

# Visit to Australia by the President of Ireland

I look forward to welcoming His Excellency Mr Michael D Higgins, President of Ireland, to Australia from the 15th to the 17th of October.

Australia strongly values its close relationship with Ireland. Australia and Ireland recently celebrated 70 years of diplomatic relations.

Our two countries share deep historical and people-to-people links and the Irish have contributed immeasurably to modern day Australia. Today nearly 2.4 million Australians claim Irish ancestry.

The President's visit is an opportunity to highlight the close ties between our nations, and I look forward to discussing ways to expand our bilateral engagement with President Higgins.

President Higgins is the first Irish President to visit Australia as a Guest of Government since Her Excellency Mary McAleese in 1998.

His visit follows Foreign Minister Bishop's successful visit to Ireland in February and the visit by the Governor-General, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), last month.

The President and Mrs Higgins will travel to Canberra, Sydney and Hobart during their visit.

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# Facebook Live interview with Professor Ian Hickie and Professor Jane Burns

Watch the interview on [Facebook live](#).

## **PROFESSOR IAN HICKIE:**

Good morning. I'm Professor Ian Hickie from the Brain and Mind Centre at the University of Sydney. It's my great pleasure during this Mental Health Week to have as a guest the Prime Minister of Australia, Malcolm Turnbull. One of our greatest supporters really, in terms of a really important concept, one you've taken and mentioned many times; how do we grow the mental wealth of Australia?

Can you just say again how important mental health is to our wealth as a nation?

**PRIME MINISTER:**

Well it is and you first talked about this, the 'mental wealth of nations'. I thought it was a brilliant concept because it explained how we all have vested interest in everybody else's mental health. We clearly have a vested interest in our own mental health and in our family. But we have a vested interest in every Australian's mental health, because we're all dependent on each other. So it's why awareness is so important. It's why initiatives like 'RUOK?' is so important. It's why the great use of technology that we're going to talk about now, that you and Dr Jane Burns are undertaking through synergy, using the smartphone that everyone lives with as the means of enabling people who have mental health issues, or fear they may or are feeling unwell or unsettled, can get help immediately. Just talk about that, talk about how you're using technology to ensure that more Australians get the help they need, sooner.

**PROFESSOR IAN HICKIE:**

This is actually really the 21st century issue. I had the great pleasure of being the inaugural CEO of Beyondblue working with Professor Jane Burns who is in the room with us, and with Jeff Kennett and now great to have previous Prime Minister Gillard take over that role. Australia leads the world. We are gold-medal winners in mental health awareness, so we have had more transformation in Australia. The result of that – and we'll see more data this week – is more Australians are now looking for mental health care.

But the gap between those who have mental health problems – about half of us in our lifetime will have significant mental health problems, about half of those really will need care – and the services we have, is enormous, as it is worldwide.

Many people wouldn't choose to use the services of their ordinary GP or young people, or veterans as we were just discussing, or as they age. They want to be in control of that. They want to access the right care in specialised ways. In ways that respond to their needs when they choose. The way we all do now, with banking and airlines and industry, in music, in videos. We're used to that. It hasn't happened in health, so we believe that technology now provides the capacity for you to put information in, tell us what your needs are, to start accessing that care online from actually anywhere in the world. The apps, the technologies, from anywhere thin the world but then to link with the services in your community.

If you're in Broken Hill in Australia, or you're in Far North Queensland or you're in rural Victoria, how can that come together in a meaningful, engaged – to borrow from Jane – ecosystem of technologies and local services to have that. We think that's the possibility.

So we're really glad with your background in technology, to understand the personalisation. To understand the capacity in rural and regional Australia, to bring real expertise directly to you when you choose, under your control, with your needs.

So the project synergy process, supported by your Government and your 2016 election commitment, gives us now, that capacity.

Australia actually though many of our colleagues – reachout.com, the Black Dog Institute, the work of BeyondBlue and many others – leads the world actually, in the application of technologies in mental health. But they're all at this stage cottage industries. They're all small, academic or little organisations. Synergy is the back end. Synergy is the superhighway to join up those sets of services. Not to compete with them, but sit behind them. So you can move across all of those services if you're a veteran sitting in south-western Western Australia. If you're a young person sitting in Broken Hill, if you're an indigenous person either in Redfern where I live, or in Far North Queensland, you can get a service that's relevant to you and you can interact with the online, but also clinical services that are most relevant.

So your Government's commitment not just through health, but through industry and technology and the direct involvement, we've got a chance here to develop best practice in Australia and then to take that internationally.

**PRIME MINISTER:**

Ian you're absolutely right and Jane's work has been – Jane is just there, come and say hello Jane. Can we do that?

[Laughter]

**PROFESSOR IAN HICKIE:**

Come and sit here Jane.

**PROFESSOR JANE BURNS:**

Hello. Hello everybody.

**PRIME MINISTER:**

Here's Jane Burns. Jane, come and sit here. The work that you've done in bringing truly primary health services to the most intimate mode of communication in the 21st century, which is that digital device –

**PROFESSOR IAN HICKIE:**

That's right.

**PRIME MINISTER:**

It is a way in which people can better understand themselves. I was very impressed with the tools you have there that we went through with Synergy – and of course Synergy is as you say, like the back end. It's being written I think with the Ruby programming language, with a tool called 'Ruby On Rails', which is good, you've got lots of rails out there. Lots of people can connect and what that will enable people to do is get a better understanding of their

own state of mind, their own issues. Get a better understanding earlier and then be able to seek the help they need both from big national organisations like Beyondblue and Black Dog and others but also as you were saying, to be connected with local services. That might be the GP around the corner or it might be a local support group. That's the key, isn't it.

**PROFESSOR IAN HICKIE:**

Yeah.

**PRIME MINISTER:**

So it's both national, international and also very, very local.

**PROFESSOR IAN HICKIE:**

The thing about local – two things I think people don't understand about technology. One is the one you've just said; technology is very intimate. People actually don't necessarily find it easier to talk to their GP or go to a service. Many people – and Jane has worked with the CRC – reveal more, they tell the computer more –

**PROFESSOR JANE BURNS:**

Ten times more!

**PRIME MINISTER:**

They tell their computer? Now that's-

**PROFESSOR JANE BURNS:**

Ten times more.

**PRIME MINISTER:**

So okay, if we've got someone –

**PROFESSOR JANE BURNS:**

You're on an iPad filling in a questionnaire. You're doing it in the waiting room and then when you walk in to speak to your GP, nine to ten times greater disclosure.

**PRIME MINISTER:**

And that's because of the anonymity is it?

**PROFESSOR JANE BURNS:**

The anonymity and it's simple. It's easy you can swipe through, it's easy to use.

**PRIME MINISTER:**

Yep.

**PROFESSOR JANE BURNS:**

You're doing it in your own time, you're not stressed. How do you answer questions about really intimate things like sexual health or depression or anxiety or suicidal behaviour? So immediately the GP or the psychologist or the psychiatrist can respond to your needs.

**PROFESSOR IAN HICKIE:**

So one issue is disclosure. The second is actually local, but backed by specialisation.

So right around the world, we don't have enough psychiatrists, clinical psychologists, specialists. Action through technology, specific needs can get met. One of the stories are from western Victoria of a young women with an eating disorder connected through technology to specialised treatment for eating disorders, in western Victoria. She had received no services for that nature in her own local area. We have specialist child psychiatrists providing services to Broken Hill through the technology.

So the assessment bit, which is really important to make sure that you get the right care at the right time up front. If you've got a more severe problem, like if you've got cancer, you need specialised cancer care now, not to go through your GP and three other steps. You need to get that. If you've got a psychotic illness, if you've got bipolar disorder, you need to get that right assessment at the front end.

So very much – and I think Minister Ley, and now Minister Hunt have taken this forward.

What it also says is, get the right assessment by involving the right professionals on top of the self-reported, the more disclosed data and get into the right level of care. So another big issue for us, is the economic one; the right amount of care to the right people at the right time. So that if you've got high needs, you get really intensive care now. So I think in Australia-

**PRIME MINISTER:**

So it's tailored, in other words.

**PROFESSOR JANE BURNS:**

It's customised to the individual.

**PRIME MINISTER:**

Yeah, go on Jane.

**PROFESSOR JANE BURNS:**

Well as a veteran, so you've met some of our veterans from our work experience group?

**PRIME MINISTER:**

Yeah, sure.

**PROFESSOR JANE BURNS:**

Veterans Affairs provides fabulous resources. There's the veterans service counselling services, PTSD coach, there's High Res there's a whole host of apps and e-tools they can use.

What we want is for veterans and their families to have the assessment – so you understand what is going on for them, and everyone is different so you have different needs – But then the toolbox, the thing that they can use that supports their mental health, their well-being, their mental fitness, which is something that veterans often talk about, is customised to them.

So if it is PTSD, we provide a PTSD coach. If it is a drug or an alcohol problem, they're provided with all of the resources around drug and alcohol.

**PROFESSOR IAN HICKIE:**

If it's an anger in a relationship problem, there's a relationship issue to attend to – and more importantly, people often have more than one need. So you might classically, the veteran might have a PTSD problem, might have a drug and alcohol problem, they might have an employment problem. So the other thing the technology does is, is it says: "What are your needs? What are the groups of services that need to work together"?

**PRIME MINISTER:**

It's like triaging?

**PROFESSOR IAN HICKIE:**

Yeah, but it's sophisticated and personal.

**PROFESSOR JANE BURNS:**

And smart.

**PRIME MINISTER:**

But Ian just a minute. The internet, the web is full of lots of services, not all of them are great. Not all of them are evidence based.

**PROFESSOR IAN HICKIE:**

No.

**PRIME MINISTER:**

So just talk about the quality control that is a big part of this?

**PROFESSOR JANE BURNS:**

When we first started the 'Young and Well' CRC there was, we thought it was exciting, there was one app. It was around tracking your mood. There was then a proliferation of thousands of apps. There are literally hundreds of thousands of apps and e-tools.

**PRIME MINISTER:**

Yeah.

**PROFESSOR JANE BURNS:**

So we rate them on an evidence rating scale.

Two things; the evidence, does it work? Does it actually improve the outcomes? But also, do people like it and are they going to use it? Because there is no point giving someone something that they use for a minute and then no one reuses.

So we've done this in banking and retail. I mean we were talking about Spotify and Netflix where there's a customisation to you and your individual needs and what your preferences are. It's all about choice and it's all about making it easy for the person to use the resources tools that suit them the best. Whether they want to do that online through the Synergy system or whether they do that in partnership with their psychologist, their GP, their psychiatrist, that whole community support, their family members – families are huge in supporting young people, but also veterans etcetera – so it's customised to the needs of the person and whoever can provide the support for them.

**PRIME MINISTER:**

So where are people that are watching us today, who would like to use the Synergy app, the Synergy product, system, Synergy system, how do they get access to it?

**PROFESSOR IAN HICKIE:**

So what's going to happen is – as you committed to which is great – we've got to grow the evidence base here.

There's a series of trials. So in each community and in each group, we trial, we modify and then we deploy.

So what's happening for example – and the best example is through the Headspace systems – here in central eastern Sydney with the Headspace cluster, we trial, we've designed we're now deploying that through those systems.

So those that come into those systems, will start to be using that Synergy

system, behind the service reform. So, making Headspace work in local communities.

We'll see in veterans communities here in Sydney and then in Townsville, they're developing services, we'll be working with eating disorder services in Geelong and the coast down there and Butterfly Foundation. So what you'll see, is the Synergy system coming into work with existing players. Through your Government's commitment to conducting over ten of these trials, our plan is to work with the other key organisations – with Lifeline, with other organisations who work in, allow other organisations like Sane Australia and ReachOut and others, to participate, to come together.

So I think what's been really great about your Government's commitment it isn't just funding 20 different organisations to do 20 different things. It's about how do we coordinate the system, so you're at the centre and in addition to the quality of the service that's provided, the clinical governance –

**PRIME MINISTER:**

When you say “you're” at the centre, you mean “the person” –

**PROFESSOR JANE BURNS:**

The user.

**PRIME MINISTER:**

The user.

**PROFESSOR IAN HICKIE:**

Yep. So what each of those organisations has to do, which is a bit unusual –

**PRIME MINISTER:**

It's a customer or patient or client focused system.

**PROFESSOR IAN HICKIE:**

Yes.

**PRIME MINISTER:**

And controlled system?

**PROFESSOR IAN HICKIE:**

Controlled, so you control the movement and data. So what the services have to agree, is that you're actually, you're the most important.

**PRIME MINISTER:**

That's right.

**PROFESSOR IAN HICKIE:**

Then that they'll share the data. Now, your data might come off your Fitbit or your very elaborate Apple Watch or it may come off another device. It may come out in other ways-

**PRIME MINISTER:**

Device envy!

[Laughter]

**PROFESSOR IAN HICKIE:**

I'll just say, you may not need the world's best one. A simple Fitbit, some of the other simpler devices, as these devices become simpler, modifying your sleep-wake cycle, doing physical activity, reducing your drug and alcohol use, moderating your eating behavior, you'll be able to feed that data in. Then you work out for yourself what works best for your mood? What works best for your anxiety?

**PRIME MINISTER:**

So how can people get access to it now, and if not now, how soon can they get it?

**PROFESSOR JANE BURNS:**

So, not now. But you met Jackie Crowe, and you know Jackie who's been driving Lived Experience and working with Minister Hunt.

Head to Health is a collator of resources and information. They can go to that right now.

**PRIME MINISTER:**

Okay, Head to Health?

**PROFESSOR IAN HICKIE:**

Head to Health, yes.

**PRIME MINISTER:**

Good.

**PROFESSOR JANE BURNS:**

Again launched on Saturday by Minister Hunt. When Synergy goes through its process of trials, then it will be available.

**PRIME MINISTER:**

And how long will that be?

**PROFESSOR IAN HICKIE:**

So with your Government's commitment over the next three years, the first trials and a series of preliminary trials-

**PRIME MINISTER:**

\$30 million.

**PROFESSOR IAN HICKIE:**

\$30 million over three years, which is fabulous, yeah. Because that's the-

**PRIME MINISTER:**

Well, we've spent a lot on that, we've spent \$4 billion a year plus on mental health. So it is a massive priority and we're putting more resources into it all the time.

But as you've often said, as you've often said, it's not the dollars. The dollars, I mean you can't do anything without the dollars, we know that. But it's not the amount of the dollars, it's how well you use them.

**PROFESSOR IAN HICKIE:**

Exactly.

**PRIME MINISTER:**

That's where you guys are doing such a great job with technologies.

**PROFESSOR JANE BURNS:**

And the coordination.

**PRIME MINISTER:**

Yep. So how long? When the trials be completed and when will this be available everywhere?

**PROFESSOR IAN HICKIE:**

As each trial is completed those services ... so it doesn't have to wait until all the trials are done.

**PRIME MINISTER:**

Okay.

**PROFESSOR IAN HICKIE:**

The Headspace clusters is a good example. We've done the preliminary trials. It's now going to be deployed in those various clusters. We're extending shortly to the north coast of New South Wales. As I said the suicide

prevention in young people, with the suicide prevention trials that your Government's committed to there and in Townsville, etc. So it will progressively roll out with each of the trials, but in a proper R&D way; evidenced based, then deployed, built with those local communities and then deployed through those organisations.

We hope to go through the veterans nationally, through the injured soldiers services nationally. So you'll see in Australia over the next three years, the progressive rollout with the cooperative organisations. Governments have a big role here, to say to the organisations they fund: "You must cooperate".

I'd say to mental health and many other areas, we've had far too much competition between organisations, each going to Governments saying: "Give us money, because we do this bit".

**PRIME MINISTER:**

Yeah.

**PROFESSOR IAN HICKIE:**

As distinct from: "We've got to work together around the needs". Much like the National Disability Insurance Scheme – it's got to be about the people and the families in the middle of this and Government's funding systems that encourage us to cooperate.

We think technology is at the heart of it, because your other favourite thing – which I love, I was just showing data on outcomes. We could argue for more money and to be clear, I'm going to argue for money, but good money is money that delivers better outcomes.

**PRIME MINISTER:**

That's right.

**PROFESSOR IAN HICKIE:**

You know and that we can track outcomes through here. Are we doing the right thing?

**PRIME MINISTER:**

And outcomes for the customer, patient, client. What do you call them?

**PROFESSOR JANE BURNS:**

Person.

**PRIME MINISTER:**

Person! Right, we're all persons.

**PROFESSOR IAN HICKIE:**

Users. The users of services say: "I want services that are relevant to me, so you meet my needs and I want evidence that the things that you recommend, actually change my life".

**PRIME MINISTER:**

And they can see that and track it?

**PROFESSOR IAN HICKIE:**

Yes.

**PROFESSOR JANE BURNS:**

And I don't want to tell my story 15 times, to 15 different service providers.

**PRIME MINISTER:**

Yeah, okay.

**PROFESSOR JANE BURNS:**

So one story; my data. I can share it if choose to and I can track what's happening for me over time. I can improve what needs to be improved and if I start to become unwell, we want to get people into care earlier. Because we know there are better outcomes when people get into care.

**PROFESSOR IAN HICKIE:**

So what we really see in Australia – and I must say it's through the great work of Beyondblue and others – is a world leader in awareness. The big challenge worldwide, it's been raised by all of the big G8 economies is, awareness has gone up but service reform hasn't happened.

**PRIME MINISTER:**

Yeah.

**PROFESSOR IAN HICKIE:**

We're dealing with 20th century and in some case 19th century service models, in the 21st century.

**PRIME MINISTER:**

So you're dealing with 21st century levels of awareness, but with 20th century levels of service. You need 21st century technology to deliver a 21st century level of service. That's great.

**PROFESSOR IAN HICKIE:**

Yeah, now you saw this in disability, you've seen it in aged care. We have got to change the service models.

So the awareness work is fabulous, but really, really we won't change people's lives now unless we change the service models.

It's great that Julia Gillard is the head of Beyondblue now. She made some very important commitments back in 2012. She set up the National Commission, which I'm a member of with Allan Fels and now Lucy Brogden. That recommended – and you took up the recommendations in 2015 -change the system, make it more regional, make it more person-relevant.

Now technology is the big enabler.

A lot of health professionals, my end, they're struggling with it. They think people don't disclose to technology, but they do.

They think people have got to come, necessarily, into an office to get help first.

We say, if the offices, more than one, you know you need in advance, organise themselves, you'll get the combination of services that you need. They all should be held accountable for the outcome and they're the ones we want to fund.

**PRIME MINISTER:**

Well, they will be and you've got the technology, the passion, the commitment, 21st century services to deal with this challenge of mental health. As you say – building and ensuring and securing the mental wealth of our nation of Australia.

Thank you so much.

**PROFESSOR JANE BURNS:**

Thank you.

**PROFESSOR IAN HICKIE:**

Thank you so much, Prime Minister for your time.

**PRIME MINISTER:**

Thank you, thanks a lot.

**[ENDS]**

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[\*\*Visit to Australia by the President of\*\*](#)

## the Republic of Niger

I look forward to welcoming His Excellency Mr President Issoufou Mahamadou, President of the Republic of Niger, to Australia.

The relationship between our two nations has grown significantly since diplomatic relations were established in 2009.

President Issoufou's visit to Australia provides an opportunity to build upon our growing bilateral engagement with Niger. This is supported by our areas of common interest including in mining, energy and dryland agriculture.

The visit also provides an opportunity to discuss ways to strengthen our security and counter-terrorism cooperation, which is a shared priority for both countries.

This is the first visit to Australia by a President of the Republic of Niger.

The President and his party will travel to Perth, Canberra and Sydney during their visit.

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## \$200 million research boost to improve the lives of Australian patients

The Turnbull Government is investing over \$200 million in world-leading medical research projects to improve the lives of patients battling cancers, mental health illnesses and chronic disease.

In addition to this significant investment in medical research, the Turnbull

Government is providing \$5 million to CanTeen under the Medical Research Future Fund *Accelerated Research* program to improve access to cutting edge breakthroughs for adolescents and young adults with cancer.

The investment in CanTeen will facilitate new clinical trials into cancer types with the highest death rates for adolescents and young adults.

This builds on our recent commitments of \$20 million for the Zero Childhood Cancer initiative, \$13 million for clinical trials for rare cancers and rare diseases under the MRFF *Lifting Clinical Trials and Registries Capacity* program and \$5.8 million to Cancer Australia to fight childhood cancers.

The \$202 million in funding announced today includes over \$40 million for cancer research, including in areas like melanoma research.

Over \$29 million will be invested into mental health research, almost \$23 million for cardiovascular disease research, \$8 million for diabetes research and \$5 million for obesity research.

Improving the health of Indigenous Australians is a priority with \$15.5 million for new research.

Over \$15 million in funding will be targeted at research projects that support Australians who suffer severe injuries.

A total of 326 research projects will be funded at a cost of more than \$197 million under the National Health and Medical Research Council (NHMRC).

And a further 13 Fellowships have been allocated \$5.64 million under the \$8 million MRFF *Next Generation Clinical Researcher Fellowship* program, which supports Australia's new and up and coming research talent.

These grants will increase clinical research capacity in the health and medical research workforce, providing greater opportunities for more breakthroughs.

A full list of grant recipients is available on the NHMRC website: [www.nhmrc.gov.au](http://www.nhmrc.gov.au).

Information on the Medical Research Future Fund and grant recipients can be found at [www.health.gov.au/mrff](http://www.health.gov.au/mrff).

## **NHMRC FUNDING BY NATIONAL HEALTH PRIORITY AREA**

### **Priority Area**

#### **Commitment**

Aboriginal and Torres Strait Islander Health

\$15,598,821

Arthritis and Osteoporosis

\$7,029,520

Asthma

\$2,560,741

Cancer

\$38,249,265

Cardiovascular Disease

\$22,924,959

Dementia

\$4,273,590

Diabetes

\$8,019,687

Injury

\$15,124,672

Mental Health

\$29,110,467

Obesity

\$5,026,710

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## [Speech at the Soldier On World Mental Health Day event](#)

### **PRIME MINISTER:**

Thanks Hugh and thank you Peter for that fine address. It's wonderful to be here, as you said, with my Parliamentary colleagues Marise Payne, the Minister for Defence and Dan Tehan the Minister for Veterans Affairs and the Vice Chief of the Defence Force, Vice Admiral Ray Griggs, the Commissioner, the Australian Federal Police Andrew Colvin and the Chief of the ACT Police, Justine Saunders.

And of course, so many other leaders of our defence force, our veterans, leaders of our national security agencies, all of you who tirelessly everyday

keep us safe. Some of you in uniform, the ADF in uniform, AFP often but not always in uniform when overseas. But all of you keeping us safe.

And as Peter said we owe it to you, to give you every support to ensure that when you return from service or even when you're in service you have the support to enable you to do your job and lead your lives to the fullest, during and after your service.

So it is great to be here on World Mental Health Day with Solider On here with its CEO and founder John Bale. John, congratulations, the great work that you and your family have done in setting up Solider On since 2012 is remarkable, and the Robert Poates Centre is a great example of that.

Now, from the beach at Gallipoli to the front line against Da'esh in the Middle East today, our defence forces have always served Australia with courage, honour and great skill.

It's dangerous work, defending our freedom and our safety putting their lives on the line and Australia is proud, immensely proud of all our men and women in uniform. We owe them a debt we can never repay and nor do we ever really understand the cost of that service; a cost that can endure long after the service ends.

We know them as heroes, but we know them also as mothers and fathers, boyfriends, girlfriends sons and daughters, mates.

The lives they put on the line are connected to all of ours, hopes, dreams and futures—the friends that wait for them, the families that pray for their safe return.

And sometimes, coming home can be among the toughest challenges these brave men and women face.

I've come to know a bit about that challenge through our own family.

Our son-in-law James served in Iraq and Afghanistan, and through him, I've met many of his generation of ex-servicemen and women – including John.

Sitting around a table with them at the North Bondi RSL, I began to understand more of what it's like to come back and build a post-service life.

And so, meeting John and learning about Soldier On and meeting so many of your contemporaries, the veterans in their 20s and 30s and 40s, today's veterans of the Afghanistan and Iraq Wars. You recognised that we had to do a lot more, both in supporting veterans with PTSD with other challenges, ensuring that they were able to be restored to health, but also ensuring that they got great jobs.

And the veterans employment initiative which we set up, and which Dan's doing a great job in leading and which is ensuring that more Australian businesses recognise the value and the importance of employing veterans – and I have to say it's been really enthusiastically embraced by the business sector.

There's a lot of good things about being Prime Minister, one of the good things is you've got great convening power or a big megaphone, so when you decide to put something on the agenda often you can succeed and we've had a great response there. That came out of another meeting at the North Bondi RSL, John and it was really a great tribute to the leadership of you and your generation of veterans that we're achieving so much more.

Now, from helping 200 veterans in its first year to 500 each month in its third, Soldier On is now reaching thousands of veterans and their families each year, helping them stay connected, find new opportunities through education and employment, and get the psychological and emotional support they need.

The success has led to an expansion of services right around the country—with centres now in Sydney, Melbourne, Adelaide and Perth as well as Albury, Newcastle and Currumbin.

And it's led, as Peter's just announced, to expanding your reach to those who serve 'side by side' with our defence forces: our federal police and border force, our diplomats, intelligence and security services – all of them are dedicated tirelessly, as is your government, to keeping Australians safe.

And I want to acknowledge today, the extraordinary service both in the field and subsequently in looking after veterans from all of these agencies, through his own example and the commitment of him and his wife, David Savage and his wife Sandra, let's give them a round of applause.

David as you can see here, was seriously wounded in Afghanistan serving side by side with ADF there. He has been part of the Soldier On organisation, and John I think this expansion, which is an expansion of the practical love you show, has been driven, inspired by David and Sandra and they have done an outstanding job. They put their lives – David put his life at risk to keep us safe, and he deserves as do so many others like him our support, our acknowledgement, our love.

Now whether it's a session with a psychologist, help to get a job or a degree, or just a coffee with a mate, the connections that Soldier On offers, matter enormously to the health and wellbeing of our ex-servicemen and women.

We've understood the physical scars of battle for a long time, but we now have a deeper understanding of the scars we can't see.

Now my grandfather Fred Turnbull, was an infantryman, a private, in the First World War on the Western Front.

We talked about many things –fishing and carpentry, politics and poetry—but he never talked to me about his wartime experiences. In all of the hours I spent with him, I can't recall any description or account of the horrors that he faced in the First World War.

A lot of his generation came back and never spoke of what they'd seen. They had seen unspeakable things. But at the time, we didn't have the insight or the science to explain those mental wounds or help them and now we do.

Most importantly, we have the tools and the knowledge to help them heal and we were talking about that earlier inside. It is very important, just as we acknowledge mental illness – and it has been a taboo for too long – it's important also that we recognise that mental illnesses can be cured, and are cured and that people who have been damaged, are not permanently damaged and can recover. And it's the love and the support and the leadership of organisations like Solider On show, that enable that to be done.

Today, as I said, is World Mental Health Day and it's a day to reflect on how much more we know about, what my good friend and a great psychiatrist Professor Ian Hickie calls 'the mental wealth of nations'. It's a very important concept. We all have a vested interest in each other's mental health, that is why 'R U OK' is such a great initiative.

You know, your friend, your relative, your workmates mental state, is not just of concern to them it's of concern to us all. So it is vitally important to be aware of your own, how you're feeling, you've got to understand your own state of mind, but also keep an eye out for others.

Looking after your mates; what could be more Australian than that and that is why Soldier On is such a great Australian institution.

We recognise the importance of prioritising mental health and suicide prevention and we've backed that commitment with an additional \$367.5 million over the past year.

We're driving reform to support the mental health of all Australians, no matter who they are, where they live, or the nature or stage of the illness. We're acutely aware of the social, economic and personal impacts of mental health, none more so than those experienced by our current and former serving members.

Last year I commissioned a review of suicide prevention services for veterans and ADF members. The review gave us a comprehensive understanding of those critical challenges facing our veteran and serving community and helped to direct the action we've taken in this year's Budget.

We announced a \$33.5 million expansion of the non-liability healthcare program to provide free, uncapped treatment for any mental health condition for anyone who has served one day in the ADF.

Dan, when you announced that initiative that was an enormous step forward. Again, a really practical commitment to support the men and women that keep us safe.

We've also invested more funding for new approaches to suicide prevention and expanding the Veterans and Veterans Families Counselling Service to partners, children and families.

To ensure our personnel can make the transition to civilian life successfully and smoothly, we've launched – as I said, inspired at North Bondi RSL, launched at Kirribilli House, moved across the Harbour – launched the Veterans' Employment Program, partnering with industry, it's going very well.

Again it's an awareness issue, make industry more aware of the enormous talents and skills our veterans have, help the veterans to make sure they can get their resumes in shape and pitch their skills successfully and what that does is ensure great post-service opportunities for our veterans and of course, Vice-Admiral, assists in recruitment too. Because people will understand that, a period in the ADF is a great investment for their post-service career as well.

Now in these centenary years of the First World War, I firmly believe that we best honour the diggers of 1917, by supporting the servicemen and women, the veterans and their families of 2017.

That is the way we best honour those diggers of 100 years ago; looking after you and so many other men and women like you.

That's what Soldier On is all about, it's why it has grown so rapidly in just five years and why it continues to make such a significant difference, such a significant change for the better for veterans and their families and all who serve our nation to keep us safe in dangerous places.

Thank you for what you do. And John and all the Soldier On team, Peter, all of you, congratulations on your work so far and congratulations on what is going to continue to be an extraordinary exercise in demonstrating that great Australian principle, tradition of looking after your mates, looking out for each other, practical love for those who keep us safe.

Thank you very much.