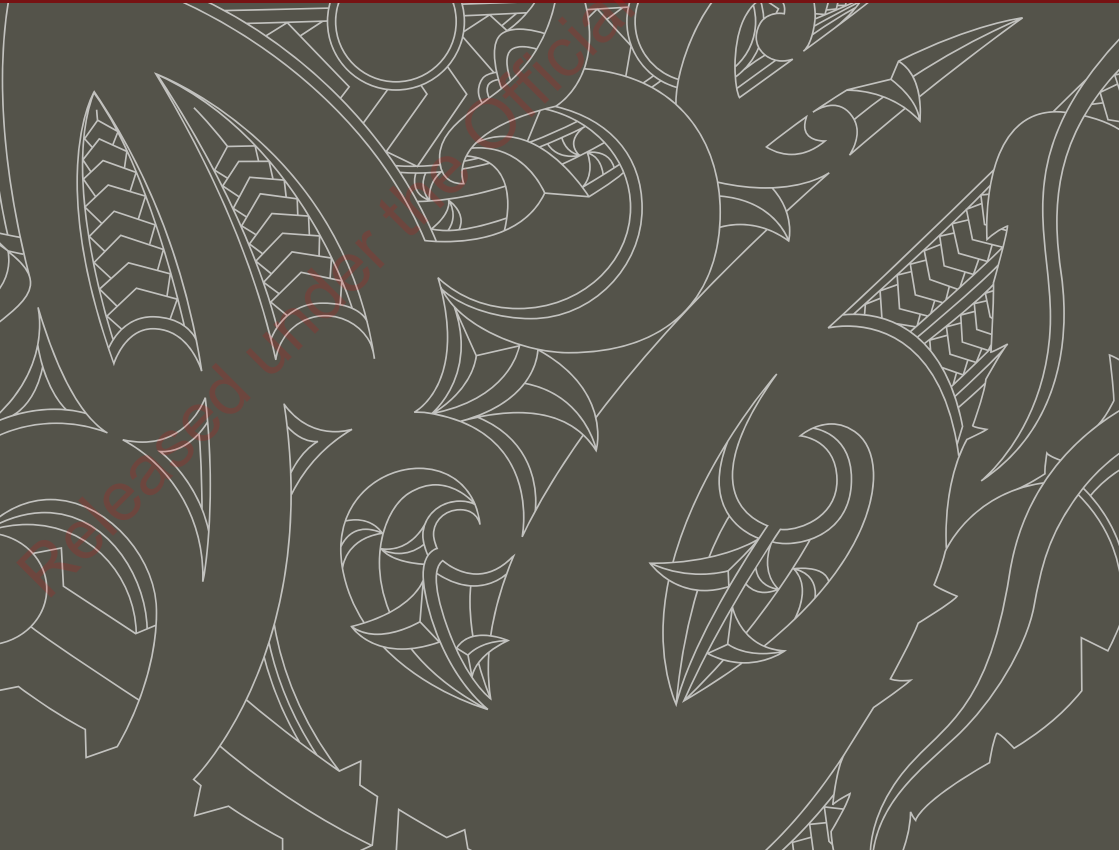


THE NZDF

MENTAL HEALTH STRATEGY

Enhancing Force Strength through Comprehensive Mental Health

December 2014





The NZDF has long-standing military traditions and a unique cultural identity. Our operational focus, duty of care obligations, and sense of community are all important elements in shaping our approach to mental health.

Foreword

The Mental health of our workforce is critical to the overall performance of the New Zealand Defence Force (NZDF). As the Future 35 Strategy (F35) is implemented in a continuously evolving operational environment, deployed elements must be mentally equipped to withstand, adapt, grow, and recover under challenging operational circumstances. To enhance the support provided to all NZDF personnel, fresh thinking about the NZDF approach to mental health is required.

The NZDF has long-standing military traditions and a unique cultural identity. Our operational focus, duty of care obligations, and sense of community are all important elements in shaping our approach to mental health.

The potential individual, organisational, and societal costs of reduced mental health can be significant. In the workplace, impacts include impaired performance, increased attrition, and reduced morale. Keeping our people engaged, well trained, mentally and physically healthy, and their families enabled to support them, are important priorities for the NZDF.

There is considerable evidence that supporting a focus on the prevention of mental health related issues, early help-seeking behaviour, and quality mental health care, leads to better individual, team, and organisation outcomes. A people-centric model of care that is culturally appropriate and designed around the collective and individual needs of our total workforce is essential to enhancing the mental health of personnel in the NZDF.

Our goal is to achieve the highest attainable level of mental health for our people through a comprehensive model of care delivered collaboratively by individuals, NZDF leadership, Defence Health personnel, and NZDF support agencies¹.

The Defence Health Strategy articulates the strategic direction for NZDF health. A key priority within the strategic objectives of the Defence Health Strategy is developing an NZDF Mental Health Strategy. This Strategy sets our path for developing enhanced mental health and resilience and a **stronger, healthier NZDF**.



A. Gray
Colonel
Director Defence Health

1. NZDF support agencies include any internal group or external agency providing support or involved in positively influencing NZDF mental health.



*The NZDF vision for mental health will be achieved through the provision of an accessible, high-quality, integrated, evidence-based mental health system that is trusted by our people, promotes psychological resilience and self-care, and provides timely and appropriate care for those who need it. This will be supported through the four themes underpinning this strategy – **Lead, Understand, Prepare and Care.***

Overview of Strategy

Vision

A Better, Stronger, Healthier NZDF

Mission

To Enhance Force Strength through Comprehensive Mental Health

The NZDF vision for mental health will be achieved through the provision of an accessible, high-quality, integrated, evidence-based mental health system that is trusted by our people, promotes psychological resilience and self-care, and provides timely and appropriate care for those who need it. This will be supported through the four themes underpinning this strategy – **Lead, Understand, Prepare and Care.**

Defence Health will focus on three strategic outcomes:

- Identification and response to mental health risk.
- Promotion and support of mental resilience within the NZDF.
- Delivery of comprehensive, coordinated, customised mental health care.

Defence Health will achieve these strategic outcomes through:

- Growing a positive mental health culture that builds trust and engages our people.
- Building shared responsibility and self-management.
- Reducing stigma and removing barriers to care.
- Building an integrated, multi-disciplinary approach to mental health with a focus on collaboration and partnerships – both internal and external to the NZDF.
- Promoting and supporting mental health fitness and resilience.
- Developing a clear operating model.
- Being evidence, research, and intelligence led, optimising the use of technology.
- Investing in training and resources to enable the provision of quality comprehensive mental health care for the total NZDF workforce and their families.

The NZDF Mental Health Strategy consists of three parts:

- **Part One** provides the current context of mental health in the NZDF, highlighting the challenges and opportunities for a comprehensive approach to mental health.
- **Part Two** outlines a strategic framework for the development of a comprehensive system supporting optimal mental health.
- **Part Three** identifies the strategic outcomes that the strategy will deliver.

The strategy applies to:

- Regular Force personnel
- Reserve Force personnel
- NZDF Civilians
- Veterans
- Family members of NZDF personnel where defined

PART ONE

Mental Health – Current State

Mental health is the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity.

– Mental Health Foundation (NZ)

Mental health encompasses a broad range of lifestyle, mental wellbeing, and occupational factors. Figure 1 illustrates the continuum that exists between a state of good mental health and a diagnosed mental illness. It highlights where common distress and mental health related issues that our people may experience during their careers, sits on this continuum. This may be through exposure to the routine stresses of military service, or normal life stresses that affect New Zealanders in general. In most cases, distress and injury are preventable or reversible through resilience training and early intervention.

Mental Health Continuum				
	Healthy	Affected	Injured	Ill
Normal behaviours	Physically and socially active	Decreased activity / socialising	Avoidance / withdrawal	Not going out or answering the phone
Outputs	Performing well In control mentally	Procrastination Missing deadlines / working longer hours	Poor performance / workaholic Poor concentration / decisions	Can't control behaviour, perform duties or concentrate
Social lifestyle choices	No/ limited alcohol use / gambling	Regular but controlled alcohol use / gambling to cope	Increased alcohol use / gambling Hard to control negative consequences	Frequent alcohol or gambling use Inability to control severe consequences
Health	Physically well	Muscles tension Headaches	Increased aches and pains	Physical illness
Attitude	Motivated and focused	Distracted and forgetful	Negative attitude	Overt insubordination
Mood	Normal mood fluctuations Calm and takes things in stride Good sense of humour	Irritable / impatient Nervous / sadness Overwhelmed	Anger Anxiety Pervasively sad / hopeless	Angry outbursts / aggression Excessive anxiety / panic attacks Depressed, suicidal thoughts
Energy & rest	Good energy levels Normal sleep patterns Few sleep difficulties	Low energy Trouble sleeping Intrusive thoughts	Fatigue Restless disturbed sleep Recurrent images Nightmares	Constant fatigue Cant fall asleep or stay asleep, sleeping too much or too little

Figure 1. Mental Health Continuum

Mental Health Trends

Global Mental Health

Mental illness accounts for 15% of the total burden of disease in the developed world, with depression set to become the second leading cause of disability in the world by 2020.²

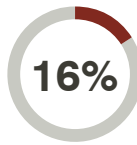
Mental Health in the New Zealand Population

According to a 2012 New Zealand Health Survey (Ministry of Health 2013) mental health related issues are the third highest cause of impaired health in New Zealand:



Slightly less than 50% of New Zealanders will experience mental illness or addiction at some time in their lives.

One in five people will be affected during any one year.



More than 16% of adults aged 15 years and over (one in six) report having been diagnosed with anxiety or depressive disorders during their lifetime.



The most commonly reported disorder is depression (14% of adults), followed by anxiety disorder (6%), and bipolar disorder (1%).



Almost 6% of adults report having experienced high or very high levels of psychological distress in the previous four weeks. Rates are higher among women and younger people, Maori (9%), and Pacific Islanders (10%).



The estimate for the prevalence of family violence is one in seven families.



One in five New Zealanders who drank alcohol in the previous year have a potentially hazardous drinking problem.



Approximately 500 people die as a result of suicide each year. The overall suicide rate in 2011 was 10.6 suicides per 100,000 people, while the youth suicide rate was 19.3 suicides per 100,000 people. The rate was 1.8 times higher for Maori than for non-Maori.

2. World Health Organisation, 2013.

Mental Health in the NZDF

NZDF personnel are a subset of New Zealand society, and it is reasonable to conclude that the mental health of our members will reflect the mental health status of New Zealanders in general.³ The prevalence of mental health related issues across the NZDF is not currently well understood. However, health information for military personnel indicates that the nature of issues is similar to those experienced in the broader NZ population.

Stress, depression and insomnia are the most commonly recorded mental health related issues in the NZDF. The reported incidence of Post Traumatic Stress Disorder (PTSD) (<1%) is lower than the broader NZ demographic⁴, and suicide rates fluctuate but generally remain low compared to the broader population. Available data on family violence and substance abuse indicates low rates in comparison to the wider population.

Prevalence rates of PTSD for overseas veterans of operational service vary between 3 and 8%.⁵ Lower PTSD rates in the NZDF are likely to be influenced by a number of factors. These include reduced exposure to high intensity operations, existing NZDF programmes, early intervention, and accessible care.

3. Our demographic comprises a large percentage of comparatively young and physically fit people, along with a high percentage of Maori or Pacific Islanders, who generally carry a higher burden of mental illness within the New Zealand population.

4. NZ Mental Health Survey (Te Rau Hinengaro) 2012 – 12 month prevalence rates ranged between 1.7 and 3.5 % across demographic groups (3.5% for 25-44 years).

5. FiMT and Mental Health Foundation 2013 The mental health of serving and ex-Service personnel – A review of evidence and perspectives of key stakeholders <http://www.mentalhealth.org.uk/content/assets/PDF/publications/the-mental-health-of-serving-and-ex-service-personnel.pdf?view=Standard>

Occupational Risk Factors

The unique nature of military operations can create a higher risk of incidence of mental health related issues due to the occupational demands and the environment our people may operate in. Workplace factors that may increase the risk of mental health related issues emerging amongst members of the NZDF can include:

- Exposure to life - threatening or unpleasant events.
- A high tempo of operations or training with extended work hours and absences from home - for both deployed personnel and those supporting in the NZDF domestic environment.
- Transition from Service or civilian employment, across employment groups within NZDF, particularly for those who are released with ongoing illness or injury concerns.
- Stigma and barriers to care which may reduce early help seeking and timely recovery.

Moderating Factors

The onset and prevalence of mental health related issues is also influenced by a range of moderating factors that can act as buffers in maintaining mental health. These include:

- Individual and broader environmental factors, including demographics, prior experience and wider social support.
- Organisational initiatives including mental health screening and a focus on prevention, resilience and early intervention.

Comparison with other nations

Studies conducted within other Defence Forces indicate that the prevalence of mental health related issues such as major depression, social phobia, PTSD, panic disorder, and generalised anxiety disorder is of a similar magnitude to that of the general community. This includes the occurrence of alcohol dependence associated with mental health issues. One area of difference found in other nations is that military personnel are likely to have an elevated risk of depression compared to their civilian counterparts.

Research by other Defence Forces also suggests that less than half of a uniformed Force with an apparent mental disorder will seek care in any given year. While most with persistent problems will eventually seek care, some will wait years to do so.

Uptake of Mental Health Services

The number of our people accessing mental health services both internally and externally each year is not yet well understood. Military medical encounter records indicate that on average around 5% of military personnel seek mental health support annually through primary health care services in the NZDF. In addition, military personnel seek support through other internal support resources, including military psychologists, social workers, family and community services personnel, chaplains, and community support resources. There are also indications that a growing number of people may be seeking help external to the NZDF.

Undeclared mental health issues or unmanaged health requirements reduce the ability of the NZDF to provide support for individuals. This can be a potential risk for both individual and mission outcomes during operational deployments and assignments involving specific high risk roles or tasks.

Stigma and Barriers to Care

Research conducted in the NZDF in relation to stigma and barriers to care is consistent with research findings across partner Defence Forces.⁶ Those with mental health related issues often feel an associated stigma with their condition and are less likely to seek help. In many cases help is sought through an external provider without being reported internally.

There are a broad range of perceived barriers to care within the NZDF. These include:

- Lack of individual recognition of a problem.
- Desire to manage issues independently.
- Concern about the career impact of seeking care.
- Lack of understanding and negative attitudes towards mental health care.

The presence of mental health stigma and barriers to care, and findings that the impact of exposure to high risk experiences can be long term, reinforce the importance of continuing to build our focus on prevention. Monitoring, early intervention and building excellence in all aspects of our mental health support system is therefore essential to optimising mental health within the NZDF.

6. Gould, M., Adler, A., Zamorski, M., Castro, C., Hanly, N., Steele, N., Kearney, S., and Greenberg, N. Do stigma and other perceived barriers to mental health care differ across Armed Forces? J R Soc Med 2010, 103, 148-156.

PART TWO

Delivering Comprehensive Mental Health Support to the NZDF

NZDF Mental Health Framework

The Defence Health Strategy, NZDF Model for Mental Health, mental health themes, and strategic outcomes, along with key NZ and international research, have been utilised to shape a framework for developing comprehensive mental health in the NZDF.

Through a collaborative, integrated, and comprehensive health system of systems, Defence Health will lead and focus efforts across the NZDF to meet the evolving mental health needs of NZDF personnel.

Released under the Official Information Act 1982

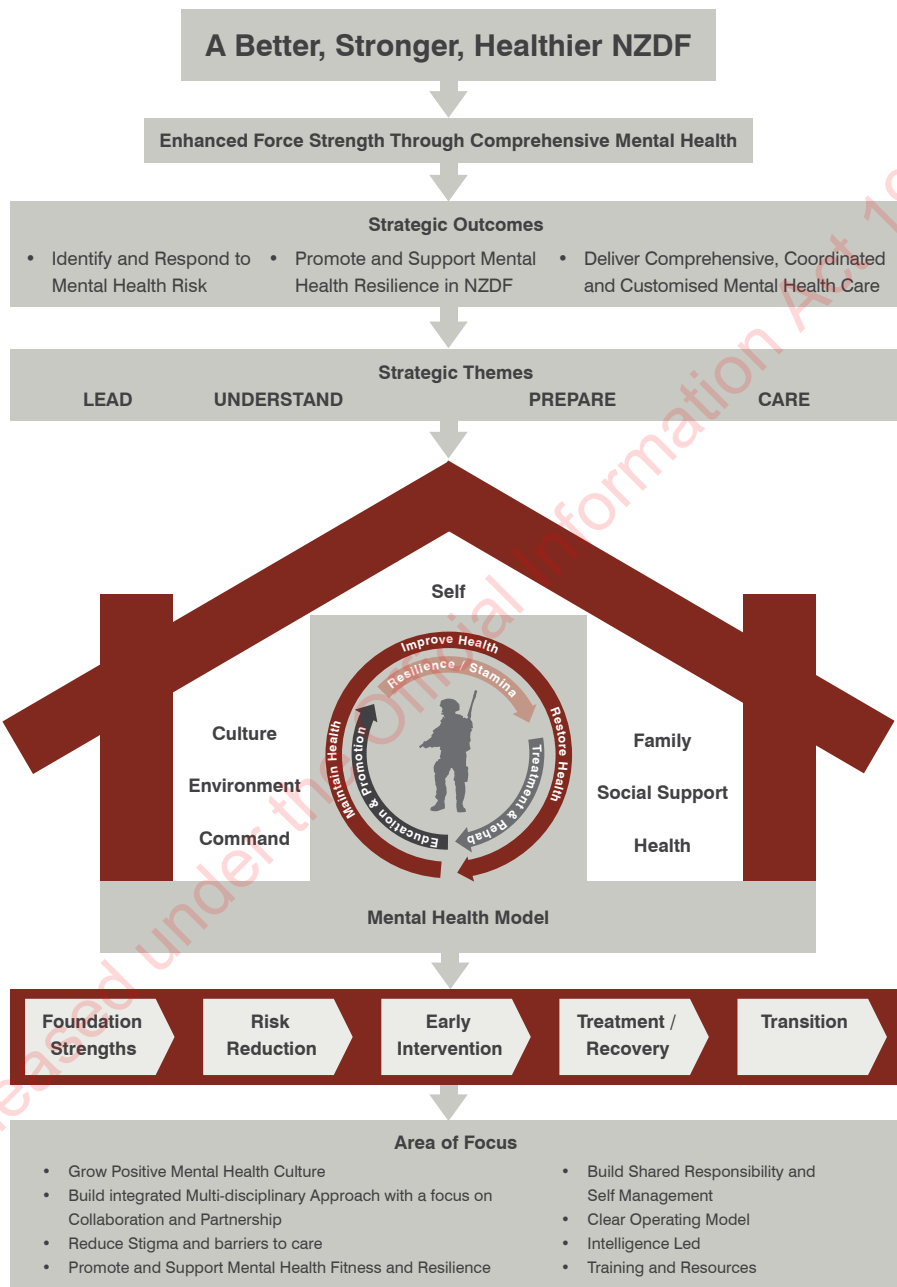
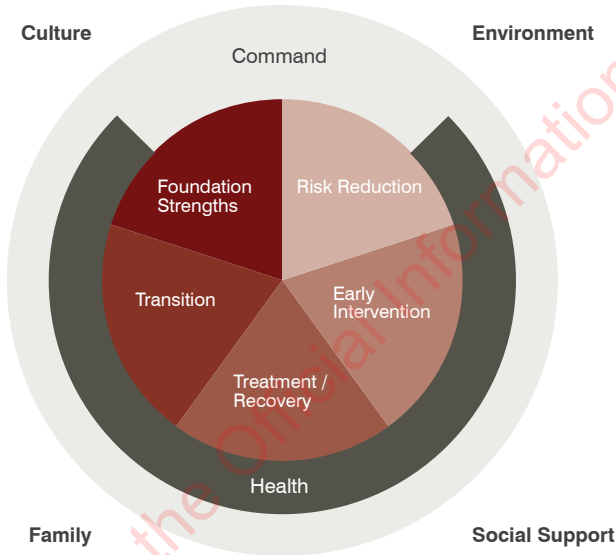


Figure 2. NZDF Mental Health Framework

NZDF Model for Mental Health

The NZDF Model for Mental Health (Figure 3) outlines our model for supporting the mental health of NZDF personnel. The four cornerstones of health underpinning the Te Whare Tapa Whā model of Māori mental health (Physical, Emotional, Spiritual and Family / Whānau), are embedded within the NZDF Model for Mental Health. It illustrates how environment, culture, social support networks and families all have a role in shaping mental health and reinforces the importance of a multi-disciplinary approach.



Foundation strengths	Risk reduction	Early Intervention	Treatment / recovery	Transition
<ul style="list-style-type: none"> • Selection • Skills • Knowledge • Cohesion • Climate/ Culture • Leadership • Basic resilience training 	<ul style="list-style-type: none"> • Peer programmes • Surveillance • Targeted resilience training • Psychological threat risk assessment 	<ul style="list-style-type: none"> • Mental health first aid • Mental health screening • Psych 1st Aid • Psycho-education • Structured interventions 	<ul style="list-style-type: none"> • Treatment • Family engagement • Clinical and occupational rehabilitation 	<ul style="list-style-type: none"> • Acknowledgement of service • Identification of risk • Knowledge of support systems • Structured transition programmes • Ongoing support for veterans through appropriate agencies

Figure 3. NZDF Model for Mental Health⁸

7. Durie, M. (1998) *Te Mana Te Kawanatanga: Policies of Maori Self-Determination*. Auckland, NZ: Oxford University Press

8. Based on the model developed collaboratively through The Technical Cooperation Programme (UK, US, CAN, AS and NZ) and further evolved by the ADF.

The model demonstrates the overlapping responsibilities of individual NZDF personnel, NZDF leaders, and NZDF support agencies. It also reinforces the role of a range of organisational support mechanisms in preventing and managing occupational stressors and emerging mental health related issues.

Five key functional areas are reinforced in the model:

Foundation strengths – Foundational strengths are enabled through effective selection strategies, training that develops confidence in occupational skills, knowledge, resilience and coping skills, and creating a culture that builds cohesion and support through effective leadership.

Risk reduction – Effective measures identify risk, monitor the impact of risk, and facilitate risk mitigation.

Early Intervention – Comprehensive early intervention measures will ensure trained personnel deliver mental health support that encompasses awareness and management components. Screening programs help identify at-risk individuals and highlight trends and developments which will inform priority activities.

Treatment / Recovery – Access to evidence-based treatment and rehabilitation programmes that focus on successfully returning affected personnel back to work will be prioritised. The programmes will be responsive to NZDF and individual needs, and support the engagement of family and wider support networks in the recovery process. Recovery is to move beyond traditional treatment models through a focus on creating opportunities for those impacted by mental health related issues to live meaningful lives and contribute positively to society, either internal or external to the NZDF.

Transition – A seamless transition to civilian life beyond the NZDF is important for all NZDF personnel. Transition will be supported through access to information about resources, services, additional support and available benefits, along with customised packages designed around individual needs.

NZDF Mental Health Themes

The four key themes outlined in Figure 4 below – **Lead, Understand, Prepare,** and **Care**⁹, guide the delivery of the NZDF Model for Mental Health and reinforce functional areas critical to optimizing mental health. These areas include creating and reinforcing the right culture to optimise the mental health of our people, being intelligence led and responsive to emerging needs, focusing on prevention and resilience, and providing a comprehensive and coordinated programme of screening and care.



Figure 4. NZDF Mental Health Themes

9. These themes are built on the themes used in the Surgeon General's Mental Health Strategy published by the Canadian Forces Health Services Group - Understand, Educate Care. Lead has been added to reflect the NZDF context.

Lead

Leadership at all levels of the NZDF is critical to support mental health. The management of a coordinated, integrated multi-disciplinary approach to mental health, the promotion of health and fitness, access to health promotion programmes and mental health awareness information must be supported by leadership at all levels of the organisation.

Individual / Peer Responsibilities

Personal leadership involves creating an environment that reduces the potential for mental health related issues to occur, taking responsibility for self-management of potential issues and seeking help early when required. It also involves providing support to others, working together to remove the stigma associated with mental health related issues and supporting personnel to facilitate their early access to help if it is required.

Command Responsibilities

Leaders and managers are responsible for building trust and creating a two-way communication pathway, reducing barriers to care, removing the stigma associated with mental illness, and providing access to early intervention when required. Leaders and managers also have an important role to play in moderating occupational factors that can impact on safety and mental health. Leaders need to work with health professionals to ensure the early identification and management of any challenges to mental health, as part of a multi-disciplinary approach to achieve individual recovery support and enhancing overall health.

Defence Health and NZDF Support Agency Responsibilities

Defence Health and NZDF support agencies will align responsibilities within the NZDF to work in a multi-disciplinary manner to provide a full spectrum of mental health care, performing an important role in supporting leaders to build an effective system of mental health care tailored to the unique requirements of individuals and the NZDF.

Understand

Understanding factors that may increase or reduce the incidence or severity of mental health related issues, and tracking the long term mental health of our people over time is imperative to the provision of comprehensive mental health support. Central to this theme is optimising mental health across the organisation through a health intelligence led approach informed by an understanding of the nature and prevalence of mental health issues. The effectiveness of programmes of care will be evaluated over time and continually evolved.

Research

We will enhance our understanding of mental health within our population through a coordinated programme of internal and external research. Areas of particular focus will include understanding the prevalence of mental health related issues across the NZDF, barriers to care, and the longitudinal impact of exposure to situations known to contribute to mental health issues.

Health intelligence

Intelligence regarding the incidence, prevalence, and impact of mental health issues is essential to guide the development of programmes in support of the Prepare and Care themes. The ability to analyse multiple data sources within the NZDF will allow real time reporting as well as trend analysis and health planning.

Prepare

Enhanced resilience will form the cornerstone of the prepare theme, preventing the onset of poor mental health, and equipping personnel with the mental resilience to recover well from stressful events whilst avoiding mental illness.

Providing accessible information that raises awareness, builds resilience, reduces stigma and enables people to recognise and manage mental health related issues is an important component of mental health support. Commanders, managers, peers and family all have a role to play in recognising mental health issues and encouraging early recognition, self-management and help-seeking behaviour.

Targeted comprehensive training and education will be provided to increase mental health literacy, enhance resilience, and promote effective rehabilitation and recovery. This will also provide effective tools to mitigate the impact of stress, building awareness and the ability to respond effectively to mental health issues. Through training, our people will learn to better recognise when their peers and subordinates are having difficulty and provide support and encouragement to those who may be struggling with mental health issues to recognise this and take action.

Care

Mental health care will be guided by evidence-based best practice and delivered through collaborative, integrated multi-disciplinary teams. These teams will provide timely, accessible, and effective care for the rehabilitation and recovery of those who need it through the provision of screening, professional mental health support, effective case management, and long term follow up.

Our NZDF Model for Mental Health guides the delivery of mental health support throughout the continuum of care. This care will be provided through the coordination of internal and external agencies, employing a Whole of Government philosophy in the provision of care.

Optimising personnel support

As demand for services evolves, our model of care will be adapted to reflect changing needs, shaped by the operating context and broader environmental factors. Any opportunities that may emerge through research, partnerships, and technology will guide process improvement. Operating practice will be supported through clear policy guidance, defined roles and responsibilities, and coherent processes for information management and sharing, case management and referrals. The NZDF Model for Mental Health is individually focused to ensure that it is effective and inclusive, as well as being appropriately considerate of cultural issues and individual differences.

Utilising Technology

A range of technologies will be investigated with a view to being utilised to enhance access to, and the delivery of, mental health services. Internet based applications may support treatment in the absence of provider contact, extending assessment and treatment services where face to face contact is difficult. The utilisation of technology will also increase engagement in self-management and reduce barriers to care.

Access to Care

Accessibility is central to the successful application of the NZDF Model for Mental Health. Personnel will be provided with a range of user friendly options to enable early, effective access to mental health information and support. Care will be provided through a variety of means which will be adapted to the environment and individual needs, and the ongoing requirements of veterans.

PART THREE

Strategic Outcomes

The NZDF approach to mental health will be enhanced through improving identification and response to mental health risk, promoting and supporting mental resilience in the NZDF, and the delivery of comprehensive, coordinated, customised mental health care.

The three strategic outcomes, which reflect a comprehensive, integrated approach to enhancing mental health throughout the continuum of care, will drive the development of measures and programmes in support of this strategy.

1. Identification and Response to Mental Health Risk

Capabilities will be developed to capture and report mental health information that provides a clear picture of the mental health status of our people. Risk factors, the short and long term impact of mental health challenges, the quality and effectiveness of our prevention, intervention and care programmes, and emerging issues will also be captured. Practices will be evolved to support changing needs based on contemporary practice informed through strong research and partnerships.

Key actions are:

- Develop awareness and accountability for mental health across the NZDF.
- Deliver regular communication at all levels to reinforce the need to reduce stigma and barriers to care.
- Develop an integrated mental health information system that permits appropriate capture, sharing and secure storage of health information and facilitates regular reporting and long term analysis of the mental health of individuals.
- Identify NZDF measures of mental health risk.
- Improve the accuracy of data collection and analysis.
- Monitor the impact of interventions on short term and long term mental health to identify areas of emerging risk and need.
- Undertake research to better understand the mental health needs of the broader NZDF community and the approach for addressing these through partnerships with external agencies.
- Develop partnerships with other Defence Forces to improve monitoring and support during all overseas operations.

2. Promotion and Support of Mental Resilience within the NZDF

Resilience in our people will be developed through training, support and education designed to reduce the likelihood of mental health issues and mitigate their impacts.

Key actions are:

- Develop customised resilience training and education programmes for all NZDF personnel.
- Provide a robust toolkit of accessible information, resources, and tools.

- Develop programmes to support the transition to civilian life in partnership with Veterans Affairs New Zealand (VANZ).
- Create a climate of information sharing, trust, and understanding regarding mental health and the process of recovery for those needing support.
- Review and enhance training for specialist groups (including leaders and trainers) and external providers.

3. Comprehensive, Coordinated, Customised Mental Health Care

Alignment and direction across all areas of the NZDF involved in mental health will be prioritised to ensure that our practices are consistent and integrated, create clarity about roles and responsibilities, and ensure a multi-disciplinary approach is taken in individual case management, and specialist skills and partnerships are leveraged to provide comprehensive mental health care.

Key actions are:

- Develop an integrated, multi-disciplinary approach to managing mental health through effective collaboration across NZDF leadership, Defence Health personnel, and NZDF support agencies.
- Create clearly defined roles and responsibilities of care providers, including scopes of practice and requisite competencies, case management, protocols and policy guidelines.
- Develop a coordinated, comprehensive mental health training programme that will build and maintain required skills and enable effective multi-disciplinary operating practice.
- Build and promote a framework for comprehensive mental health care that appropriately leverages internal and external partnerships and leading practice.
- Identify capability gaps in regard to comprehensive mental health support; and then develop appropriate capabilities to meet any identified need.

How Will We Measure Our Success?

Successful implementation of the NZDF Mental Health Strategy will result in enhanced mental health and resilience in the NZDF. It is important that the performance of measures and programmes developed in support of this strategy are evaluated regularly, and innovation, best practice, and research continue to drive the NZDF approach to comprehensive mental health. Therefore robust data collection and analysis systems will be developed to both assure high quality is maintained, and to inform emerging future priorities. Innovative research will support the development of new measures and programmes designed to provide customised care to NZDF personnel.

Tangible measures of success will be developed which will target the overall impact of our actions on the comprehensive mental health of the NZDF. These measures will encompass comprehensive mental health care, and will assist in highlighting areas for future development as the implementation of the strategy progresses.

Progressing Our Strategy

Implementation

This strategy provides the foundations for a comprehensive mental health system that is focused on prevention and developing resilience, along with delivering high quality care. It is designed to support the Defence Health Strategy, which provides the platform for enhancing our existing approach to mental health and developing a framework for comprehensive mental health care.

The Director Defence Health has overall responsibility for the strategic direction and governance of the NZDF Health System, policy and procedures. Through the Director of Defence Health Strategy, the Assistant Director Mental Health will have responsibility for coordinating the implementation of this strategy, working in partnership with key internal and external stakeholders. This will involve oversight of the delivery of the strategic outcomes defined in the strategy through the development and coordination of the NZDF Mental Health Action Plan.

Three important documents will support this implementation:

- **NZDF Mental Health Action Plan** – This document provides the roadmap for optimising our approach to mental health driven by the key themes of Lead, Understand, Prepare, and Care. It outlines the key deliverables and responsibilities assigned to functional areas, and key milestones and outcome measures.
- **CDF Directive** – This document will provide executive direction to the implementation of the strategy across NZDF leadership, Defence Health personnel, and NZDF support agencies.
- **Defence Health 2020** – This document will be developed during 2014/15, and will provide a clear picture of the total health effect required to be achieved by 2020 in support of NZDF outputs. It will provide a key reference in developing the Health Total Defence Workforce concept, along with the development of core capabilities, training systems, and professional pathways.

The combined effects of the NZDF Defence Health Strategy, NZDF Mental Health Strategy, NZDF Mental Health Action Plan, CDF Directive, and Defence Health 2020 documents will provide thorough strategic guidance for the delivery of comprehensive mental health care delivery out to 2020 and beyond.

Together, leveraging the right systems, practices, and processes alongside individual and collective responsibility, we will create a mentally resilient and healthy workforce underpinned by a positive culture that will enhance force strength through comprehensive mental health.





New Zealand
**DEFENCE
FORCE**
Te Ope Kātua O Aotearoa



DEFENCE HEALTH DIRECTORATE

