are at a higher risk of suicide compared to the Australian general population, with males 24% more likely to die by suicide, and females 102% more likely. (Australian Institute of Health and Welfare, 2021)

Risk factors for ex-serving were identified:

- Ex-service people who have separated from service unwillingly, either for medical or administrative reasons, are more likely to die by suicide than those who leave the service willingly.
- Younger age groups are at greater risk of suicide (ex-serving males aged under 50 were almost twice as likely to die by suicide than those aged over 50 years).
- Being any rank other than a commissioned officer made ex-service people more likely to die by suicide.
- Those with a shorter service were more likely to die by suicide.

In contrast, permanent and reserve males are about half as likely to die by suicide as Australian males. (Australian Institute of Health and Welfare, 2021)

Canada recently undertook a data linkage that quantified the risk of suicide in the veteran population compared with that for the general population of Canadians. Male veterans were found to have an overall 1.4 times higher risk of dying by suicide than their counterparts. Female veterans had an overall 1.8 times higher risk of dying by suicide than their counterparts. The risk of suicide for both sexes remained higher than for Canadians and remained relatively unchanged over the four decades studied. (VanTil L, 2021)

The United Kingdom does not collect veteran suicide data, but has recently announced that it will collect this data and launch a review into veteran deaths by suicide over the last 10 years. UK research on self-harm indicates that veterans were consistently significantly more likely to report lifetime self-harm than serving personnel. (Jones N, 2019)

Risk factors for suicidal ideation and suicide in the UK veteran population may reflect those of other mental health outcomes, in that early-leavers and those with pre-service adversity were over-represented. (Harden, 2018)

Homelessness in the veteran population

The prevalence of housing vulnerability in Aotearoa New Zealand's veteran community is unknown. International research suggests prevalence is greater than expected, and significantly greater in military connected communities than in the general population. However, the majority of research into veteran homelessness is American. (Fargo J, 2012) (US Department of Housing and Urban Development, 2019) Contextual differences, including housing policies and assistance, may mean those research findings are not as applicable to other jurisdictions. Australian prevalence studies from the Homelessness Amongst Australian Veterans Project estimate 5,800 contemporary homeless veterans, significantly greater than previous estimates. (Hilferty, 2021) Homelessness in women veterans may be a more significant risk than in men.

Similar to other outcomes, pre-enlistment factors can contribute to the risk of homelessness after service. They need to be considered as veterans transition from service. International evidence supports mental health issues, substance abuse, poverty, and adverse childhood experiences as common risk factors with a modest link between service-related trauma (specifically PTSD) and homelessness. (Metraux S, 2013)

Intimate partner violence (IPV) in the Aotearoa New Zealand veteran context

The prevalence of IPV in Aotearoa New Zealand's military connected community is unknown. International research suggests that the prevalence of IPV in military connected communities is 2-3 times greater than the civilian community. Australian evidence suggested that transitioned service persons and their families reported an 8% 12-month prevalence of IPV, compared with 3 to 4% 12-month prevalence in serving and civilian populations. (Daraganova, 2018) Length of service and the rank of the service person appear to be protective factors. Veteran families in Aotearoa New Zealand may be at greater risk of IPV than the greater community.

Viewing the problem of IPV through the lens of the veteran, rather than from the perspective of the family, may reinforce the disconnection of the family from support directed from veterans' agencies. Responses should strongly reinforce the value and centrality of family and whānau in managing and preventing IPV in veteran families.

IPV impacts on multiple domains affecting the mental health and wellbeing of both veterans and their family and whānau, with far reaching intergenerational effects and costs.

Veterans and the Aotearoa New Zealand Corrections system

Corrections anticipates that veterans are likely to make up 3 to 4% of its population (from a total of 8,000 in prisons and 30,000 in the community). This aligns with comparable jurisdictions, e.g. the United Kingdom at 3.5 to 4%; South Australia at 3.5 to 4%, and Canada at around 4%.

Studies explicitly examining military service as a risk factor for incarceration have produced mixed results and there is no current research in a New Zealand context. Research indicates that veterans in corrective services are more likely to have mental health issues and substance abuse disorders than non-veteran inmates. (Waddell E., 2021)

Since 2019, Corrections has been working to identify the veterans in its care, and understand the demographics, characteristics, and experiences of this group. These veterans present with mental health issues and substance abuse problems; and are disconnected and have had difficulties adjusting to civilian life. Corrections identified that veterans in their care needed bespoke support services. In addition to the services available, this included support to access veteran advocacy services.

Veterans are also a significant and valued part of the Corrections workforce. A Veterans' Network has been established to connect and support veterans who work across the Corrections system, with 200 members to date involved in the network.

Veterans at particular risk of poor mental health and wellbeing

International evidence suggests the majority of veterans do well in civilian life – although they may face a number of challenges. A proportion will face problems adapting that originate from mental health issues or contribute to mental health issues. (Iversen, 2005)

There is a perception that the main risk to veteran mental health and wellbeing is military service itself – particularly combat exposure. However, success or struggle in making the transition from service to civilian life is determined by a complex interplay of the nature of an individual's military experience, their physical and psychological health, social and economic factors, personal resilience, and individual life experiences after service (including access to veteran-friendly support).

Supporting the mental health and wellbeing of veterans and their families requires an individualised, integrated cross-agency response that minimises the negative impacts of these factors on transition.

The international evidence supports a focus on population groups that are particularly vulnerable and at risk of poor outcomes. Note that these focus areas will overlap and a number of veterans will fall into more than one group.

In an Aotearoa New Zealand context, other groups may also be vulnerable and at risk of poor outcomes. The absence of research specific to the New Zealand context, especially around the issues and outcomes for Māori veterans, is a significant problem given the increased risk factors for this population in the broader community.

There is some United States research suggesting that veterans of colour and Pacific Island veterans have poorer outcomes. New research into indigenous veterans being undertaken by Veterans' Affairs Canada may provide some insights.

Early leavers

A particularly vulnerable subpopulation is young veterans, who have served for only a few years and have not developed the protective factors gained from longer successful service. The United Kingdom has identified that those who experience a poor transition are more likely to show signs of poor mental health, and this is particularly true of early service leavers. (Buckman, 2013) Early leavers in the UK are also more likely to have worse long term mental health and socioeconomic outcomes than other groups. (Burdett, 2021) Australia has focused a lot of transition support on these younger groups, for example specialised transition and case co-ordination support for under 30-year-olds.

Anyone who leaves the forces for reasons not of their choosing

The mental health outcomes for ex-service people who are required to leave the service against their will, including those who are medically discharged, or released for disciplinary or other adverse reasons, are generally worse than for those who leave voluntarily. This includes greater risks of suicide and suicidal ideation, PTSD, and common mental health disorders. Currently this group is one of the least served by established veterans' services and programmes. (Burdett, 2021)

Those who have experienced trauma and abuse, including sexual abuse, during service

This includes all forms of trauma during service, not only combat-related trauma. International and Aotearoa New Zealand research indicates that exposure to trauma of any kind is a risk factor for the development of post-trauma stress reactions.

High levels of institutional abuse have been reported in military environments. In Australia, the Defence Abuse Response Taskforce (DART) received many reports of historical and contemporary abuse within the Australian Defence Force – including the abuse of men, women, and minors. The DART categorised the claims of abuse into four areas: sexual abuse, sexual harassment, physical abuse, and harassment and bullying. Abuse continues to be reported to the Defence Ombudsman and the total cost of abuse reparations has grown to tens of millions of AUD. Moral injuries can be a key aspect in institutional abuse, due to the betrayal of the ideals of service and the institution.

Those with pre-existing life challenges before enlistment

Adverse early childhood experiences and pre-enlistment conditions and behaviours are a key risk factor for later negative outcomes during and after transition. (Burdett, 2021) For a proportion of recruits, joining the NZDF is seen as a way to escape a difficult early life, and access opportunities that would otherwise not be possible. This group can be identified early in service, and effectively supported during and after service. The NZDF is potentially well placed to get to young people first, and intervene early. However, there are barriers to doing so, including concerns the recruit may have about disclosing risk factors that could impact on their future career.

Women veterans

There is increasing international research into the military experiences and mental health outcomes for women veterans. A report reviewing the literature regarding mental health outcomes in UK women veterans indicated a greater incidence of PTSD, suicide and suicidal ideation in women veterans compared to their civilian equivalents. The relative prevalence of common mental health disorders (including anxiety and affective disorders) is unclear. The report did not identify a significant difference in the prevalence of common mental disorders between women veterans and their civilian equivalents, though the prevalence of common mental disorders in women veterans was greater than in their male equivalents. (Godier-McBard L. G., 2021) Other studies have shown that more women veterans than men reported mental health issues and comorbid mental and physical health issues. (Dursun, 2019) There is also evidence that the experiences and needs of women veterans in transitioning from the military to civilian life are different to those of men, and they may tend to fare worse. (Godier-McBard L. R., 2022)

The proportion of women in the NZDF is greater than in the other Five Eyes countries. Historically, fewer women have served and they were less likely to be deployed than they are today. Based on the international evidence, there may be unmet need in this veteran population.

LGBTIQ+ veterans

There is international evidence that LGBTIQ+ military personnel and veterans are vulnerable and at risk of poor outcomes. They have poorer mental health and well-being; report more stigma and barriers to mental healthcare, which reduces uptake of accessed healthcare services; and experience more sexual trauma. However, there are substantial gaps in the current evidence for this population, including evidence specific to Aotearoa New Zealand. (Mark, 2019)

Families and whānau

There is a body of research into the integration of families in the treatment/recovery of veterans with mental health issues – especially PTSD.

There is also literature on the effect of serious injury on the wellbeing of families and secondary traumatisation. Transition to civilian society can be challenging for families. 32% of veterans who responded on this issue for the Canadian Life After Service Study indicated that their partners had difficulty with their release from service, and 23% reported that their children had difficulty with their release. (Veterans Affairs Canada, 2020)

However, families themselves are rarely the core subject of investigation. Instead, the literature is focused on the role of the family in the care of the veteran.

The key exception is the Australian Military and Veterans Family study. This is a large survey of Australian current serving and recent ex-military families, by the Australian Institute of Family Studies. It is not due to be completed until late 2022/early 2023. There is a related study into the role of the family in the rehabilitation of the seriously wounded, injured, or ill, though it is unclear when this will be completed. These studies will be the most significant tool we will have to describe the military adjacent family in Australasia.

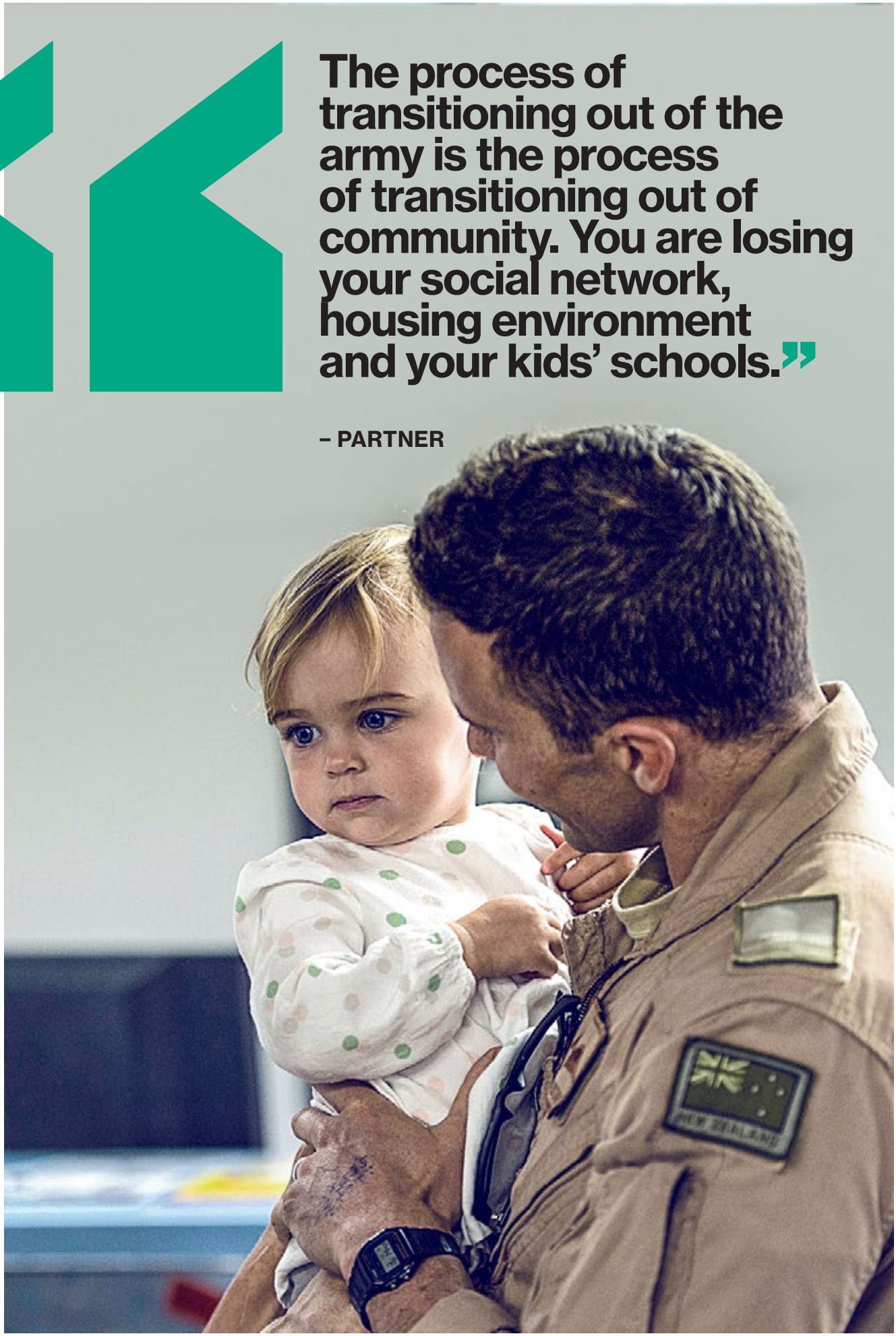
A recent independent review of the needs of UK Armed Forces families is helpful for beginning to tease out the protective and risk factors for military families. For families, protective factors appear to include: high parental functioning, role flexibility, and high coping skills/resilience. (Selous A., 2020)

Social and family support are protective factors for both those who are serving and veterans. The family plays an integral role in the experience of the veteran and functional and supportive family relationships will contribute to better mental health outcomes in veterans.

The role of whānau in the experience of Māori veterans has not been adequately examined, and family research from other countries will not be completely transferable to a New Zealand context.

The process of transitioning out of the army is the process of transitioning out of community. You are losing your social network, housing environment and your kids' schools."

– PARTNER



System issues that impact on veteran mental health and wellbeing

> There needs to be a one-stop-shop. There is a minefield of agencies.”

– VETERAN

There are a number of well-recognised and long-standing system issues and deficits that impact on veterans and their families. Collectively, these factors mean that veterans and their families may not get the timely and adequate support that they need through transition and beyond. They include:

- Lack of flagging/identification of veterans in health and other information systems, including when they transition out of the NZDF.
- Inconsistent communication of health information between providers in the military health system and civilian system, resulting in disruptions to the continuity of care. *A failure of continuity of care may result in incomplete veteran medical records and a consequently increased risk of diagnostic error, and delayed or interrupted treatment. It may also create difficulties with determining eligibility for support from ACC, Veterans' Affairs and health insurers.*
- A complex web of civilian organisations that need to be understood and navigated. *Lack of awareness of the range of civilian providers and organisations and how to access them may result in issues escalating, when support may have been available. Unlike some other countries, Aotearoa New Zealand does not have veteran hubs or one-stop-shops providing needs assessments and service co-ordination.*
- Poor civilian awareness of the needs of, and issues for, veterans and their families. *Lack of awareness of risk factors and the nature of service life, and stigma, may result in misdiagnosis, poor engagement with providers, reluctance to seek help and lack of health issue monitoring and management.*
- Lack of data collection and research about veterans, and even less about their families and whānau.
- Lack of health and wider workforce training and specialisation on veteran issues.

Effective responses for veterans and their families and whānau

We have identified six categories of response that are likely to be effective for veterans and their families and whānau. They are aligned with international directions, but adapted for Aotearoa New Zealand:

1. First focus on prevention and wellbeing promotion
2. Streamline cross-agency responses
3. Increase health provider awareness and education
4. Maintain military connectedness
5. Meet the needs of the whole family and whānau, not just the veteran
6. Support diversity and cultural needs.

Transition is a key risk period, and a time when continuity and access to supports across all six domains is important. While prevention and wellbeing promotion is a standalone category, all of the responses should incorporate a strong focus on it. It is also important to ensure that people's basic needs (e.g. for safe housing) are met first.

Examples of what could be done at a practical level have been provided. Some of these responses already exist in Aotearoa New Zealand, in various forms. Priorities for action are suggested on page 49.

First focus on prevention and wellbeing promotion

Setting veterans and their families and whānau up for success is vital. Through the development of this policy framework, we now have a common understanding of what the underlying drivers are of poor outcomes for veterans, and which veterans are at higher risk. This enables better identification of who might need targeted assistance.

There are already many military service-focused resources and tools aimed at keeping people well or intervening early. The NZDF has a resiliency training framework that all service members are trained on as they progress through their career. It includes evidence-based tools and frameworks.

Examples of what could be done:

- Continue to develop wellbeing resiliency for service people and their families, from the time they are first recruited, so they have greater ability to self-manage and to anticipate the challenges of future transition.
- Support Māori to maintain connections with their iwi and hapū while serving.
- Build stronger and enduring connections between the NZDF and civilian society, to enable the smooth transition of veterans to civilian life. Partnerships with external sectors could focus on entry to mental health and addiction support, education programmes, future career opportunities, training and professional memberships. Liaison with iwi to let them know when their members join, and leave, the NZDF, would assist with ensuring community support and resources are available when Māori transition out of the service.
- Create a culture of acceptance and support within the NZDF where there is no stigma around having mental health needs, and identify how to reduce barriers to seeking help.

The NZDF can create the environment for people to thrive, or for a difficult life outside the service.”

– VETERAN

Streamline cross-agency responses

As highlighted earlier, well-integrated transition is an intrinsic part of wellbeing, and an ‘All of Life’ perspective and approach to veteran mental health and wellbeing is crucial.

The right support needs to be delivered to the right people at the right time. This support needs to available as required, although the level of intensity may vary over time. Support, assessment, and treatment systems must be responsive and not purely crisis driven. Supports must be tailored to the veteran and their whānau’s needs, rather than for discrete limited ‘transition periods’.

High level multi-agency dialogue and engagement is required – including with veterans, and families and whānau, and advocacy groups – as well as seamless, integrated community supports.

Examples of what could be done:

- Cross-agency platforms to support working together, including building understanding and alliances, and progressing agreed work.
- Individualised transition planning and support. Transition coaching should focus on the veteran’s desired job, not simply what is available and relevant to their role in the service.
- Care pathways and good handovers. This includes between the NZDF and primary care, and between primary care and other services, including acute mental health care.
- Veteran support hubs, which provide information, assessment, and access to supports.
- Intensive service co-ordination/navigators.
- A veteran identifier (relevant to streamlining, but also more broadly, e.g. to health provider awareness, and development of a domestic research base).

Fulton

When I was drinking too much, I remember being worried about being judged by some of the boys who clearly thought I was over-doing it. I could have really used their help back then, I just didn't know how to ask."

– VETERAN

Increase health provider awareness and education

Health professionals in Aotearoa New Zealand generally have a very low awareness and understanding of veterans and their families and whānau. We need an aware, educated and supportive network of providers if we are to have welcoming, safe, and quality care.

While there is an interest group within the Royal Australian and New Zealand College of Psychiatrists(RANZCP) for first responders/veterans, there is no equivalent within primary care. A range of professional groups will be involved in providing mental health and addiction support to veterans, their families and whānau, including social workers, psychologists, nurses, occupational therapists, counsellors, and service co-ordinators/navigators. We are not aware of any domestic health professional education or training about veterans, or any resources produced by the mental health and addiction workforce centres about veteran mental health and wellbeing. There are some local examples of RNZRSA branches offering education to district health boards.

The literature around military/veteran cultural competency in mental health care delivery is primarily American. It emphasises that the military member and their family exist in a distinct and unique culture that persists to a varying degree once they transition. Effective health care for military personnel and veterans in Aotearoa New Zealand requires a knowledge of the cultural landmarks of service specific to Aotearoa New Zealand, including Te Ao Māori.[13]

Examples of what could be done:

- Education and awareness-raising resources for health providers.
- Training about veteran experiences, needs and effective responses. This could be broad based, and/or focused on encouraging some professionals to develop a special interest and skills in veteran health. Veterans working in civilian healthcare (e.g. GPs) could have a role in training.

13 Māori world view.

Maintain military connectedness

Most service people, veterans, their families and whānau are a strongly bonded community, driven by a common culture, experiences and goals. The power and strength of that community needs to be maintained when people leave the services, as members are uniquely placed to understand and respond to the needs of others within the community. This response may not be appropriate or effective for people who do not feel that connection – an example might be early leavers who have only served a few years.

Examples of what could be done:

- Peer leadership and mentoring.
- Peer and lived-experience mentoring and networks, outreach and wellbeing support, including therapies that incorporate peer support.
- Military/veteran hubs (physical or virtual).
- Military/veteran social, recreational and support groups.

Meet the needs of the whole family and whānau, not just the veteran

Veterans do not walk their path alone. The health of the family is also affected by service and transition. We must treat the family as if they too served, and view them as both integral to the veteran but also independent of them.

Examples of what could be done:

- Consider and respond to the family and whānau's mental health and wellbeing needs.
- Enable families to build their own family-led support networks.
- Provide information and support tailored for family carers.

Support diversity and cultural needs

On the basis of international evidence, we have identified specific population groups which are at risk of poorer mental health and wellbeing outcomes, including women and LGBTIQ+ veterans.

While there is no relevant Aotearoa New Zealand research about the mental health and wellbeing needs of Māori, 17% of the regular forces in 2020 were Māori.

There is also no relevant research about Pacific veterans, and this group appears to be growing, making up 5.4% of the regular forces in 2020.

Examples of what could be done:

- Undertake longitudinal and qualitative Aotearoa New Zealand research into the needs and preferences of specific population groups.
- Ensure that the responses highlighted above (e.g. health provider awareness and education) are suitable for a diverse population, and meet the needs and preferences of specific population groups of veterans, their families and whānau.
- Ensure veteran programmes and supports are culturally appropriate and effective for Māori veterans and whānau, including 'for Māori, by Māori' and holistic approaches.
- Ensure veteran programmes and supports are culturally appropriate and effective for Pacific veterans and their aiga[14].

14 Extended family in Samoan culture.

How these effective responses need to be tailored for veterans, their families and whānau

At a thematic level, the six categories of effective responses above are very like the directions for other (non-veteran) population groups in Aotearoa New Zealand. However, when designing and orienting these responses towards the needs of veterans, their families and whānau:

- empathy and being listened to and understood, are important. There is likely to be a preference for support from other veterans/the military connected community. They share a common history, culture and experience, and will have greater understanding and empathy.

  There is some evidence that access to mental health care by veterans may be improved if providers have an understanding of the veteran cultural context, including peer-based services. If that's not possible, genuine interest and empathy from professionals is important to veterans. There is also good research on peer leadership in service, including in prevention of mental health problems. However, while good peer leadership can have a very positive impact on transition, poor peer leadership can have a negative impact. Similarly, good peer support for family members is likely to be effective, including for bereaved family members.

- there needs to be recognition that people may be struggling with their identity and be disconnected from civilian life and support networks. Their knowledge of mainstream services and support, and how to access them, may be very limited. They may have limited capacity to deal with the complexity of civilian life and organisations.

- the combined impact of identity issues, moral injury and trauma (from various experiences, not necessarily combat) may require multifaceted and unique responses.

  Trauma-focused psychological therapies will be effective for some (e.g. for veterans with combat-related PTSD). Trauma-informed services and support are likely to be helpful for a wider group. As yet, there is no recognised evidence-based treatment for moral injury.

- mental health services and supports must reflect the diverse needs of the veteran population and their families. The experiences of each veteran and family member are unique and the approach to the treatment of their mental health condition must reflect their individual needs. The shared experiences and culture of military life mean that group-based support may be appropriate and effective for some.

- the design and responses need to reflect the specialised agency connections that are not well recognised or understood in civilian organisations. These agencies include the NZDF, Veterans' Affairs, and veterans' organisations working on the ground.

Suggested priorities

Four priorities for action are suggested, based on the following considerations:

- they will be of clear benefit to veterans, their families and whānau – particularly those groups at risk of poorer outcomes
- they focus on setting individuals and the system up for success
- they are foundational and address gaps in our current infrastructure
- they are a good fit with existing approaches and responsibilities and
- they are evidence-informed.

The priorities: data and research; prevention and wellbeing promotion; transition processes and support; and, professional and service development, are highly dependent and interrelated. Together, they point the way towards a system that recognises veterans and their families, understands their shared and individually unique experiences, and supports them to maintain and build their mental health and wellbeing.

Data and research

Aotearoa New Zealand is many years behind other Five Eyes countries when it comes to understanding our veteran population. We know little about the population's characteristics, needs and experiences. Other countries are engaged in large scale data collection and research, and a number also use veteran identifiers. They are developing and applying international models for measuring and understanding veteran wellbeing, for example, the Well-being Inventory. This model enables the measurement of three indicators – status, functioning and satisfaction – within four life domains of vocation, finances, health and social relationships. It also enables identification of the protective and risk factors for a successful transition, and how to strengthen or mitigate these. (Vogt D. T., 2018)

Ideally, Aotearoa New Zealand would be able to identify veterans across agencies and providers, and in routinely collected data (for example Ministry of Health data reporting, the NZ Census and NZ health surveys), through a specific identifier allocated to them. Australia, for example, has included a question regarding military service for the first time in its 2021 Census.

Large scale veteran and families research, preferably longitudinal studies, is required to build our understanding of the prevalence of mental health and addiction issues, risk and protective factors for veterans and their families, and their longer-term outcomes. This will help guide successful intervention design and inform evidence-based policy.

More immediate opportunities to build our knowledge base should also be pursued. Examples include record linking, for example, of suicide statistics.

Qualitative research on those groups where we have no or limited insights from international evidence should be a priority – particularly the needs and best responses for:

- Māori veterans and whānau
- Pacific veterans
- women veterans
- LGBTIQ+ veterans and
- families and whānau.

Veteran and family-led research should be encouraged.

Internationally, veteran research is moving rapidly. We will benefit from continuing to build linkages with overseas researchers, particularly amongst the Five Eyes countries. Collaborative research should be promoted, as this will increase our understanding of how New Zealand compares internationally and help build our own capacity and capability.

An online portal is needed to ensure we keep up to date on the relevant literature and emerging developments (including in Aotearoa New Zealand).

Prevention and wellbeing promotion

The NZDF already has a focus on prevention, promotion and building resilience while in service, but more can be done to maintain and build the mental wellbeing of service people and veterans. This includes both looking back at the importance of pre-service life experiences, and looking forward, in order to prepare its people for life after service.

The military culture emphasises building connections. Nurturing these connections when people leave service is an important aspect of prevention, and links to transition too.

Suggestions include:

- creating a culture within the NZDF where there is no stigma around having mental health needs, and reduced barriers to seeking help.
- strengthening leadership behaviour and modelling.
- preparing service people – and their families – for life after the NZDF, from early on in their careers. This should include retaining and building connections with civilian society and organisations, such as iwi and hapū for Māori service people.
- building and maintaining military connections, including high quality peer support.
- connecting veterans with resources that can support wellbeing promotion.
- educational and other activities to increase public awareness and understanding of all veterans and their families, including contemporary service experiences. This includes building understanding of the challenges of service, and providing recognition and support for that service.

Transition processes and support

The NZDF's new transition service is a promising and important step forward in setting service people up to thrive in civilian society. There are opportunities to expand and enhance this service and provide more individualised and tailored support.

Suggestions include:

- adjustments may be needed to anticipate and ensure that those who are at higher risk of, or are experiencing, mental health and addiction issues are supported appropriately. This group may require a more concerted effort to engage. The ongoing identification of those at risk is needed. Individualised and tailored support should then be offered, including connecting those transitioning with healthcare providers, other community support such as iwi and Māori health and social service providers, and ensuring continuity of care. Support for short-service trainees should be considered, given the evidence around the poor mental health and wellbeing outcomes for those with short service.
- as one-on-one transition support is only available for those in the regular forces, those who transition from military to civilian employment in the NZDF may not be appropriately supported when they finally leave the NZDF. Consideration should be given to extending transition support to veterans who have moved into civilian roles.
- the 12-month reach-back service is an important aspect of effective support, but some veterans and families will need more active pastoral care or support for a longer period.
- effective transition needs to include family and whānau, and incorporate their needs too. Ways of doing this, for example through the coaching process, should be considered.
- ongoing data collection and evaluation is required in order to understand and measure the outcomes being sought.

Professional and service development

Increasing health professional awareness and understanding of veterans and their families – and the support available to them – is key to lowering barriers to seeking help, delivering better services and increasing uptake of mental health care.

There needs to be engagement with professional colleges (RNZCGP[15] RANZCP), other professional representative bodies, and the mental health and addiction workforce centres, to initiate the process of embedding training and professional development regarding veterans and their families into their programmes. The priority should be primary care.

Veterans and their families may be in complex situations and have complex needs, requiring multi-disciplinary and multi-agency approaches. Some veterans will require intensive cross-agency linking and support, which may be provided by Whānau Ora navigators, social workers and other co-ordinators. These groups also need veteran and family-focused information and training.

Veterans' Affairs and veterans' organisations such as the RNZRSA report that there is unmet demand for intensive co-ordination and support. In 2018/19 No Duff Charitable Trust provided crisis support for 107 veterans and family members through a peer-led model. They have since had to scale back the support provided, but there continues to be a demand for the service.

15 Royal New Zealand College of General Practitioners.

Afterword

Aotearoa New Zealanders take pride in recognising and reflecting on the service of our veterans.

We must, however, also recognise and reflect on the impact that military service can have, and what happens once that service is over.

Most veterans, alongside their families and whānau, thrive and adjust well to life after service. Some, however, do not. While the evidence around the poor outcomes for this vulnerable group makes very sobering reading, there are effective and tailored responses that can maintain and build their wellbeing. The four priorities we suggest are practical and attainable.

We encourage the wide range of organisations with a responsibility for supporting the mental health and wellbeing of our veterans, their families and whānau, to utilise this resource and respond to the suggested priorities. We would also welcome your endorsement of the document.

Veterans' Affairs will provide ongoing engagement and support for agencies that use this resource. This will include providing supporting material on our website, such as case studies and links to key research, for those who want to explore this subject in more depth and expand their understanding of the evidence.

He ope piri tātau

Kaua tētahi e whakarērea

We are all in this together

Leave no one behind

– Willie Apiata VC

KARAKIA WHAKAMUTUNGA	CLOSING PRAYER
Kia tau ki a tātou te atawhai	To us all, the blessings
o tō tātou Matua i runga rawa	of the Almighty Father
Ka maumahara tonu tātou ki a rātou	We will remember them

Overview of the Policy Framework

Drivers and challenges

140,000

veterans in Aotearoa New Zealand

772

people left service and became veterans in 2020/21

Diverse

The make-up of our armed forces is unique, and the veteran population is increasingly diverse. We have a high proportion of Māori and women serving.

Challenges of life after service

Personal challenges for veterans and their families:

- ingrained military attributes (e.g. stoicism)
- transition to civilian society, roles and ways of operating
- surety of income, work and housing
- loss of structure, connections and social support
- changes to sense of identity
- existing trauma, health issues and injuries.

System challenges:

- complex civilian environment and organisational responsibilities compared with life in service
- limited civilian awareness and understanding of veterans and their families, or tailoring of support, including amongst health professionals and services
- lack of flagging of veterans in health and other information systems, and inconsistent handover of health information
- lack of data collection and research about veterans, and even less about their families and whānau.

Mental health and wellbeing after service

Most veterans and their families and whānau, will experience good mental health and make a successful and safe transition into civilian society.

A small number, however, will face more significant problems.

They may experience mental health and/or addiction issues, and be at risk of a range of poor outcomes – including social withdrawal, poverty, homelessness, intimate partner violence and suicide.

The international evidence suggests that, overall, veterans have poorer, or no better, mental health and wellbeing outcomes than the general population.

Veterans at particular risk of poor mental health and wellbeing outcomes

Early leavers (who only serve a few years)

Anyone who leaves the forces for reasons not of their choosing (medical, disciplinary or administrative release)

Those who have experienced trauma or abuse during service

Those with pre-service life challenges

Women veterans

LGBTIQ+ veterans

Actions required

A system that recognises veterans and their families, understands their shared and individually unique experiences, and supports them to maintain and build their mental health and wellbeing...

6 effective responses for veterans and their families and whānau

1. First focus on prevention and wellbeing promotion
2. Streamline cross-agency responses
3. Increase health provider awareness and education
4. Maintain military connectedness
5. Meet the needs of the whole family and whānau, not just the veteran
6. Support diversity and cultural needs.

These responses must also meet individual needs

Veterans and their families may feel strongly connected through their shared background, identity and experiences. However, veterans and their families are not a homogenous group.

Services and supports must reflect the diverse needs of the veteran population and their families.

Individualised, integrated, cross-agency responses are required that address the challenges of life after service and promote protective factors to help veterans and their families thrive.

4 interrelated priorities

1. **Data and research**

To build and share our understanding of the prevalence of mental health and addiction issues, risk and protective factors for NZ veterans and their families, and their longer-term outcomes.

2. **Prevention and wellbeing promotion**

To reduce barriers to seeking help, increase public awareness, prepare service people and their families for life after service and provide early connections to support.

3. **Transition processes and support**

To provide enhanced and more individualised and tailored transition support.

4. **Professional and service development**

To increase health and allied professional awareness and understanding of veterans and their families, lower barriers to seeking help, deliver better services and increase uptake of mental health care.

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