Australian Government
Department of Defence
Department of Veterans' Affairs

SUICIDE PREVENTION ACTION PLAN

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

Open Arms
Open Arms is the leading provider of free mental health assessment and counselling for Defence members, veterans and families. They offer both individual and relationship counselling to help build strong and healthy relationships at all stages of family life.
1800 011 046
openarms.gov.au

Defence Member and Family Helpline
The Helpline is available 24/7 to assist Defence members and families. The Helpline provides assessment, advice, assistance or referral depending on the needs of the Defence member and their family.
1800 624 608
defence.gov.au/adf-members-families/crisis-support/helplines/defence-member-family-helpline

ADF Chaplains
Chaplains provide pastoral, spiritual, religious and welfare support.
1300 333 362
defence.gov.au/adf-members-families/crisis-support/helplines/chaplaincy-services

ADF Mental Health All Hours Support Line
Mental health and wellbeing advice for Defence members and families.
1800 628 036
defence.gov.au/adf-members-families/crisis-support/helplines/all-hours-support-line

13 YARN
13YARN is the national crisis support line for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping.
13 92 76
13yarn.org.au

1800 IMSICK
1800 IMSICK is a national 24/7 nurse triage and health support line for Defence members if they become ill or injured after hours or are not near a Defence health facility.
1800 467 425
defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/1800-imsick

1800 VETERAN
1800 VETERAN is Department of Veterans' Affairs (DVA's) general phone number. It is available between 8am to 5pm, Monday to Friday. It's a way of finding out about the wealth of support offered by DVA.
1800 838 372
dva.gov.au

1800 RESPECT
1800 RESPECT is the national Sexual Assault, Domestic and Family Violence Counselling Service for anyone living in Australia. The service provides telephone and online crisis and trauma counselling.
1800 737 732
1800respect.org.au

Kids Helpline
Kids Helpline is a free, and anonymous 24/7 telephone and online counselling service specifically for young people 5–25 years old.
1800 551 800
kidshelpline.com.au

Lifeline
Lifeline is a national 24-hour support line, which provides crisis support and mental health services.
131 114
lifeline.org.au

Mensline Australia
Mensline Australia is a national 24/7 service for men, providing support, information, or referral by telephone or online.
1300 789 978
mensline.org.au

Relationships Australia
Relationships Australia offers counselling, family dispute resolution, mediation, and a range of family and community support and education programs.
1300 364 277
relationships.org.au

Suicide Call Back Service
Suicide Call Back Service offers free professional 24/7 telephone counselling support to people at risk of suicide, concerned about someone at risk, bereaved by suicide and people experiencing emotional or mental health issues.
1300 659 467
suicidecallbackservice.org.au

The Family Relationship Advice Line
The Family Relationship Advice Line helps families affected by relationship or separation issues, including information on parenting arrangements after separation. It can also refer callers to local services that provide assistance.
1800 050 321
familyrelationships.gov.au/talk-someone/advice-line

Acknowledgements

The Department of Defence and the Department of Veterans' Affairs acknowledge the Traditional Custodians of Country throughout Australia. We recognise their continuing connection to traditional lands and waters and would like to pay respect to their Elders both past and present. We would also like to pay respect to the Aboriginal and Torres Strait Islander people who have contributed to the defence of Australia in times of peace and war.

We acknowledge and honour those who have served or are currently serving in the Australian Defence Force. We pay our respects to their families and loved ones.

We acknowledge those in the Defence and veteran community who have been impacted by suicide and suicidality, who have a lived experience of suicide and suicidality, who have cared for someone through suicidal distress, or been bereaved by suicide.

We acknowledge those in the Defence and veteran community with lived and living experience of bereavement, trauma, mental health challenges, psychological distress, suicide, substance use or addiction. We pay our respects to their loved ones, carers, advocates and supporters.

We acknowledge those who contributed to the development of this action plan. Thank you for shedding light on what needs to change.


VETERAN
GAMES

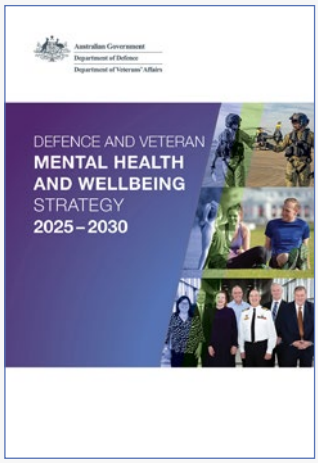
Contents

The strategy for mental health and wellbeing

The *Defence and Veteran Mental Health and Wellbeing Strategy 2025–2030* is jointly managed by the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA). The strategy's vision is:

Members of the Defence and veteran community are empowered and supported for optimal mental health and wellbeing during service or employment, during transition to civilian life and beyond.

The strategy's goals are:



Goal 1. **Promote and assist wellbeing**

Goal 2. **Improve mental health and wellbeing through prevention and early intervention**

Goal 3. **Facilitate timely access to quality care and support**

Goal 4. **Grow a positive and connected Defence and veteran community**

Goal 5. **Prioritise suicide prevention initiatives**

Goal 6. **Use evidence and data to drive positive outcomes.**

Alignment to Australian frameworks and research

The strategy embraces a life course approach. This honours the service and dedication of the Defence and veteran community. It aligns with best practice frameworks, research and recommendations for mental health, wellbeing and suicide prevention. This includes guidance from the National Mental Health Commission, the Productivity Commission and the *Australian Government Response to the Final Report of the Royal Commission into Defence and Veteran Suicide.*

On 9 September 2024 the Royal Commission into Defence and Veteran Suicide handed down its Final Report. On 2 December 2024, the Australian Government released its response to the Final Report, acknowledging the complexity of the issues and the need for a coordinated, long-term approach to mental health, wellbeing and suicide prevention. The Australian Government response contributes to a substantial reform program across Defence, DVA and the broader veteran support system.

In addition to early intervention and comprehensive care, the strategy and action plans guide promotion and prevention opportunities across the Defence and veteran community. They also prioritise wellbeing along the Defence and veteran journey.

Action plans

Defence and DVA have two interdepartmental action plans under the strategy. These set out our program of work to achieve the strategy outcomes. The action plans are:

- *Mental Health and Wellbeing Action Plan*
- *Suicide Prevention Action Plan*.

These action plans have been developed together. They provide a linked and systemic approach to wellbeing, mental health and suicide prevention for the Defence and veteran community.

The *Mental Health and Wellbeing Action Plan* focuses on goals 1, 2, 3, 4 and 6 of the strategy. It also contributes to suicide prevention outcomes through promotion of wellbeing, prevention of harm, reduction of stigma, and improved support. The *Suicide Prevention Action Plan* focuses on goals 5 and 6 of the strategy. Each plan has both joint and departmental actions.

The strategy and its initiatives will be monitored and evaluated using the strategy's monitoring and evaluation framework. They will be actively managed and updated to ensure Defence and DVA can respond to emergent evidence and the needs of the Defence and veteran community.

These action plans are iterative. They set out the actions Defence and DVA will initially take to deliver the goals of this strategy. The actions outlined in these action plans are subject to change in line with the findings from the strategy's *monitoring and evaluation framework* and achievement of outcomes over the course of the strategy.

The plan for suicide prevention

The approach

This *Suicide Prevention Action Plan* outlines the Defence and DVA approach to suicide prevention at individual, organisational and community levels. It promotes an evidence-based, outcomes-focussed, person-centred, systems approach to suicide prevention, underpinned by lived experience and compassion.

The plan aligns with key Australian frameworks, research and initiatives for mental health, wellbeing and suicide prevention. Appendix A provides further information on the approach to suicide prevention. The *Mental Health and Wellbeing Action Plan* operates across the wellbeing factors (see Figure 1) to improve mental health, wellbeing and suicide prevention.

Figure 1: *Wellbeing factors*

Guiding principles

Our actions will be guided by the following principles:

Wellbeing and capability. Aligning the sustainable wellbeing of the Defence and veteran community with the capability needs for the defence of Australia and the national interest. This will help our people to join well, serve and work well, live well and age well.

Person-centred. Respecting and responsive to the preferences, needs and values of the Defence and veteran community.

Trauma-informed and compassionate. Recognising the impact of trauma. Providing compassionate responses that prioritise safety and empowerment.

Coordinated and holistic. Continuing to build our joint capability to address the social determinants of mental health and wellbeing.

Partnering with lived experience. Partnering with those with lived experience to design, deliver and continuously improve mental health, wellbeing and suicide prevention.

Continuous improvement. Seeking improvement through evidence, monitoring, evaluation and insights, enhancing benefits for the Defence and veteran community.

Language matters

This plan aims to be inclusive and respectful. Given the plan's diverse audience, we have used plain English and the Mindframe guidelines[1] for communication where possible.

We describe key terms within the document. We recognise that some of our language may not fully resonate or describe the lived and living experience of suicide for all people.

Some important language considerations for suicide prevention are described below:

Consideration	Problematic terms	Preferred terms
Presenting a suicide as a desired outcome	'successful suicide' 'unsuccessful suicide' 'completed suicide'	'died by suicide' 'took their own life'
Associated suicide with a crime or sin	'committed suicide' 'commit suicide'	'died by suicide' 'took their own life'
Sensationalising suicide	'suicide epidemic'	'increasing rates' 'higher rates'
Language glamourising a suicide attempt	'failed suicide bid' 'suicide bid'	'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	'political suicide' 'suicide mission'	Don't use term 'suicide' out of context

Monitoring and evaluation

The strategy's *monitoring and evaluation framework* describes the outcomes the strategy is expected to achieve. It provides an overview of planned monitoring and evaluation activities for the strategy, and associated initiatives.

Monitoring and evaluating the initiatives under the strategy will help us to understand progress towards the intended outcomes of the strategy. The results will also help us understand the change we are making for the Defence and veteran community.

1 https://mindframe.org.au/suicide/communicating-about-suicide/mindframe-guidelines

The actions

Defence and DVA have jointly developed the *Mental Health and Wellbeing Action Plan* and the *Suicide Prevention Action Plan*.

These actions are designed to complement and build on the related work of the following strategic documents:

- *National Defence Strategy 2024*
- *Defence Workforce Plan 2024*
- *Defence Culture Strategy: Defence Culture Blueprint 2023*
- *Defence Work Health and Safety Strategy 2023–2028*
- *Defence and Veteran Family Wellbeing Strategy 2025–2030*
- *Veteran Transition Strategy 2023*
- *National Suicide Prevention Strategy 2025–2035*
- *Australian Government Response to the Final Report of the Royal Commission into Defence and Veteran Suicide.*

Together, the work undertaken by Defence and DVA builds a systemic approach to wellbeing, mental health and suicide prevention for the Defence and veteran community, delivering the strategy.

Goal 5: Prioritise suicide prevention initiatives

To deliver the strategy's Goal 5, we will promote protective factors, improve systems, build capability for effective support, intervene early, improve continuity of care, ensure effective and compassionate supports, draw on lived experience, and build long-term pathways to recovery and wellbeing.

Objective 5.1 Promoting protective factors to strengthen wellbeing and help our people to obtain, maintain and improve their mental health and wellbeing

ID	Action	Lead
5.1.1	Develop understanding of the protective factors for suicide and suicidality.	Defence
5.1.2	Develop and implement a Defence suicide prevention framework.	Defence
5.1.3	Provide input and guidance for veterans' needs in broader government decision-making for suicide prevention.	DVA

Objective 5.2 Building a culture that destigmatises suicidal distress, thoughts and/or behaviour

ID	Action	Lead
5.2.1	Grow an understanding of stigma relevant to the Defence and veteran community.	Defence and DVA
5.2.2	Promote language guidelines that destigmatises suicidal distress, thoughts and/or behaviour within the veteran community.	DVA

Objective 5.3 Building organisational, individual and community understanding to enable the early identification and response to suicidal distress, thoughts and/or behaviour

ID	Action	Lead
5.3.1	Explore approaches to better support non-service-based risk factors for suicide and suicidality.	Defence
5.3.2	Develop and implement a DVA suicide prevention framework.	DVA
5.3.3	Develop and implement a staff training program to identify and respond to distress and suicidality by Open Arms.	DVA
5.3.4	Provide the veteran community with training to develop the skills to recognise early warning signs of mental health and suicide and an understanding of available supports within their community.	DVA

Objective 5.4 Helping leaders and managers to identify groups disproportionately impacted by suicide, intervene early and reduce risk factors to prevent suicide and/or suicidal behaviours

ID	Action	Lead
5.4.1	Explore options to improve commander and manager capability, including tools and supports, when managing personnel to build protective factors, manage risk factors and support people experiencing distress.	Defence
5.4.2	Continue to develop an understanding of the veteran population group including those disproportionately impacted by suicide.	DVA

Objective 5.5 Empowering access to appropriate care and support, crisis response when needed, bereavement and postvention services

ID	Action	Lead
5.5.1	Review opportunities and improve supports for Defence personnel experiencing suicidal distress, including crisis care, aftercare, follow-up support and guidance for command and managers.	Defence
5.5.2	Review opportunities to support approaches for current serving members, veterans and families experiencing bereavement.	Defence and DVA
5.5.3	Support the delivery of services to veterans identified at risk of suicide through the sharing of DVA commissioned research.	DVA
5.5.4	Promote access to non-clinical support options available to veterans including the community peer support program coordinated through Open Arms.	DVA
5.5.5	Identify and promote the availability of DVA and industry-wide training programs on suicide prevention, including mental health and wellbeing, and the importance of early help-seeking.	DVA

Objective 5.6 Ensuring continuity of care and support through a coordinated approach with the health, social and suicide prevention sectors

ID	Action	Lead
5.6.1	Implement the Open Arms model of care that promotes a ‘no wrong door’ approach.	DVA
5.6.2	Continue to build relationships within the suicide prevention sector to enhance their understanding of the needs of veterans.	DVA

Objective 5.7 Delivering effective and safe initiatives, programs and services with a clear evidence base and informed by lived experience

ID	Action	Lead
5.7.1	Develop and implement a lived experience framework to safely and systematically incorporate lived experience co-design and learnings into Defence policy, planning, programs and practices.	Defence
5.7.2	Promote Open Arms digital resources that includes lived experience stories of recovery from the veteran community.	DVA
5.7.3	Incorporate lived experience input to assist in improving prevention and early intervention initiatives and services.	DVA
5.7.4	Revise and implement Open Arms quality assurance processes when responding to suicidality, suicide attempt and suicide.	DVA

Goal 6: Use evidence and data to drive positive outcomes

Improving our use of evidence and data will have benefits for Defence, DVA and the Defence and veteran community. It will help with the optimisation of human performance and enable informed decision-making. It will support the design of mental health and wellbeing initiatives, programs and services.

Objective 6.1 Investing in and expanding our research and evaluation to maintain high standards and best practice

ID	Action	Lead
6.1.1	Build strategic research priorities to inform mental health, wellbeing and suicide prevention initiatives.	Defence and DVA
6.1.2	Optimise the use of data for monitoring progress against outcomes for veterans at the population level through data linkage initiatives.	DVA
6.1.3	Evaluate the outcomes of the *DVA Family and Domestic Violence Strategy 2020–2025* and use findings to develop a new strategy.	DVA

Objective 6.2 Ensuring current programs and services are meeting the needs of individuals and communities through engagement, high quality data and evaluation alongside the Australian Centre for Evaluation

ID	Action	Lead
6.2.1	Review and build stakeholder partnerships and engagement to inform strategic approaches to improve wellbeing for the Defence and veteran community.	Defence
6.2.2	Enhance data collection, management and inter-agency sharing, to understand and inform mental health and wellbeing.	Defence
6.2.3	Increase consultation opportunities with veterans and families, across a range of fora, to better understand their needs.	DVA
6.2.4	Implement the Veteran and Family – Learning and Innovation Network of Knowledge (VF-LINK) to improve DVA's evidence-based approach to future policy and program design.	DVA

Objective 6.3 Using engagement, high-quality data and evaluation so programs and services contribute to positive outcomes for the Defence and veteran community

ID	Action	Lead
6.3.1	Implement the *Defence and Veteran Mental Health and Wellbeing Strategy 2025–2030 Monitoring and Evaluation Framework* to measure and evaluate outcomes from the strategy to better inform future policy and program design.	Defence and DVA
6.3.2	Integrate data analytic approaches to improve understanding of the preferences of veterans, their behaviours, and needs when accessing their entitlements and supports through DVA.	DVA
6.3.3	Improve mental health and wellbeing supports through the analysis of data using the Priority Investment Approach - Veterans Longitudinal Study.	DVA
6.3.4	Commission annual suicide monitoring to inform suicide prevention, mental health and wellbeing policies and programs for veterans.	DVA

Appendix A: Suicide prevention approach

Approach

The *Defence and Veteran Mental Health and Wellbeing Strategy 2025–2030* adopts a people-centred systems approach to suicide prevention. Through early intervention and comprehensive care, the strategy supports suicide prevention opportunities and prioritises wellbeing across the Defence and veteran journey.

The strategy embraces a life course approach. This honours the service and dedication of the Defence and veteran community. It aligns with best practice frameworks, research and recommendations. This includes the Productivity Commission's Inquiry Report: *A Better Way to Support Veterans* and the *Royal Commission into Defence and Veteran Suicide.*

This *Suicide Prevention Action Plan* includes prevention, intervention and postvention focus areas. It considers a range of perspectives from systems, communities, interpersonal relationships (including families, command and health providers) and individuals to build prevention and support for every person wherever possible.

The *Mental Health and Wellbeing Action Plan* contributes to suicide prevention outcomes through the focus on wellbeing. This includes the prevention of harm, reduction of stigma and reduction of barriers to access mental health and wellbeing support.

Suicide is complex. It is experienced through an interaction of individual, social and other factors, rather than a single cause. Suicidal distress is often the combination of experiences over a lifetime, individual factors and social determinants of health.

The Defence and veteran context

The Defence and veteran community in Australia are disproportionately impacted by suicide.

In its final report, the Royal Commission into Defence and Veteran Suicide identified some demographics and military experiences where suicidality is overrepresented:

- Younger recruits (aged 17 to 24) carry higher psychosocial risk than recruits who are older
- Those who experience involuntary separation (including administrative termination) are more at-risk of suicide than those that experience voluntary terminations
- Those who are serving or have served in the Permanent Force are more likely to experience suicidal distress compared to those who are serving or have served solely in the Reserve Force
- Those who have shorter lengths of service are at higher risk of suicidality.

The Royal Commission found Defence and veteran communities experience risk of suicidality across all stages of the Defence and veteran journey (Royal Commission into Defence and Veteran Suicide: Final Report Volume 1, 2024, p 248.). This is due, in part, to the unique factors that Defence members and veterans experience once they are engaged in initial training. This appendix reflects our current understanding of the various military-related stressors that can contribute to increased suicidality among service members.

Life stressors

Life stressors are significant challenges or pressures that individuals experience. The National Suicide Prevention Taskforce's report, *Compassion First (2020, p. 13)* found that life stressors can begin early in life. They may be intensified by stressors and co-occurring adverse life events throughout the lifespan. In recognition that life stressors impact lifelong mental health and wellbeing, this action plan integrates these considerations. Our approach aims to better identify and address the unique needs of Defence members and veterans at each life stage. By doing so, it supports a comprehensive approach to suicide prevention.

Community considerations in prevention and mitigation initiatives

Certain populations and communities within Australia are disproportionately impacted by suicide. The report *Connected & Compassionate: Implementing a national whole of governments approach to suicide prevention* identifies veterans and several Australian communities as priority populations for targeted interventions as outlined in the National Suicide Prevention Strategy 2025–2035.[2]

This report emphasised the importance of intersectionality among these groups. This action plan incorporates the key considerations to improve culturally safe prevention and mitigation approaches. This enhances its design and effectiveness, while also informing future research priorities.

2 https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy

Enquiries

For enquiries about this action plan, please contact:

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