

National Suicide Prevention Office

Submission to Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029: Exposure Draft

March 2025



Australian Government



**National
Suicide
Prevention
Office**

Contents

Acknowledgements	3
Sources of support	4
About the National Suicide Prevention Office	5
Submission	5



Acknowledgements

Acknowledgement of Country

The National Suicide Prevention Office (NSPO) acknowledges and pays respect to the past, present, and future Traditional Custodians and Elders of country throughout Australia. We acknowledge their connection to land, sea and community and the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples.

Recognition of Lived Experience

The NSPO acknowledges the individual and collective contributions of those with a lived and living experience of suicide. People who have survived suicide attempts, cared for a person in suicidal crisis or have lost a loved one to suicide demonstrate tremendous generosity through providing their expertise and insights. Every person's journey is unique and a valued contribution to Australia's commitment to suicide prevention system reform.

A note on language

The way we speak about suicide and self-harm has a major influence on how the community understands and responds to people who are experiencing suicidal thoughts and behaviours. It also impacts on the existence and degree of stigma and shame around suicide. The National Suicide Prevention Office endorses and follows the Mindframe guidelines *Our Words Matter* and *Images Matter*.

Suggested citation

National Suicide Prevention Office (2025). Submission to Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029: Exposure Draft. NSPO, Canberra.

Sources of support

Please be aware this submission contains information about suicide that may be distressing. Please take care of yourself as you read it and ask for help if needed. Support is always available. Below are options for online and telephone information and support in Australia.

Lifeline

13 11 14

[Lifeline.org.au](https://lifeline.org.au)

Kids Helpline

1800 551 800

[Kidshelpline.com.au](https://kidshelpline.com.au)

Suicide Call Back Service

1300 659 467

[Suicidecallbackservice.org.au](https://suicidecallbackservice.org.au)

Head to Health

[Headtohealth.gov.au](https://headtohealth.gov.au)

Defence Member and Family Helpline

1800 624 608

headspace

1800 650 890

headspace.org.au/

MensLine Australia

1300 789 978

Mensline.org.au

Open Arms

1800 011 046

openarms.gov.au

ReachOut

au.reachout.com

Beyond Blue

1300 224 636

Beyondblue.org.au

13YARN

13YARN (13 92 76)

QLife

1800 184 527

Qlife.org.au



About the National Suicide Prevention Office

The National Suicide Prevention Office (NSPO) is a specialist office located within the Department of Health and Aged Care tasked with leading a coordinated, whole-of-government approach to suicide prevention.

The NSPO aims to guide and support all levels and parts of government to take coordinated, comprehensive and consistent action to reduce suicide and suicidality.

On 20 February 2025, the Commonwealth Government launched the *National Suicide Prevention Strategy*. The Strategy was developed by the NSPO and outlines a coordinated national approach to suicide prevention. The NSPO is currently developing a National Suicide Prevention Outcomes Framework to enhance monitoring and reporting of progress in line with the National Suicide Prevention Strategy.

The work of the NSPO is informed by people with lived and living experience of suicide and draws on the rich combined knowledge and expertise of individuals, communities, service providers, advocates, researchers and government agencies across portfolios and jurisdictions. The NSPO works to ensure national suicide prevention efforts reflect the Government's response to the *Final Report the Royal Commission into Defence and Veteran Suicide* (Royal Commission). The Royal Commission provides a vital roadmap for addressing suicides and improving the lives of Defence personnel, veterans and their families. Alignment between the NSPO, Defence, and Department of Veteran Affairs suicide prevention efforts is critical.

More information is available at <http://www.mentalhealthcommission.gov.au/nspo>

Submission

Alignment to the National Suicide Prevention Strategy

The *National Suicide Prevention Strategy* has been developed by the National Suicide Prevention Office (NSPO) as an overarching framework to guide long-term, coordinated suicide prevention activity in Australia. Input and endorsement were provided by relevant Commonwealth Governments portfolios and all states and territories to ensure it reflects a genuinely national approach that can be utilised by all levels of government.

The *National Suicide Prevention Strategy* outlines actions required to realise a comprehensive, contemporary approach to suicide prevention, aligning national efforts with the latest evidence and insights. This includes adopting a genuinely preventive approach that reduces the likelihood of suicidal distress occurring in the first place, and providing high quality effective supports for people experiencing suicidal distress (and those who care for them). It also includes establishing the systems-level enablers required to sustain an effective suicide prevention system (Figure 1).



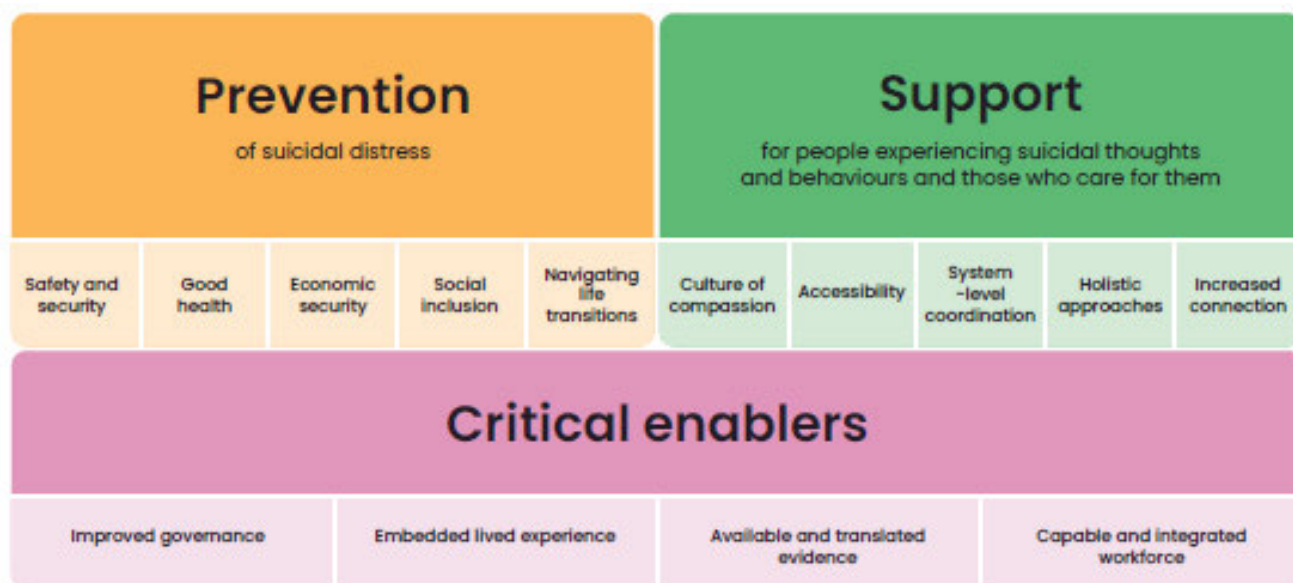


Figure 1. National Suicide Prevention Strategy Model

Defence and veteran communities face unique challenges compared with the broader population when it comes to suicide and its prevention- for example – increased separation from family and likelihood of relationship breakdowns, exposure to unacceptable behaviour and traumatising events, service-related injury and illness, and separation and transition out of the Australian Defence Force (ADF).¹

We know that ex-serving ADF members are at a higher risk of death by suicide than non-veterans. Ex-serving males and ex-serving females are, respectively, 26% and 100% more likely to take their own life than non-serving Australian males and females.² Families, carers and kin of veterans are therefore at an increased risk of being bereaved by suicide, which can subsequently increase their own risk of dying by suicide.³ Therefore, there is a critical need for tailored, targeted suicide prevention effort for Defence and veteran communities.

The Defence and Veteran Mental Health and Wellbeing Strategy (The DVMHW Strategy) is an important contribution toward improving mental health and wellbeing outcomes for serving Defence members, veterans, and their families, as well as Department of Defence and Department of Veteran Affairs (DVA) employees, Defence contractors, and ADF cadets and volunteers. The NSPO acknowledges the work of both Defence and the DVA in developing this draft.

While the NSPO acknowledges that the scope of the Defence and Veteran Mental Health and Wellbeing Strategy differs to that of the *National Suicide Prevention Strategy*, we recommend the two being aligned wherever appropriate. The below feedback areas highlight where alignment could be strengthened.

¹ Australian Government. Royal Commission into Defence and Veteran Suicide: Final report [Internet]. Canberra: Australian Government; 2024 [cited 2024 September 09]. Available from: https://www.apf.gov.au/Parliamentary_Business/Tabled_Documents/7262

² Australian Institute of Health and Welfare. Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2022 [Internet]. Canberra: AIHW, Australian Government; 2024 [cited 2024 November 28]. Available from: <https://www.aihw.gov.au/reports/veterans/serving-exserving-adf-suicide-monitoring-2024>

³ Grafiadeli R, Glaesmer H, Hofmann L, Schäfer T, Wagner B. Suicide risk after suicide bereavement: the role of loss-related characteristics, mental health, and hopelessness. *Journal of Psychiatric Research*. 2021;144:184-9. DOI: 10.1016/j.jpsychires.2021.09.056.

Strategy Exposure Draft Feedback

The DVMHW Strategy provides a sound high level, strategic approach to the improvement of mental health and wellbeing in Defence and veteran communities. The shift away from a traditional 'building individual resilience' approach and acknowledgement of external wellbeing factors (*Figure 1. Wellbeing Factors, page 6*) as a key component of overall health and wellbeing is positive and aligns with the *National Suicide Prevention Strategy*. This approach allows Defence and DVA to focus efforts more broadly than traditional mental health services and support, by influencing social and economic factors we know contribute to the emergence of suicidal distress, therefore reducing the number of people who may reach the point of crisis.

Additionally, the inclusion of the mental health and wellbeing continuum highlights the dynamic nature of mental health and wellbeing. Ensuring efforts address the needs of every point on the continuum allows for a comprehensive approach to the improvement of mental health and wellbeing at a population level. The NSPO would encourage Defence and DVA to consider how the current continuum diagram reflects the dynamic nature of individual and team experiences of mental health and wellbeing. It is important to be clear that the journey from 'well' to 'unwell' is not linear at the individual or team level. Additionally, there would be value in the model overtly reflecting the need for a person-centred approach to care. The National Mental Health Commission's *National Children's Mental Health and Wellbeing Strategy* details the benefits of shifting from a diagnostic to a continuum approach to mental health, focussed on the needs of the individual. The NSPO would encourage Defence and DVA to explore how others have used the continuum model in practice to enable person-centred care (e.g. Murdoch Children's Research Institute: [Children's Wellbeing Continuum - Mental Health in Primary School \(MHiPS\)](#)).

A stepped care model such as the one outlined in the DVMHW Strategy can promote person-centred care that targets the needs of individuals. Having a variety of services at different levels available to support individuals with differing needs across the mental health and wellbeing continuum is effective when implemented appropriately. However, when implemented in a rigid, linear way, where services operate in silos or as one directional steps, it can be ineffective in helping connect people to the right level of care at the right time. Additional detail within the DVMHW Strategy or accompanying action plans is required to better understand how the stepped care model aligns flexibly to the mental health and wellbeing continuum, and how it will be operationalised in a way that supports person-centred care.

Finally, the NSPO acknowledges the inclusion of Goal 5: Prioritise suicide prevention initiatives, as independent from overall mental health and wellbeing improvement. The NSPO encourages alignment with the recommendations from the Royal Commission, and use of the *National Suicide Prevention Strategy*, to guide strategic action toward suicide prevention for Defence and veteran communities.

Implementation

Overall, the DVMHW Strategy provides a sound strategic foundation for improving the mental health and wellbeing of the Defence and veteran community. However, in the absence of clear roles and responsibilities, and implementation or action plans, there is a significant risk to the successful operationalisation of the DVMHW Strategy.

Critical Enabler (11) in the *National Suicide Prevention Strategy: Improved Governance*, highlights the criticality of ensuring clear accountability and coordination of effort for agreed objectives across all levels of government. The NSPO would encourage Defence and DVA to consider defining clear roles and responsibilities for Defence, DVA, and other key government

stakeholders in the implementation of the DVMHW Strategy and its adjoining action plans. This is to ensure that not only is there appropriate authority for the DVMHW Strategy as outlined within, but to prevent duplication and gaps in effort across implementation. The NSPO would be keen to work with Defence and DVA to ensure alignment with the *National Suicide Prevention Strategy* in defining these roles and responsibilities.

Additionally, while the DVMHW Strategy speaks to 'actions plans', it is not clear at what stage of development these actions plans are, and who is responsible for them. Ensuring that action plans are specific, measurable, and provide a practical approach to achieving the goals set in the DVMHW Strategy, will ensure the expected outcomes (*Table. 1, Page 5*) of the Strategy can be achieved.

Monitoring and Evaluation

The DVMHW Strategy outlines the prioritisation of the development of a monitoring and evaluation framework, consistent with the Royal Commission Final Report recommendation 38. Effective and comprehensive measurement of progress towards desired goals outlined in the DVMHW Strategy is crucial to the ongoing improvement of mental health and wellbeing for Defence and veteran communities.

The NSPO is currently developing a National Suicide Prevention Outcomes Framework (the Outcomes Framework). This will draw on qualitative and quantitative data to evaluate progress towards suicide prevention, in alignment with the *National Suicide Prevention Strategy* model. Specifically, it will measure progress against outcomes that we know contribute to the emergence of suicidal distress (such as personal safety, housing security, employment, and social connection); the accessibility and effectiveness of supports for people who do experience suicidal distress; and the key system reforms required to enable these improvements. While the aim should always be to reduce the rates of suicide, measuring suicide rates alone does not provide sufficient understanding of the broader social factors that we know contribute to suicidal distress and therefore does not provide a comprehensive picture of progress towards suicide prevention.

The National Suicide Prevention Outcomes Framework will provide a national framework to guide monitoring and evaluation toward suicide prevention related outcomes. It is not clear at what stage of development the monitoring and evaluation framework for the DVMHW Strategy is. However, the NSPO encourages alignment between your monitoring and evaluation framework and the Outcomes Framework, for DVMHW Strategy goals that are relevant to suicide prevention. This will ensure alignment across levels of government in the way we measure progress towards desired mental health and wellbeing outcomes, as well as building a more comprehensive picture of progress against the DVMHW Strategy.

Thank you for the opportunity to contribute. Should you require further information or wish to contact the National Suicide Prevention Office about our submission, or the work being developed, please don't hesitate to email the office at [REDACTED]