



Lifeline Australia

**Response to Exposure Draft
Defence and Veteran Mental
Health and Wellbeing Strategy**

February 2025



1 About Lifeline Australia

Lifeline Australia is a national charity providing people experiencing emotional distress with access to 24-hour crisis support and suicide prevention services. We are committed to empowering people in Australia to be suicide-safe through connection, compassion and hope. In addition to 24/7 crisis support services over telephone, text and webchat, and online resources through our website, Lifeline also provides face-to-face community services through our more than 43 Centres across Australia. These services include counselling, including financial and gambling counselling; aftercare and postvention support; bereavement groups; frontline training; disaster relief; domestic violence workshops and rapid response services.

A number of other services also fall under the Lifeline banner, including:

- 13YARN - the 24/7 national support line for Aboriginal and Torres Strait Islander people in crisis.
- DV-alert – frontline training to help workers and the public recognise, respond to and refer cases of domestic and family violence.
- ‘Small Business, Big Impact: How to Support Employees Experiencing Domestic and Family Violence’ - In 2023, DV-alert launched this podcast for small businesses to help them to better support employees experiencing domestic and family violence.
- MensLine Australia - professional 24/7 telephone counselling support for men with concerns about mental health, anger management, family violence (using and experiencing), addiction, relationship, stress and wellbeing.
- Suicide Call Back Service – a nationwide service providing 24/7 phone and online counselling to people affected by suicide.

Lifeline exists to ensure that no person in Australia has to face their toughest moments alone. Our experience has shown us that it is through connection that we can find hope. We are available 24 hours a day, seven days a week to listen, without judgement, to any person in Australia who is feeling overwhelmed, experiencing crisis or longing to be heard.

2 Introduction

Lifeline Australia warmly welcomes the opportunity to share feedback on the Exposure Draft of the Defence and Veteran Mental Health and Wellbeing Strategy 2024. We especially would like to acknowledge “the unique nature of military service, and the ongoing impact such service may have on the physical and mental health of defence members and veterans” (Commonwealth of Australia, 2024), and the imperative to provide the best possible support to those Australians whose service has been to the benefit of all.

Regarding the ongoing impact of Defence force service, we acknowledge data reported during the recent Royal Commission Inquiry into Defence and Veteran Suicide, indicating that serving male members of the permanent forces are sadly 30% more likely to die by suicide than other employed Australian males. Further, male and female Veterans are

42% and 110% more likely to die by suicide than their non-Australian Defence Force (ADF) counterparts respectively. As an organisation with a 62-year history preventing suicide, Lifeline Australia is keenly aware of the need to better support priority populations including Defence members and Veterans.

Importantly, we recognise the release of the exposure draft as marking a new era for the Department of Defence (DoD) and the Department of Veterans Affairs (DVA). This strategy provides the underpinnings for how DoD and DVA will support and empower the mental health and wellbeing of people – those Australians on whom our nation's defence capability is based – throughout their Defence journey and beyond.

We recognise that the strategy has been forged not only by findings from the recent Royal Commission Inquiry, but by the many inquiries and reports since the 2011 ADF Mental Health and Wellbeing Strategy. Lifeline Australia submits that the many lessons learned over recent years are addressed effectively within this strategy, as evidenced by its recognition of the holistic, multi-faceted approach that is required.

We are particularly encouraged that, whilst suicide prevention is not captured within the strategy's title, it has been the subject of unique and careful consideration as evidenced within Goal 5: Prioritising suicide prevention initiatives. It is particularly encouraging that delivery against Goal 5 is intended to align with key elements of the approach being taken within the broader suicide prevention sector including the new 2025-2035 National Strategy (National Suicide Prevention Office, 2025). Inclusion of factors such as focus on evidence based, co-designed services and supports sitting across suicide prevention, health and social sectors is in keeping with key elements of the National Strategy.

Finally, Lifeline Australia endorses the breadth of the scope of this strategy as captured by four key elements:

1. The focus on the entire defence journey from recruitment, through service or employment, separation and transition, to post service civilian life, ageing and beyond.
2. The explicit and holistic consideration of nine key wellbeing factors, a position that is in keeping with increasing focus within the wider mental health and suicide prevention sectors on the role played by a broad range of determinants that impact upon individuals' wellbeing.
3. The framing of an individual's wellbeing status as being on a continuum along which the person may fluctuate, from well to unwell with coping and struggling in between. This framing is in keeping with the broader mental health and suicide prevention sector approaches.
4. The Departments' distributed model for implementing change. Lifeline Australia endorses the approach of recognising the important roles of varied stakeholders including Government, leaders, commanders, managers, supervisors, teams, healthcare providers, claims staff, frontline service providers and individuals in supporting the mental health and wellbeing of Defence and veteran community members.

Below, Lifeline Australia offers perspectives on each of the six goals included within the strategy, and the strength with which we agree that each should be a focus. We then offer views on additional considerations and perspectives for implementation.

3 Defence and Veteran Mental Health and Wellbeing Goals

Lifeline Australia embraces the six goals identified within the strategy and agrees or strongly agrees that each represents an important focus for supporting and empowering Defence and Veteran mental health and wellbeing.

3.1 Promoting and assisting wellbeing

Lifeline Australia **agrees** with the promotion of and assistance towards wellbeing as a key step towards maximising the number of people, and the proportion of time spent by those people, in the 'well' end of the wellbeing continuum.

Within the suicide prevention sector there has recently been increased focus on recognising not only the stressors that can contribute to suicidal thinking but also on protective factors. Factors such as sense of purpose (or in this strategy, meaning), belonging and especially human connection (social support and connection), are key in that respect. Promoting awareness of those factors and providing practical supports via which people can enhance them have been recognised as important suicide prevention mechanisms.

Lifeline Australia recognises correlations with a universal suicide prevention approach within this strategy for Defence and Veteran Community members. Awareness raising about the number and wide range of factors that can impact an individual's wellbeing is an important part of empowering people to manage distress and crisis. Further, providing programs or other practical mechanisms via which individuals can maintain or enhance those protective factors is also important. There is evidence that volunteering, for example, confers benefits in terms of connection and sense of purpose particularly for some cohorts (Chatterjee et al., 2018). With that in mind, connecting Veterans with volunteer opportunities is one option for supporting wellbeing.

3.2 Improving mental health and wellbeing through prevention and early intervention

It is now widely recognised that, in combination with ensuring appropriate supports are available for those who are unwell and/or experiencing significant distress, initiatives that focus on keeping people well and supporting them in the early stages of coping or struggling are key enablers for positive impact at scale.

With that in mind, Lifeline Australia wholeheartedly **agrees** with the focus on prevention and early intervention. We note that supporting wellbeing (Goal 1) and supporting people to remain or quickly return to the 'well' end of the continuum (Goal 2) is in keeping with the approach adopted by the broader mental health and suicide

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prevention sectors. A good example is the new National Suicide Prevention Strategy, which conceptualises suicide prevention as being based on the two key pillars of *prevention* and *support*.

It is also worth noting - as another mark of close alignment between the DoD and DVA's strategy and the broader sector - the factors identified in relation to the prevention pillar of the national strategy. Prevention is specifically conceptualised as being enabled by supports around safety and security, good health, economic security, social inclusion and navigating life transitions. Notably, when considered at a less granular level, the 9 wellbeing factors identified in the Defence and Veteran MH and Wellbeing strategy map closely onto the 5 identified as prevention factors within the national strategy.

3.3 Facilitating timely access to quality care and support

Lifeline Australia **strongly agrees** that timely access to care is vital and can help prevent deterioration of mental health issues. It is particularly important noting the additional stated need to prevent, minimise and treat moral injury amongst current and past Defence force members.

We particularly endorse the focus on improving continuity of care and empowering people to navigate support pathways. As DVA and DoD will be aware, significant challenges remain in this respect: There is evidence that consumers often struggle to identify which service is appropriate for them, and to navigate between services once they have engaged in support seeking behaviours. As one example, the Royal Commission into Mental Health in Victoria noted that services form less of a 'system' and more of a disjointed set of offerings. Complexity within the service environment becomes even more challenging for consumers experiencing ill health or distress, with commensurate cognitive load.

Lifeline Australia notes that, to address this well recognised issue, the Department of Health and Aged Care has commenced initiatives aimed at creating a more 'joined-up' system. Improvements in existing referral capabilities of universal, low-barrier to access services, including Lifeline's 13 11 14, chat and text crisis support services are an important mechanism. Our position is that any further measures implemented by DVA and DoD to specifically support awareness of, and familiarity with both Defence-specific and general services will further reduce barriers to individuals reaching out for support.

Lifeline Australia further endorses action around ensuring that appropriate and accessible services are available. We note that with the constant evolution of the evidence base, multifaceted environment scanning is an important ongoing activity to enable delivery against this aim. Important considerations include service outcomes and delivery modes, and user preferences. In some cases, for example, services tailored to the Defence context may be indicated, but in others, service users may prefer options that are independent from Defence.

3.4 Grow a positive and connected Defence and Veteran community

Lifeline Australia **strongly agrees** with inclusion of the goal of growing a positive and connected Defence and Veteran community. As an organisation that for 62 years has been providing support via human connection, the Lifeline network has deep experience of the value of human connection as a protective and support mechanism. In the contemporary context, Lifeline delivers support via human connection across between 3,000 and more than 4,000 individual contacts each day.

As noted in the current strategy, human connection is fundamental not only in building resilience when people are well (prevention) but also in enhancing the impact of support when people are struggling or become unwell. It has been often noted that humans are a highly social species (Young 2008, for example). Human connection is an essential element for humans to thrive and/or recover.

On the flip side, lack of human connection (loneliness) and social isolation are associated with negative health outcomes. In one landmark study, lack of social connection was rated as posing a more significant health risk than smoking 15 cigarettes per day (Holt-Lunstad et al., 2015).

Lifeline Australia also strongly endorses the inclusion of awareness raising as a mechanism to support connection. We note that awareness raising within the civilian community about the unique role of our Defence forces is likely to enable the forging of stronger connections outside the defence context. Those relationships that bridge into the non-Defence community may have a particularly important role to play during transition out of Defence. This is especially important noting the well cited evidence that transition, especially when the transition is involuntary, represents a key period of risk for Defence personnel.

We also endorse the inclusion of a focus on promoting the importance of social connection within the Defence context. Here, again, there are parallels in the broader suicide prevention sector. Lifeline Australia, for example, frequently advocates for human connection to be considered one of the key foundations of wellness along with good nutrition, rest and exercise. We do this because it is through awareness raising that we can enable behaviour change towards health promoting behaviours.

3.5 Prioritise suicide prevention initiatives

Lifeline Australia **strongly agrees** with the inclusion of a specific goal prioritising suicide prevention. As an organisation whose entire mission is suicide prevention and crisis support, Lifeline Australia is keenly aware that addressing the challenge of suicide amongst current and former Defence members will require concerted and ongoing efforts. We also note that whilst there is often overlap between mental-ill health and suicide, prevention of the latter has unique considerations and as such requires a specialised approach. One example is that suicidal distress can manifest very quickly and in response to highly situational factors such as job loss or relationship breakdown, with access to means sometimes playing a key role (Bryan et al., 2016; Bryan & Rudd,

2016). Broadly speaking, such factors are unique to the context of suicide and support the need for a specialised approach.

As is evident from the focus within Goal 5 on de-stigmatisation and training for leaders and managers, one of the key elements of suicide prevention is to encourage awareness of suicidal thinking and increase confidence around seeking or offering support. There are encouraging signs that concerted de-stigmatisation efforts in Australia are yielding fruit. The national dialogue around suicide has matured. High profile individuals from many walks of life have disclosed suicidal thinking and our national media outlets broadly speaking, abide by Everymind's best practice approaches when it comes to reporting on suicide (<https://everymind.org.au/resources/mindframe-for-media-professionals>).

Based on those efforts, arguably, support seeking behaviours have increased. In the Lifeline context, for example, 2024 saw 10 of the highest ever volume days in our organisation's 62-year history delivering crisis support. In terms of offering support to people experiencing suicidal thinking, there are also encouraging signs. In fact, there is evidence that gatekeeper training is one of the most effective approaches to preventing suicide within particular contexts (Krysinska et al., 2016).

Empowering access to services when required is a key element to delivering on DVA and DoD's suicide prevention goal. Lifeline Australia submits two considerations in this respect.

1. Whilst it is critical to ensure that any service offered is evidence based, an important additional consideration is whether those services are offered in a way that reflects the preferences of service users (with related impacts on willingness to engage). We submit, for example, that in some cases tailored programs – with all the benefits to perceptions of cultural competence and safety – may be indicated, whilst in others a general population service – with benefits to perceptions of independence from the Defence environment – may be preferable. One example from the Lifeline environment is that whilst general services such as our 13 11 14 service have a robust evidence base around outcomes like reducing crisis states and hopelessness (Gould et al., 2007; Kalafat et al., 2007), we have also developed and delivered a crisis support service – 13YARN – that is delivered by and for Aboriginal and Torres Strait Islander peoples.
2. It is important to engage in ongoing environment scanning. Suicide is multifaceted and complex, with shifting environmental factors – such as cost of living – playing a role. With that in mind, it is even more important that services are accessible and that any gaps in service provision are quickly identified and addressed. Suicide aftercare serves is a useful example, as there is robust evidence that people who have attempted suicide are at heightened risk of death by suicide (Suominen et al., 2004). On that basis, a number of support options for people who have attempted suicide have been developed and implemented within the Australian suicide prevention service environment. The Lifeline network, for example, offers an eight-week closed group program called Eclipse that has now been extensively evaluated in the Australian context and shown to

support participants' via reductions in depressive symptoms, perceived burdensomeness, thwarted belongingness and suicidal ideation, and improvements in resilience (see Maple et al., 2022).

3.6 Use evidence and data to drive positive outcomes

Lifeline Australia **agrees** with the inclusion of using evidence and data to drive positive outcomes as a goal. The importance of focusing on programs and approaches that are evidence-based is only heightened by two key considerations:

1. The moral imperative to deliver effective support to individuals who signed on to defend the nation.
2. The fact that within the broad areas of wellbeing, mental health and suicide prevention there is a dizzying number of offerings and organisations, and as such targeted use of resources is required.

In addition, and as noted above, the importance of using the evidence base to inform an approach to delivering on the strategy's goals is not only important in terms of selecting programs to make available to Defence personnel but is also a vital enabler for other factors including identifying the preferences of service users and any emerging gaps in the support landscape. As already noted, in the case of suicide prevention, what is considered a best practice approach is highly context-specific and in some cases is subject to quite rapid change.

A final and positive observation – one that has been made in relation to many elements of the strategy – is that a focus on data and the evidence base is in keeping with the approach of the broader mental health and suicide prevention sectors. The recently released National Suicide Prevention Strategy, for example, frames reference to the evidence base as a 'critical enabler'.

4 Further observations and new initiatives

Lifeline Australia endorses the high-level approach to supporting the mental health and wellbeing of Defence members and Veterans as represented in the strategy. As noted above, and fully recognising the unique nature of the Defence context, it is particularly encouraging that key aspects of the strategy align closely with those observed in the broader mental health and suicide prevention sectors. In particular, the current strategy addresses the wide range of protective and risk factors as regards mental health, wellbeing and suicide prevention, and the holistic approach required to address those factors. We also note that inclusion of suicide prevention as a unique goal within the strategy accurately reflects its specialised nature and related need for a comprehensive and specialised approach.

Lifeline Australia submits that effective translation of the strategy into specific implementable activities will present a key challenge, and one that will determine its ultimate success. As the Departments will be well aware, considerable effort will be involved in translating each of the specific aims sitting under each goal into action. One good example is the aim of 'providing continuity of care and support through a coordinated approach with the health, social and suicide prevention sectors' (Goal 5).

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Lifeline Australia notes that the lack of a ‘joined up’ support system is a well-recognised existing challenge in the suicide prevention and mental health sectors. As such, identifying and implementing effective ways to support current and former members of the ADF to effectively navigate the service system will pose a significant challenge.

We are encouraged by the focus on not only using the evidence base to inform the approach, but also on building the evidence base via evaluation. The short-, medium- and long-term goals identified in the program logic will obviously underpin the approach to measuring outcomes, which ultimately will inform the success of the strategy in achieving its goals.

Lifeline Australia respectfully notes the value of considering those outcomes in the context of outcomes being prioritised within the broader relevant sectors. In the case of suicide prevention, for example, the National Suicide Prevention Office is currently developing an outcomes framework. Measuring delivery against Goal 5 – prioritising suicide prevention – will be optimised by linking, where possible, to those outcomes being prioritised as regards the broader population.

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