Australian Government
Department of Veterans' Affairs

Suicide Prevention Framework

2025-2031

Suicide-Safe Language

It is important to consider language when communicating about suicide. Suicide-safe language should be used in all contexts and with all audiences to minimise risk for all. *Table 1 - Consider the language you use* adapted from MindFrame 2024[1] highlights phrases and language, which may be problematic, especially in perpetuating negative stereotypes and provides preferred phrases and language to use when communicating about suicide.

Table 1 - Consider the language you use

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	'successful suicide', 'unsuccessful suicide'	'died by suicide', 'took their own life'
Associating suicide with crime or sin	'committed suicide', 'commit suicide'	'took their own life', 'suicide death'
Sensationalising suicide	'suicide epidemic'	'increasing rates', 'higher rates'
Language glamourising a suicide attempt	'failed suicide', 'suicide bid'	'suicide attempt', 'non-fatal attempt'
Gratuitous use of the term 'suicide'	'political suicide', 'suicide mission'	refrain from using the term suicide out of context

Acknowledgement

Acknowledgement of country

The Department of Veterans' Affairs recognises Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We acknowledge the Traditional Owners of the land throughout Australia and their continuing spiritual, cultural, social and economic connection to country, sea and community. We pay our respect to all Aboriginal and Torres Strait Islander peoples, their cultures and their Elders past and present. We acknowledge the valued service of all our Aboriginal and Torres Strait Islander veterans.

Acknowledgement of service

We respect and give thanks to all who have served in the Australian Defence Force and their families. We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation. We undertake to preserve the memory and deeds of all who have served and promise to welcome, embrace and support all military veterans as respected and valued members of our community. For what they have done, this we will do.

Acknowledgement of lived experience

We would like to recognise those with lived experience of suicidal behaviours and suicide. We acknowledge that we can improve our supports through valuing, respecting and drawing upon the lived experience and expert knowledge of veterans, their families, carers and friends, staff and the community. We acknowledge their contribution to the development of this Framework and Implementation Plan.

P04877

Suicide Prevention Framework

2025-2031

For urgent help call 000

Crisis Support

Lifeline
13 11 14
Lifeline.org.au

Suicide Call Back
1300 659 467
suicidecallbackservice.org.au

13 Yarn
13 YARN (13 92 76)
13yarn.org.au

QLife
1800 184 527
qlife.org.au

MensLine Aust.
1300 78 99 78
mensline.org.au

1800 RESPECT
1800 737 732
1800respect.org.au

Beyond Blue
1300 224 636
beyondblue.org.au

Kids Helpline
1800 55 1800
kidshelpline.com.au

Suicide Support

StandBy Support after suicide
1300 727 247
standbysupport.com.au

SANE Australia
1800 187 263
sane.org

Life in Mind- Suicide Prevention portal
Lifeinmind.org.au

Roses in the Ocean
1800 777 337
rosesintheocean.com.au

VETERANS, ADF MEMBERS AND THEIR FAMILIES

Veterans and their Families

Free and confidential counselling support is available to current and former serving members, as well as their partners and children from Open Arms. Open Arms can be contacted **24/7** on **1800 011 046**.

More information can be found on the website **www.openarms.gov.au**

OPEN ARMS
Veterans & Families Counselling

24/7 support | Professional service | 1800 011 046 helpline

Defence Members and their Families

Defence members and their families can contact the All-hours support line for access to mental health services.

The is a confidential service available **24/7** on **1800 628 036**. More information can be found on the website **Defence Member and Family Helpline.**

All-hours Support Line
1800 628 036

TELUS

DVA EMPLOYEES

The **Employee Assistance Program (EAP)** is a free, confidential counselling service available to all DVA employees & their immediate families.

DVA workers employed through a labour hire, can access EAP services directly from their employer (if applicable).

1300 687 327
(M-F 7:30-7:30 AEST)

telushealth.com

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Secretary's Foreword

The Department of Veterans' Affairs (the Department/DVA) is proud to deliver its first Suicide Prevention Framework (Framework) to address veteran suicide and suicidal distress within the Australian community.

Veteran suicide is complex and has far-reaching impacts on friends, families and communities. It has no single cause and no single solution. The factors that influence suicide risk are wide and varied, and they go beyond just mental health or experiences of service in the Australian Defence Force (ADF). We also know that the veteran community is strong, resilient and is calling for a change. The Royal Commission into Defence and Veteran Suicide (Royal Commission) has exemplified both the tragedy and desire within the veteran and Australian community to do more to prevent veteran suicides.

The Framework has been created with one clear objective: to reduce veterans' suicide deaths. It is built on collaboration between veterans, families, carers, health professionals, governments, researchers and support organisations and providers. Each element of the Framework is informed by Defence, lived experience, best practice and a deep respect for the unique challenges faced by those who serve, have served, and those who support them. The strength, dedication, and insight of those who have contributed to the Framework are invaluable, and we thank those who shared their experiences, expertise and advice with us to create this coordinated and collaborative way forward.

DVA recognises that suicide prevention is not a one-size-fits-all approach. It requires tailored, compassionate, trauma-informed care that recognises the unique nature of military service and the identity shifts that can occur beyond one's transition from the ADF. It calls for culturally competent strategies that reflect the values and experiences of the veteran community, while also acknowledging the uniqueness of each veteran as an individual and a member of their own communities and identities. In doing so, we look to partnerships and ways to support all veterans, regardless of their level of engagement with the Department.

The Framework understands that families and carers are integral to the veteran support system, and that they play a vital role in veterans' recovery and wellbeing. Building upon the recommendations from the Royal Commission, the Framework looks to validate and empower families and carers, while providing them with the resources and support they need when navigating the challenges surrounding suicidal distress, attempts or bereavement. Suicide prevention goes beyond just the veteran and extends to those bereaved by suicide.

This Framework is not a set of instructions, nor does it propose changes to legislative entitlements or necessitate engagement with the Department. Rather, it is a collaborative and evidence-based approach that sets structure within a complex suicide prevention ecosystem to identify where DVA, governments, providers, communities and individuals can upskill, coordinate, develop partnerships and improve support to those who need it. Through prevention of the onset of suicidal behaviour, intervention at times of crisis, and postvention care, we can make real change.

We hope that this Framework inspires communities, governments, individuals, DVA staff and providers to look at what can be done to better support the veteran community in suicide prevention. Veteran suicide prevention is necessary and possible, and through collaboration, a shared purpose and direction we can support and look after veterans and families with compassion and care, at any stage of their life.

Alison Frame
Secretary, Department of Veterans' Affairs

Introduction

A single suicide of any veteran or serving member is one too many. Reducing suicide and suicidality is possible, and will require a transformational approach within our communities and across governments.

Suicide is a significant public health issue for veterans and the Australian population. It has a ripple effect that is long-lasting, far-reaching and deeply felt by individuals, families, communities, in schools, and workplaces across Australia. Between 1997 and 2023, 1,840 ADF veterans who served since 1 January 1985 died by suicide, and of those, 1,532 died following their service[2]. Suicide is a highly complex issue with a range of contributory factors at both the individual and population level, and requires a response that involves collaboration between communities, providers, and governments.

The ADF operates in a unique workforce environment and the Department of Defence (Defence) tailors wellbeing, suicide prevention and postvention response to individual and organisational needs. Importantly The Department of Veterans' Affairs (the Department/DVA) has a unique opportunity to respond to veteran suicide and advocate for the veteran community in a whole-of-government and whole-of-community approach to suicide prevention. DVA's Suicide Prevention Framework (Framework) identifies the ways that DVA, other government agencies, providers, communities and individuals can contribute to reducing veteran suicide through a broader population approach.

The National Suicide Prevention Strategy 2025–2035 (NSPS) outlines Australia's whole-of-government approach to suicide prevention developed from insights provided by people with lived and living experience of suicide, research and recommendations from existing inquiries and reports. The NSPS aims to unify the efforts of governments, communities and service providers to improve suicide prevention outcomes in Australia and identifies what needs to be done to prevent suicidal distress, suicide attempts and suicide deaths. Under the NSPS, suicide prevention involves two domains: *Prevention* of suicidal distress, which looks to strengthening the social determinants that impact wellbeing and suicide; and *Support* for people experiencing suicidal thoughts and behaviours and those who care for them.[3] This whole-of-government approach allows the Department to intentionally address veteran suicide while ensuring governmental consistency.

The Defence and Veteran Mental Health and Wellbeing Strategy (Mental Health and Wellbeing Strategy) is a joint approach between Defence and DVA to promote and support serving members' and veterans' wellbeing. The Mental Health and Wellbeing Strategy describes nine wellbeing domains, which primarily align with the NSPS *Prevention* domain, and ensure a holistic and coordinated approach to supporting the lifelong mental health and wellbeing needs of serving members and veterans – during recruitment, service, employment, transition from service, and civilian life. DVA already coordinates several programs and initiatives that support veterans' wellbeing, which can be protective factors against suicide. However, there is still room to improve the targeted and intentional response to suicide prevention.

Defence and DVA's commitment and implementation of the Royal Commission recommendations

Defence has established the Royal Commission into Defence and Veteran Suicide Defence Implementation Program to prevent ADF and veteran suicide by promptly implementing the Government-agreed Royal Commission recommendations and additional complementary reform initiatives. The Government Response to the Royal Commission identifies Defence as being accountable for 54 recommendations, with shared responsibility for a further 23 recommendations with DVA and other agencies. Two of the shared recommendations with DVA (Recommendations 76 and 77) specifically relate to postvention, which is a component of DVA's Suicide Prevention Framework. This approach highlights the important role that postvention plays in overall suicide prevention. In addition to this work, under the Defence and Veteran Mental Health and Wellbeing Strategy 2025-2030 (specifically the Suicide Prevention Action Plan), Defence is developing and implementing the aligned Suicide Prevention Framework.

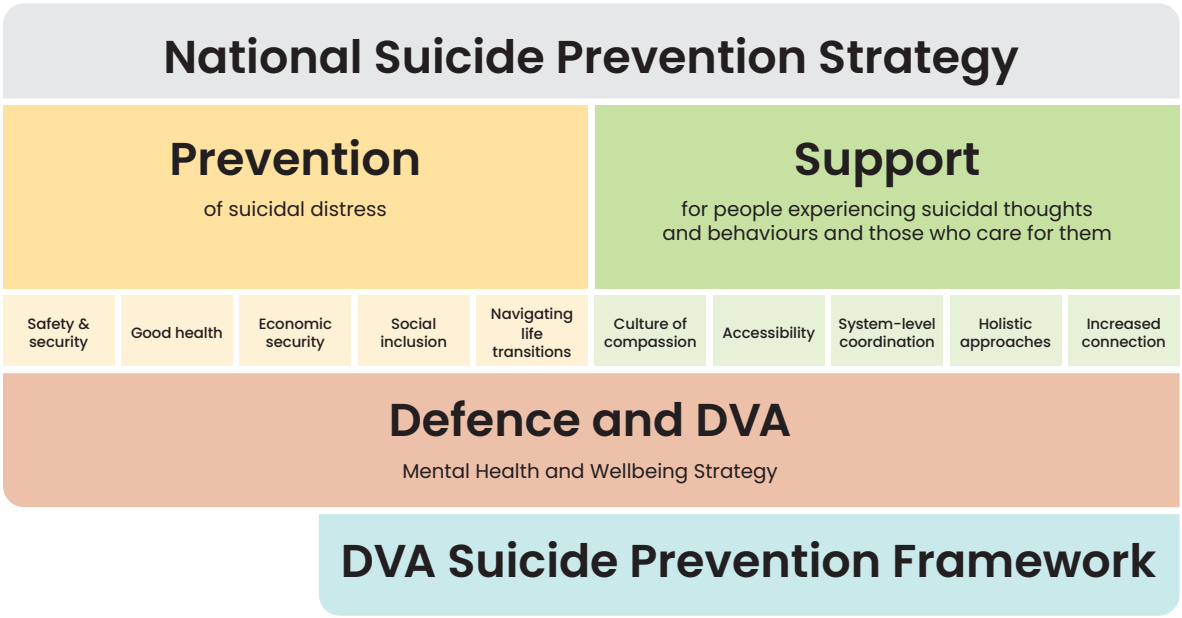


Figure 1 - NSPS and DVA's Policy Interaction

NSPS and DVA's Policy Interaction illustrates the interaction between these policies, strategies with Defence and the positioning of this Framework. Together these will support veterans, including serving members, and their families to work towards better suicide prevention.

The intentional and targeted efforts in suicide prevention covered by this Framework do not work in isolation from the wellbeing concepts covered in the Mental Health and Wellbeing Strategy. These policies work in collaboration to bring positive change in veterans' wellbeing across their lifespan and reduce veteran suicide, while aligning to the whole-of-government, whole-of-community approach of the NSPS.

This Framework identifies the gaps and opportunities within the veteran support ecosystem to make the biggest impact on preventing suicide, by focusing on three key elements of suicide prevention supports: Prevention, Intervention including Aftercare, and Postvention. These three elements of DVA's suicide prevention model align primarily to the NSPS *Support* domain and demonstrate where there is the most room for improvement. In doing so, this Framework highlights how governments, providers, communities and individuals can contribute to intentional and directed efforts in suicide prevention.

This Framework draws on the findings of the Royal Commission into Defence and Veteran Suicide (Royal Commission), the NSPS, lived experience, research and best practice. It provides an informed, intentional and direct approach to suicide prevention for veterans, their families, the veteran community and DVA staff supporting veterans. Accompanied by an iterative Implementation Plan that uses a staged approach over a 6-year period, and supported by the Mental Health and Wellbeing Strategy Action Plans and developments such as the creation of a new agency focused on veteran wellbeing, this Framework looks at practical ways and opportunities that suicide prevention can be implemented throughout the community and government.

Why Suicide Prevention is Important

While suicide impacts the whole population, it does not impact all groups of people equally and the Australian Government recognises veterans as a disproportionately impacted group.[4] The National Suicide Prevention Office (NSPO) provides guidance for consideration of disproportionately impacted groups:

> ***Importantly, data on groups disproportionately affected should not mask the strengths and resilience within these communities. It does not reflect inherent vulnerabilities within specific groups, but rather the fact that the root cause of the disproportionate rates of suicide lies in the disparities and inequities in social and economic circumstances that impact them.***[5]

Data from the Australian Institute of Health and Welfare (AIHW) demonstrates the higher suicide risk of certain cohorts of veterans. The AIHW found that ex-serving ADF members are at a higher risk of death by suicide than the general Australian population. The AIHW releases annual reporting on veteran suicide data and compares the data between different cohorts of veterans according to age, service, reason for separation and other metrics. It is important to consider that statistical changes in suicide deaths between reporting years and cohorts of veterans may be a result of numerous factors outside a veteran's service. Nevertheless, data monitoring of veteran suicide deaths can continue to inform improvements in suicide prevention activities and to identify future focus areas to address those most at risk.

An average of 78 serving or ex-serving ADF members have died by suicide each year for the past 10 years,[6] equating to around three deaths every fortnight. Of the known veteran suicides, 70% were not DVA clients.[7] In order to reduce suicidal distress, suicidal behaviours and suicide deaths, the Department must consider veterans' needs beyond just those engaged with the Department, by leveraging and connecting meaningful supports available within the community. This empowers veterans to exercise their autonomy by giving them the choice and control over where they seek supports and services.

Veterans are unique individuals who form part of the Australian community, and they can intersect with other population groups disproportionally impacted by suicide, such as LGBTIQA+, Aboriginal and Torres Strait Islander peoples, men and older Australians. Veteran suicide must not be reduced to a singular demographic characteristic, as suicide can be preceded by a series of events and is 'not always necessarily a consequence of service'.[8] Their needs may be met by mainstream services, or by those tailored to a specific demographic or population group.

It is estimated that around 135 people *(Figure 2*) are exposed by each suicide death.[9] Research indicates that within the Defence and veteran community, due to the uniqueness of military life, more people are impacted by suicide within their community.[10]

While the Royal Commission made several recommendations regarding suicide prevention, recommendations 76 and 77 specifically relate to postvention, that is, the support provided to those bereaved by suicide. These recommendations identify the need for additional measures relating to postvention to support those bereaved by veteran suicide, since postvention is a key part of suicide prevention by reducing the risk of suicide contagion. This Framework acknowledges the work of the Royal Commission and provides the foundation for future actions to address these recommendations.

Figure 2

Over 135 people are exposed by each suicide.

Our Vision

To build a compassionate, capable, and connected community and workforce where veterans feel safe, supported and empowered to seek help. Collectively we can reduce the rate of suicide and its impact on the veteran community.

The Framework and its Implementation Plan aim to build capacity, encourage connection and collaboration between the Department, the veteran community, and suicide prevention supports and services.

The Framework positions the Department's workforce to better respond to veteran suicide more immediately, with empathy, and to a consistent standard.

To achieve this we will work towards the following objectives:

- Provide advocacy and governance on behalf of veterans in relation to suicide prevention
- Align with whole-of-government response to suicide prevention through the NSPS
- Enhance community knowledge to understand the unique nature of military service and provide culturally appropriate services
- Build organisational, individual and veteran community understanding of suicide prevention to reduce stigma and promote early help seeking
- Streamline referral pathways to existing supports for veterans.

The Implementation Plan is an iterative 6-year plan that outlines the short, medium and long-term activities using a staged approach to achieve this vision and implement the Framework. The staged approach allows the Framework and vision to be achieved through dedicated stages relating to discovery work, outcomes and programs to address the findings from the discovery phase, and evaluation and future planning. The specific activities within the Implementation Plan fall under and correspond to the five objectives listed above, ensuring alignment and shared purpose.

Influence and Stewardship

This Framework aligns with the Australian Public Service (APS) values, with an emphasis on Stewardship. This is about learning from experiences of others, looking ahead and contributing to the future through continual improvement, workforce capability, expertise and knowledge[11] to guide our efforts in suicide prevention. The Department is accountable to the veteran community and therefore has both a responsibility and a unique opportunity to take on feedback from veterans and their families and share it with internal departmental staff, other government departments, jurisdictions and service providers to better address veteran suicide.

'Stewardship is a practice of caring for something that we have been trusted to look after. Being a good steward means accepting responsibility for that care, and working to ensure the long-term integrity and sustainability of what has been entrusted to us'.[12]

The Department's ability to provide services and programs to eligible veterans and their families is limited by legislation, and this Framework does not propose or commit the government to legislative change. Outside of its legislative remit to deliver programs, systems and supports for eligible veterans and their families, the Department has the opportunity to influence and provide stewardship for veterans in the broader community. Looking outward, effective partnerships with government agencies including Defence, mental health commissioners, peak bodies, lived experience and service providers will ensure that veterans' perspectives, including those of serving members continue to be prioritised, amplified and considered in all future decisions for suicide prevention. Internally to the Department, there is opportunity to exercise influence by ensuring suicide prevention is considered and embedded into existing and future policy development, program and service delivery. This places suicide prevention at the forefront of the Department and ensures any future actions are trauma informed and minimise risk.[13]

Principles

The principles seek to support and inform suicide prevention activities across the Department and broader community and can be applied at an individual, system, and population level.

The principles are:

Wellbeing and capability.

- Implement knowledge of military culture in suicide prevention
- Embed suicide prevention considerations into Departmental policies

Person-centred.

- Veterans and their families are at the centre of everything that we do

Trauma-informed and compassionate.

- Recognise and acknowledge the impact of trauma
- Provide compassionate responses that prioritise trust, safety, choice and empowerment

Coordinated and holistic.

- Foster a culture of collaboration and information sharing across agencies and peak bodies
- Integrate within a whole-of-government approach to suicide prevention

Partnering with lived experience.

- Partner with those with lived experience in the co-design, delivery and continuous improvement of suicide prevention

Continuous improvement.

- Prioritise good governance, monitoring, reporting and evaluation
- Support the collection and use of data and research

DVA Suicide Prevention Model

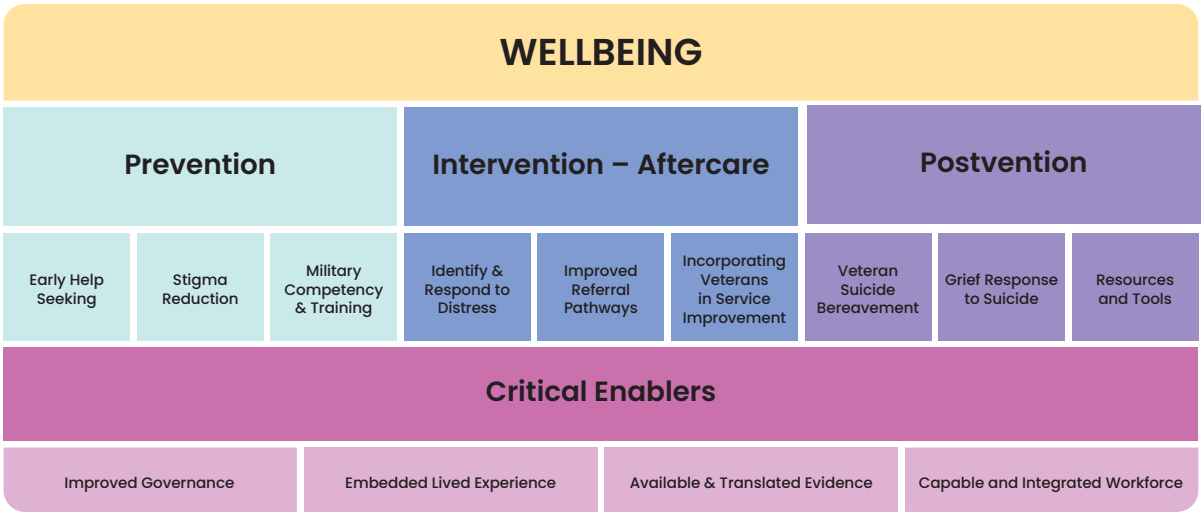


Figure 3 - DVA Suicide Prevention Model

This Framework expands on the NSPS domains of *Prevention* and *Support* and applies them to a military and veteran context, with three direct and intentional elements that primarily fall under *Support*:

- Prevention
- Intervention including Aftercare
- Postvention

These elements identify suicide prevention activities through their role in preventing the onset of suicidal behaviour, responding to suicidal distress, and supporting those bereaved by suicide. Within these elements, the Framework identifies nine priority areas which the Department can influence. The three elements of Prevention, Intervention including Aftercare and Postvention also acknowledge that distress is not linear or sequential and that a person's needs and suicidal risk can change throughout their life. A person's needs can be addressed by these elements at any time in their life according to the level of suicidal risk they are experiencing.

The Suicide Prevention model draws on three theoretical perspectives: person-, system- and population-based. Together, they recognise the uniqueness of each person's life experiences, the multiple entities that operate in the suicide prevention ecosystem, and that the veteran population, including serving members, extends beyond just DVA clients or those in distress. This positions DVA as just one entity out of many who are responsible for suicide prevention.

The below image (Figure 4) demonstrates the interrelationship between these three perspectives:

Person-based
Veterans , including serving members, have unique individual experiences, and they are members of their communities and other intersecting identities and relationships that can evolve throughout their lifetime. As individuals, veterans need the ability to choose the kinds of services they access. Some veterans want to access veteran-specific services, while others prefer mainstream services catered to the general community.[14] This person-based approach allows suicide prevention services 'to give clients control and allow them to enter, leave, repeat or move between programs as they wished'[15] and to support them 'as a whole person rather than specifically as a veteran'.[16]

System-based

The suicide prevention landscape is complex and difficult to navigate. Key partners, services and providers across government, non-profit, education, clinical, community-based and others, can be coordinated and work together to support suicide prevention and identify gaps for future improvement. Suicide prevention providers have demonstrated 'a clear appetite for building partnerships within the suicide prevention and postvention sector' and 'with broader veteran support services', as well as the desire to connect with existing services rather than creating new services and oversaturating the environment.[17]

Population-based

Many veterans are not clients of the Department, so DVA's role in veteran suicide prevention cannot be limited to DVA clients. Similarly, suicide prevention goes beyond just those in distress. A population-based approach allows DVA to consider suicide prevention beyond client status:

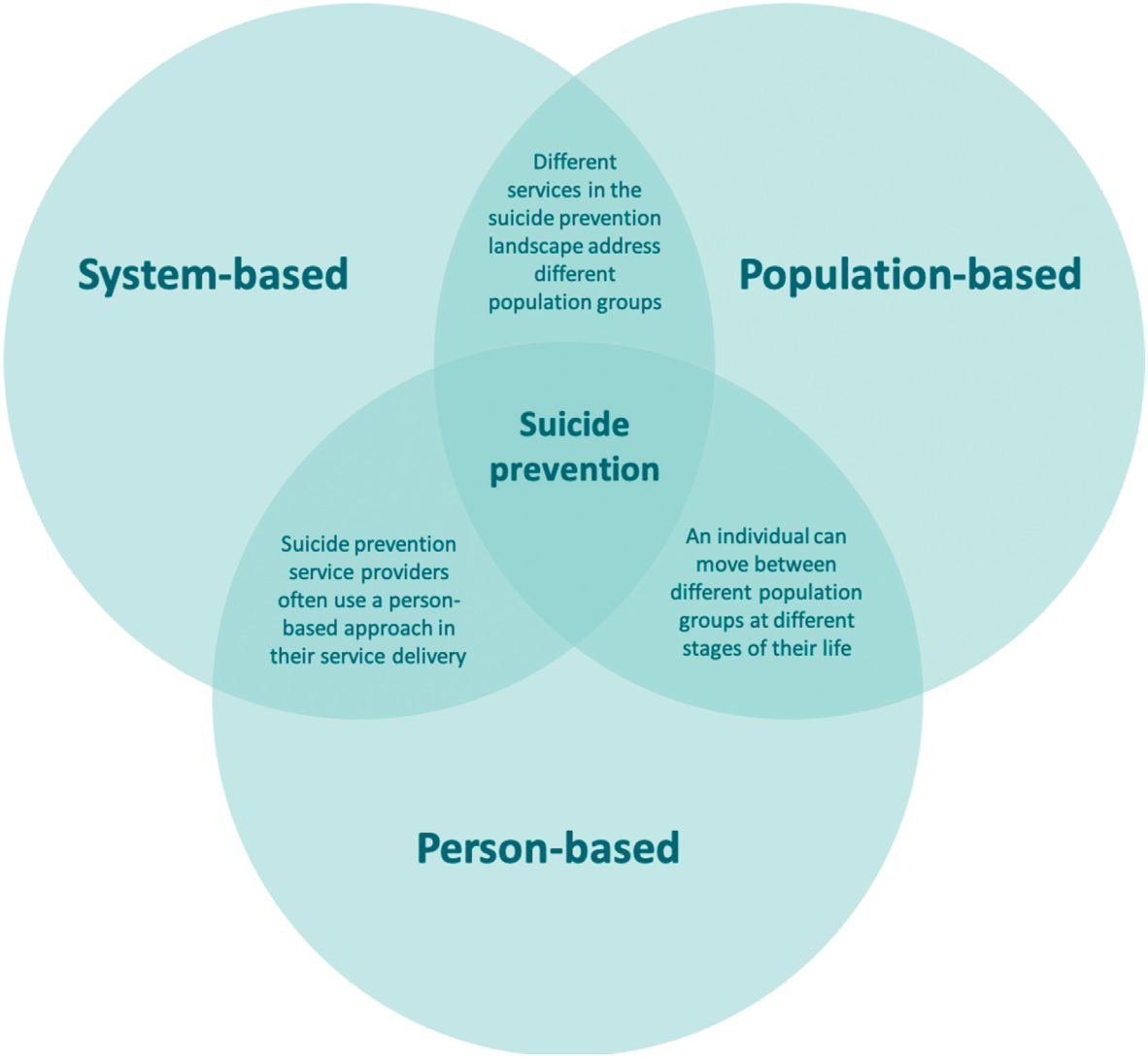
Universal – actions addressing the whole population

Selective – actions addressing those at increased risk of suicide

Indicated – actions addressing those in suicidal distress or following a suicide attempt or those impacted following a suicide death

For examples of programs and services that fit within each population group, see Attachment A: Suicide Prevention Programs According to Population Groups

Figure 4 - Person-, system- and population-based perspectives



Wellbeing

ECOSYSTEM AND WELLBEING

The Framework acknowledges that starting from the time of enlistment, veterans and their families are at the centre of everything that we do. The Department is one part of the broader ecosystem which exists to support the needs of veterans, while acknowledging that they are also members of the broader Australian community. Suicide prevention, intervention and postvention supports must be embedded across the whole veteran support ecosystem. To achieve positive wellbeing outcomes there needs to be a shared responsibility between individuals, families, and the veteran support ecosystem as outlined in *Figure 5 - Veteran Support Ecosystem.*

WELLBEING FACTORS

The Mental Health and Wellbeing Strategy outlines nine factors as crucial to veterans' wellbeing. Combined, these nine factors are the complex biological, psychological, economic, social and spiritual elements that affect the mental health and wellbeing of a veteran throughout their lifespan.[18] Improving and maintaining positive wellbeing plays a critical role in reducing the likelihood of suicidal distress, suicidal behaviours and suicide deaths. The absence of these factors can influence risk factors for suicide, while their presence can be protective factors. However, suicides cannot be reliably predicted[19] and while 'some social factors may be associated with an increased risk of suicide, they cannot be considered a direct cause'[20] (see Attachment B: Social Determinants and Individual Risk Factors of Suicide).

The Mental Health and Wellbeing Strategy and subsequent Action Plans focus on the actions and deliverables of activities to address these domains which will have a positive impact on the protective factors of suicide.

Figure 5 - Veteran Support Ecosystem

Prevention

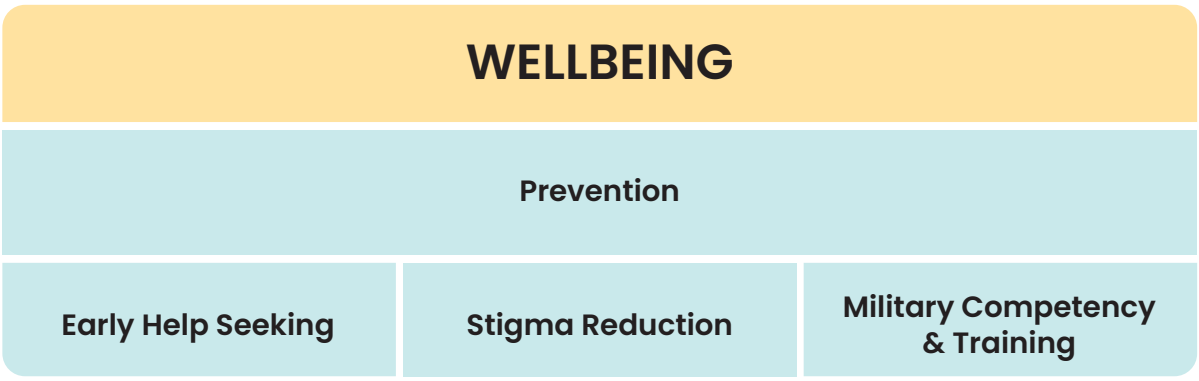


Figure 6 - Prevention

Prevention aims to reduce and prevent the onset of suicidal behaviour. Many programs in the prevention space are training-based or support groups.[21] Training and upskilling programs which increase communities' understanding of suicide can positively impact the whole veteran community, not just DVA clients, enhancing the Department's ability to reach veterans not known to DVA. This approach aligns with the NSPS, which emphasises the importance of community training and upskilling of prevention to prevent the onset of suicidal distress.[22] The following subsections identify, based on research and lived experience, three priority areas where the Department's role of influence and stewardship can be most leveraged in a prevention context.

EARLY HELP SEEKING

Prevention services in the community educate and uplift individuals, communities and providers to encourage early help-seeking before a suicidal crisis.

- Early help-seeking through training, community-led support groups and peer work equips veterans and their communities with the skills to manage challenging circumstances and experiences before suicidal distress begins.[23]
- Strengthening the support system by promoting training and community support opportunities will allow this knowledge to become more mainstream in the community.
- Mental health literacy and suicide prevention programs can help individuals and communities understand concepts of mental health, teach communities how to talk about suicide and offer referrals, as well as learn strategies to maintain good mental health, decrease stigma about suicide and increase help-seeking and resilience.[24]

STIGMA REDUCTION

Reducing stigma associated with suicide and help-seeking within the military and veteran community will encourage veterans to seek help early, before reaching suicidal distress.

- Shame is a prevalent barrier to veterans accessing services, with many veterans struggling with vulnerability and viewing help-seeking as a sign of weakness.[25]
- Veterans may be reluctant to use services tied too closely with Defence, or some veteran-specific services, due to perceived risk to their careers or reputation.[26]
- By reducing stigma through safe communication and education, veterans may be more likely to seek help early, connect with social networks and receive support before the onset of suicidal distress.

MILITARY COMPETENCY AND TRAINING

Education, promotion and uptake of military and veteran cultural competency training to understand military culture and experiences will allow health practitioners and service providers to effectively deliver culturally appropriate services for veterans.[27]

- Mainstream services can benefit from military cultural competency training so they can provide appropriate care to veterans.[28]
- Both suicide prevention and broader health services in the community would benefit from this training because many veterans choose to access mainstream services.
- Mainstream services can support veterans as unique individuals within the general community, while understanding the unique nature of military service and providing culturally appropriate services to veterans, when they need it.

Intervention including Aftercare

Figure 7 - Intervention including aftercare

INTERVENTION

For the purposes of this Framework, intervention refers to intervening when someone experiences suicidal distress to prevent a suicide attempt from occurring or re-occurring and reducing the duration and severity of suicidal distress, particularly through early-intervention programs and non-clinical crisis supports.

Intervention often involves professional services such as helplines, multimodal programs like case management, counselling, training, safe spaces/havens, mental health centres/hubs and peer support.[29] The following three subsections have been identified, through research and lived experience, as the priority areas where the Department has the most potential to exercise influence and provide stewardship in an intervention context.

IDENTIFY AND RESPOND TO DISTRESS

Responding to signs of veterans' suicidal distress is everyone's responsibility, including community members, social groups, families and friends of veterans, service providers and the Department.

- Training, including psychoeducation, that targets serving members' and veterans' families and communities on how to respond to suicidal distress builds capacity and allows those around veterans to know how to keep them safe and refer them to additional help, particularly in areas with high Defence and veteran populations.[30]
- Some DVA staff regularly engage with veterans or family members that are experiencing wellbeing concerns, suicidal distress or suicidal behaviours. Therefore, they require robust processes and training to respond to suicidal distress using trauma informed approaches, identifying risks and referring individuals to the right supports.[31] In some instances, specialised training may be required for staff working with individuals experiencing acute distress including suicide grief or complex mental health concerns.

IMPROVED REFERRAL PATHWAYS

Crisis support and intervention services exist in the community, including some that target selective population groups. However, the number of services can be overwhelming and hard to navigate, and veterans and the community may be unaware of the services available to them.[32]

- Pathways to access existing mainstream services should be enhanced, rather than duplicated by the creation of new services.[33]
- A clear, coordinated referral system helps individuals and communities engage with the right services for their needs and to experience a seamless and accessible support system.[34] Improved communication channels between providers would support a more streamlined client referral experience, allowing clients to be referred to the best provider for their needs.[35]
- Relationships between government and existing services can facilitate connection between providers and communities and assist the Department and the broader community to support veterans, including serving members, who require additional support.

INCORPORATING VETERANS IN SERVICE IMPROVEMENT

The majority of mainstream crisis support and intervention providers utilise a person-centric, no wrong door approach, that allows them to support veterans even if the program is not military-specific.[36] Future service improvement requires collaboration with the veteran community to ensure services better meet the needs of veterans, including serving members.[37] Learning from those with lived experience of suicide should be considered in all aspects of suicide prevention, as discussed in *Critical Enabler 2. Embedded Lived Experience.* As intervention services are intensive, time-sensitive, highly individualised and close to a distress event it is even more vital to meet the needs of veterans in distress when they engage with these services. This can be achieved through continual service improvement that incorporates veterans through co-design while acknowledging the diversity and uniqueness of their life experiences.

- Intervention and crisis support providers often have a small window of opportunity to engage with veterans who may view the service as a 'last resort'.[38] Providers have indicated a strong interest in having a better understanding of veterans and military service to be able to meet their needs whilst maintaining a person-centric approach.[39]
- Future service delivery improvements and expansions activities delivered by providers would benefit from seeking to co-design with the veteran and military community to better understand veterans' needs, including those who have served but do not identify as 'veterans'.
- As one provider commented about identifying the best way to meet veterans' needs: 'I'm not the right person to ask because I'm not a veteran. I would say, the people that are going to tell you what the best fit is, is veterans'.[40]

AFTERCARE

Aftercare is the support provided to an individual and their family following a suicide attempt. One of the biggest risk factors for suicide is a previous suicide attempt,[41] therefore aftercare for the individual and their family is crucial to reduce the likelihood of a re-attempt.

Aftercare can involve clinical, community and peer support to stabilise the individual and their family or carer. It aims to support them through and following their distress and prevent future attempts. The need for 'universal aftercare' was recognised by numerous government advisors and recommendations, and as a result the State, Territory and Commonwealth governments have committed to implementing universal aftercare.[42]

- Aftercare can include peer support, coordinated supports by emergency services following a suicide attempt, the non-clinical supports provided to those discharged from hospital following an attempt or crisis, and non-clinical supports for those who do not present to hospital, but have been referred to crisis supports or safe spaces through other channels.[43]
- Similarly to other services, aftercare services can benefit from military competency training and improved coordination and referral pathways between providers to better support veterans and their families.
- Specific aftercare services for priority groups such as veterans, and the ability of all aftercare services to support Australia's diverse population, are important. Mainstream providers should include diverse staffing and co-design services with at-risk populations while ensuring that they represent the intersectionality of identities in the community.[44]
- Improving the information available to the people who support and care for those experiencing suicidal distress, supports their health and wellbeing. Relevant and appropriate knowledge and access to tools can support carers and can act as protective factors in aftercare periods.

Postvention

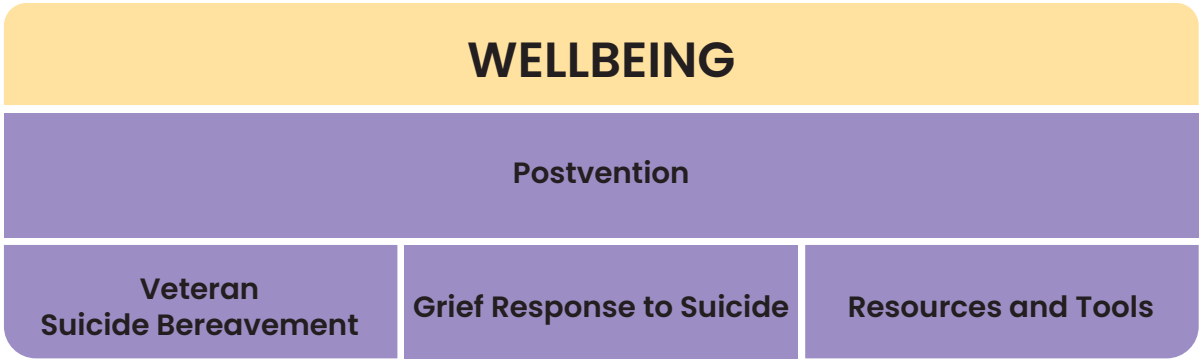


Figure 8 - Postvention

Postvention describes specific interventions that are conducted after a suicide to address the needs of those bereaved by suicide. 'Postvention is designed to destigmatise the tragedy of suicide, assist with the recovering process, and serve as a secondary prevention effort to minimise the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma.'[45]

Postvention supports can be immediate, short-term, and long-term responses to promote wellbeing and mitigate the negative effects of exposure to suicide. 'These activities usually target family, friends, professionals, community members and others bereaved by the suicide, who may be at an increased risk of suicide themselves.'[46] It is supported by safe and effective communication about suicide to reduce the risk to others affected by or exposed to the death.[47]

VETERAN SUICIDE BEREAVEMENT

Bereavement is the state of having lost someone through death. It can encompass both the experience of loss, such as emotional pain and grief, and the social changes that signify a person as bereaved, such as from wife to widow.[48] A bereaved person may move between confrontation and avoidance of their loss as part of their way of coping with the bereavement.[49] Suicide bereavement, particularly in a veteran and military context, is unique in both the number of people impacted, and the unique nature of grief associated with suicide bereavement. Suicide has a 'ripple effect' that extends from immediate family and loved ones out to other serving members, veterans, community organisations, military units, and others. In a civilian context, the number of individuals exposed, either directly or indirectly by a suicide death can be around 135.[50] Military and veteran communities tend to be tight knit, meaning the impact of a suicide may extend to more people than in a civilian context.[51] People affected by a suicide death may include:

- Exposed - everyone who knew or identified with the deceased
- Affected - those who experience significant distress
- Short-term bereaved - everyone who experiences a grief related reaction
- Long-term bereaved - those who face extensive grief reactions over a longer period.[52]

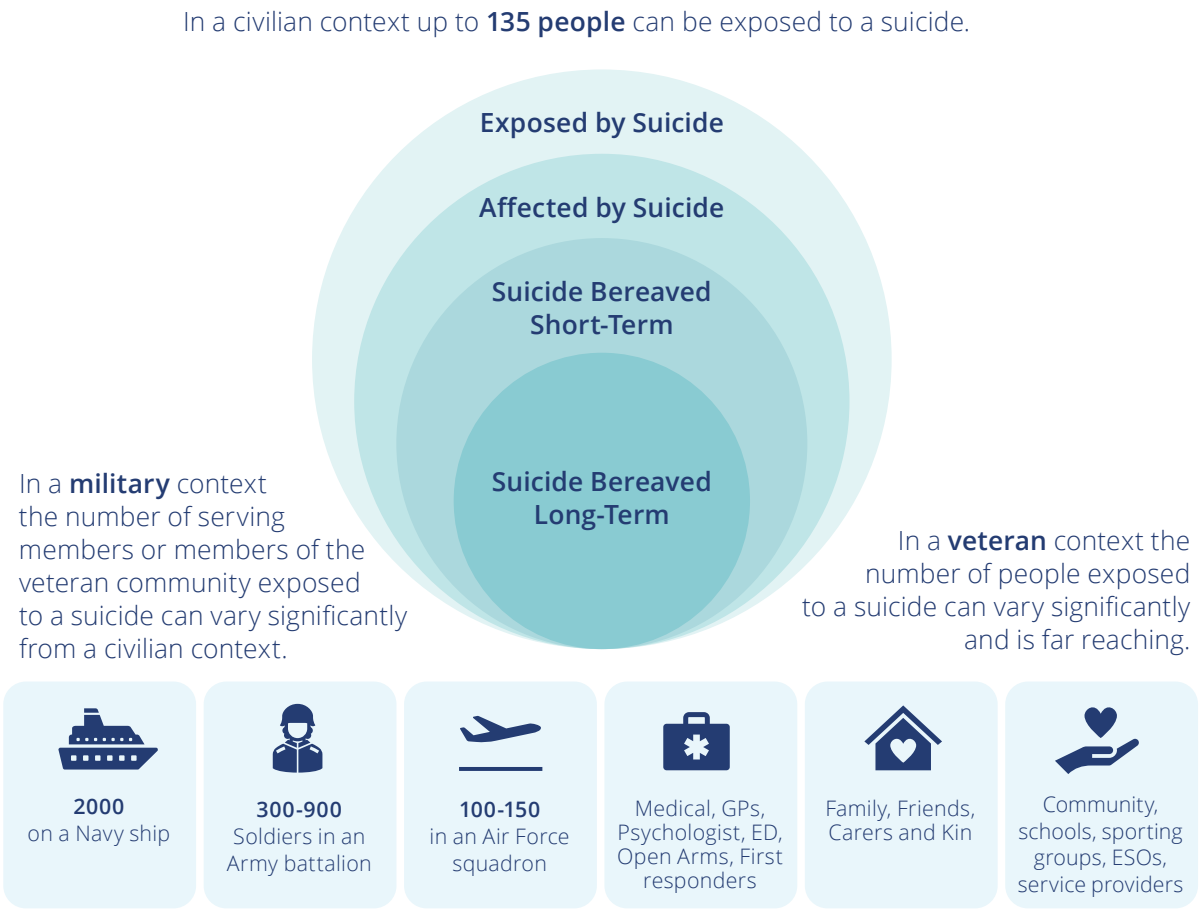


Figure 9 - Suicide Bereaved

ACKNOWLEDGING THE GRIEF RESPONSE TO SUICIDE

People bereaved by suicide often experience a complicated bereavement and grief response, and grief from suicide can be further complicated by societal and cultural attitudes to suicide. When someone dies due to injury or illness, the bereaved often unite and provide support, however for a suicide death, friends, families and communities may not respond with the same support, which can leave those bereaved by suicide feeling isolated, shamed and stigmatised.[53] Other feelings experienced following a suicide death may include 'shock, social isolation, anger and guilt', and the sometimes unexpected nature of the death can be more traumatic, while often accompanied by a prolonged search for an explanation for and understanding of the person's death.[54]

- When people are uncomfortable talking about suicide, those bereaved by suicide can feel unseen and their grief can feel illegitimate. Encouraging conversations shaped by suicide-safe language reduces the risk of disenfranchised grief, that is, the feeling that grief following a suicide does not fit with common social attitudes or is not seen as 'valid'.[55]
- Supporting communities to increase their knowledge of postvention can help those exposed, affected and bereaved to process their grief and feel more comfortable to seek help if required.
- Postvention is acknowledged by Government as being a critical element of suicide prevention. Collaboration and education are required to ensure the veteran and military community is aware that grief following a suicide death is different and may require a different support response that has been informed by lived experience. This response is an important part of reducing stigma and promotes help-seeking activities.

RESOURCES AND TOOLS

As nearly three out of four veteran suicide deaths were not clients of the Department at the time of their death, postvention support options for people bereaved by a veteran's suicide need to be broader than legislative entitlements or services delivered by DVA.[56] This means that capacity building within the community sector to better understand military culture and support bereaved families and the veteran and military community is critical.

In the Royal Commission, families shared that they felt their needs were not understood by the Department when bereaved by suicide. Since the Royal Commission handed down its final report, the Australian government has agreed to recommendations 76 and 77 to create comprehensive and robust postvention resources and tools for those bereaved and impacted by Defence and veteran suicide.[57]

- The postvention tools and resources enable better responses and support to those bereaved by suicide through strengthened connections to services available in the community, and also provide practical resources for the military community who support those impacted by a Defence or veteran suicide.
- Tools and resources for DVA staff and the broader veteran community will be culturally appropriate, while acknowledging the potentially wider group of people bereaved, affected and exposed by a veteran suicide death and the unique grief responses that may be experienced by these people.
- Resources will be trauma informed, minimise further risk, and recognise that postvention is suicide prevention.

By focusing on enhancing community-based supports and providing additional resources to the veteran community, the Department can have a wider reach to provide support outside of legislative constraints.

Critical Enablers

Critical enablers under the NSPS describe what is 'needed to implement and sustain [a] more coordinated, better-quality and more effective suicide prevention system.'[58]

The Department has adopted the same approach and aligned this Framework with the critical enablers of the NSPS. They provide the mechanism for the Department's continuous improvement in suicide prevention, focusing on veterans, their families, the veteran community and the staff supporting them. They should not be considered short-term, but rather enduring activities that constantly evolve and improve. The whole Department has a role to play in suicide prevention and these enablers will help to achieve this and form key activities within the Framework's Implementation Plan.

Critical Enabler 1. Improved Governance

WHOLE-OF-GOVERNMENT RESPONSE

As suicide prevention requires a whole-of-government response, it is important to establish roles, responsibilities and accountability for outcomes. Partnerships with stakeholders and all levels of government are critical to progress a national approach to suicide prevention. The Department must take an active role and advocate alongside other federal, state and local government agencies while amplifying veterans', including serving members' perspectives. Strong governance and advocacy will help to prioritise veterans, including serving members, in future policy, funding, and decision-making relating to suicide prevention at a national level.

INTERNAL GOVERNANCE

Strong internal governance is critical to achieve transparency and accountability and supports collaboration within the Department and at a whole-of-government level. To establish good governance the Department must create clear lines of authority, escalation pathways and accountable leadership and decision-making. Good governance will support a coordinated, consistent, and collaborative approach and supports responsibility for suicide prevention across the Department. This provides an avenue for all suicide prevention initiatives to be strategically aligned with broader enterprise-wide objectives and will embed suicide prevention across existing and future policies, programs and services. In doing so, the Department must continue to align with: The NSPS; the Royal Commission's recommendations; the Department's Corporate Plan; Strategic Priorities; and the Mental Health and Wellbeing Strategy and Action Plans.

For a summary of the Framework's internal governance process, including its stages of information gathering, development, consultation, endorsement and approval, see Attachment C: Framework's Internal Governance Process.

Intended Impacts

- Suicide prevention is embedded into Departmental policies, programs and services
- Enhanced transparency that builds trust
- Increased accountability through clearly defined roles and responsibilities
- Alignment with whole-of-government direction and prioritising veterans' needs

Critical Enabler 2. Embedded Lived Experience

LIVED EXPERIENCE

It is important to incorporate the lived experiences of people who have experienced suicidal distress, suicidal behaviours and suicide bereavement. Incorporating lived experience is critical to enhance the development of effective, responsive approaches to reduce the risk of suicide. Without the input of lived experience, responses can be unsuitable, inappropriate, or be ineffective. The Department acknowledges the importance of lived experience in co-designing, delivering and governing suicide prevention activities to ensure supports are fit-for-purpose and effective. Consultation and co-design with stakeholders improves services and reduces duplication of existing services.

UNDERSTANDING THE VETERAN EXPERIENCE

Veterans are an at-risk cohort not because of their veteran identity, but because of their unique military experiences that can increase their risk of suicide. The unique nature of military service and transition into civilian life involves exposure to stressors and pressures that the general population does not usually encounter (see Attachment D: Unique Nature of Military Service).

Educating and building capacity in the suicide prevention sector and the general community about the unique needs of the veteran and Defence community is critical to providing appropriately tailored support that meets their needs.

Intended Impacts

- Lived experience is embedded into co-design and delivery of suicide prevention
- Services and supports are fit-for-purpose, effective and achieve the intended outcomes
- Increased community and service provider understanding of veterans and the military experience
- Include the diverse perspectives and views of veterans and families into decisions that affect them

Critical Enabler 3. Available and translated evidence

RESEARCH AND DATA

Research and data are crucial to provide evidence-based insights, inform decision-making, and enable the development of effective suicide prevention policies and programs, while building on knowledge of the unique needs of the military and veteran community. Strong research and data foundations allow the Department to develop services and supports that are effective, accurate and reliable, and consider veteran-specific risks to a greater degree when developing future policies. Additionally, in collaboration with Defence, there may be opportunities identified by the Royal Commission for government to improve on the information that is collected regarding Defence and veteran suicide to support wider-scale reviews and quality improvement in suicide prevention.

It is critical to develop a systematic and coordinated approach to data collection and sharing, including real time data, to better identify and respond to emerging issues. By building strong partnerships (Critical Enabler 1 and 2) with key stakeholders, data collection and analysis can be effectively shared to impact changes and improvement across the entire sector. The Department should continue to work with organisations such as AIHW to improve data collection, quality and timeliness.

MONITORING AND EVALUATION

High quality evaluations are needed to determine whether the suicide prevention activity is achieving its intended outcome.[59] The Department should ensure that a quality, consistent evaluation methodology is embedded in its suicide prevention initiatives to ensure that they are trauma informed and meet the needs of the community and veterans.

As part of the NSPS, an Outcomes Framework is being developed which will provide nationally consistent deliverables for suicide prevention. Once finalised, the Department will review and update its evaluation methodologies to align with the national approach.

The Department's guidance for data, evaluation, monitoring and reporting is to:

- Monitor statistical change in suicide and suicidal ideation/behaviour in veterans
- Monitor how suicide prevention is embedded across departmental activities and policies
- Report on progress against the Royal Commission Final Report recommendations
- Improve the translation of evidence into practice while utilising both qualitative and quantitative data
- Identify short/medium/long term measurements of change
- Implement strategies for continuous improvement

Intended Impacts

- » Decision making is supported by research and a strong evidence base
- » Embed continuous improvement across suicide prevention initiatives
- » Improve reporting and data collection
- » Quality, consistent evaluation methodology is embedded

Critical Enabler 4. Capable and integrated workforce

Workforces and the broader community need the support, tools and capabilities to provide compassionate and effective responses to people in suicidal distress.[60]

The Department's workforce capability aligns with the broader APS commitment through the Mental Health and Suicide Prevention Unit to develop the 'APS workforce literacy, capability and expertise in mental health and suicide prevention.'[61]

SUPPORTING OUR STAFF

The Department acknowledges that staff can be impacted by accumulated exposure to stressors at work. Staff exposed to veterans' suicidal behaviours and work-related stressors may need recovery and support. There is a risk of vicarious trauma, compassion fatigue and burnout for staff. Staff may also have their own history of exposure to suicide and/or suicide behaviours which can impact how they respond to exposure through their work.

Staff who have their own Defence service history may have unique experience around suicide, which may increase risk. Additional trauma-informed supports may be required for staff with Defence service or lived experience of suicide. This Framework will inform the development of specific and trauma-informed internal suicide prevention protocols, resources, and toolkits for staff, providing the tools required to consistently and effectively respond to suicidal distress, behaviours and support bereaved families, whilst continuing to ensure the safety of DVA's own staff.

CURRENT OFFERINGS

The Department has a duty of care to ensure a healthy and safe workplace as outlined in the Work Health and Safety legislation.[62] The DVA Wellbeing Strategy provides staff with access to external providers as part of its commitment to a safe and healthy workplace, including Employee Assistance Program (EAP) and Work-Life Balance Initiatives.

Intended Impacts

- Develop a workforce with strong suicide prevention capabilities
- Improved support from staff to veterans and families when responding to suicide or bereavement
- Staff are supported when impacted by veteran suicide or exposed to stressors at work
- Recognise and support staff that may have lived experience of suicide, or Defence service

Closing Statement

Suicide is often still considered a mental health issue, but suicide is just as much a social and public health issue, and suicidal distress does not always involve the presence of a mental health condition. The Department's response to veteran suicide must consider the interrelationship between health and social factors, and the collaboration between clinical, non-clinical, government and community services to meet the needs of veterans.

This Framework and its Implementation Plan have been developed to define the Department's role in suicide prevention and to provide a foundation on which future strategic direction and actions can be made to prevent veteran suicide. It is about the joint responsibility for veteran suicide prevention that rests with DVA, other government agencies and jurisdictions, the broader community, DVA staff, service providers, veterans, families and individuals. It defines DVA's role in suicide prevention as one of influence and stewardship, going beyond legislative constraints and entitlements, while working in collaboration with partners, research, veterans, lived experience and workforces to achieve it.

While being complementary to existing policies relating to the mental health and wellbeing of veterans, including serving members, and their families, and the whole-of-government approach to suicide prevention, this Framework identifies gaps and opportunities through targeted and intentional suicide prevention activities focusing on prevention, intervention including aftercare, and postvention.

The accompanying 6-year Implementation Plan provides tangible activities that will help to realise and put the Framework into practice, using an iterative and staged approach that allows for feedback and continuous improvement. Aligning with the Framework's vision and priority areas for improvement, the Implementation Plan's three stages of discovery, outcomes and programs, and evaluation and future planning, allow DVA to operationalise the Framework in practice. As the Department continues to implement the Royal Commission recommendations, such as the new agency focused on veteran wellbeing, there is opportunity to harness DVA's knowledge and ability to advocate for veterans and their families in suicide prevention, while positioning DVA as one out of many players in the suicide prevention ecosystem.

Reflecting on the lived experience shared at the Royal Commission, Commissioner Peggy Brown shared:

I have also been uplifted by the strength and resilience of veterans and their families, their sacrifice in service of their nation, their willingness to contribute to the Royal Commission for the greater good, and their hope for a better future where the factors contributing to suicide are diminished and preventable deaths no longer occur.[63]

Responsibility for suicide prevention does not rest solely with a single agency, provider, research piece or community. While aspirational, this Framework provides the foundation for a collaborative, consistent, responsible, community-focused way forward, that builds on the skills, knowledge and lived experience already present within communities, individuals, providers and governments, to reduce veteran suicides.

Definitions

TERM or ACRONYM	DEFINITION
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
APS	The Australian Public Service: The federal civil service of the Commonwealth of Australia
Aftercare	Consists of rapid follow-up, case management and motivational support to remain in treatment following a suicide attempt. Often this involves the care provider being responsible for maintaining contact with the client or patient
Clients	Veterans and family members who access Department programs
Disenfranchised grief	Disenfranchised grief is grief that is not openly acknowledged, socially validated, or publicly mourned. It occurs when someone experiences a loss that others may not recognise as valid, significant, or worthy of grief, such as a suicide, leading the bereaved individual to feel isolated and unable to openly express their emotions.
Disproportionately impacted group	Some groups of people have a disproportionately increased risk of suicide than that of other populations. Some examples of disproportionately impacted groups in Australia are Ex-Service ADF members, males, younger and older Australians, Aboriginal and Torres Strait Islander Peoples, LGBTQ+ culturally, linguistically diverse Australians etc.
DVA	Department of Veterans' Affairs
Ex-Serving	ADF members who were in the permanent or reserve services and who have subsequently transitioned from Defence.
ESO	Ex-Service Organisation
Family / Related Persons	Family members are defined as: the veteran's partner; the veteran's former partner where the separation occurred in the last 12 months or where they are parenting a child of the veteran and the child is under 18 years old; a parent or step-parent of the veteran; a parent or step-parent of the veteran's partner; a grandparent of the veteran; a child or stepchild of the veteran; a child or stepchild of the veteran's partner; a grandchild of the veteran; the veteran's brother, sister, half-brother or half-sister; or a person in respect of whom the veteran stands in the position of a parent; or a person who stands in the position of a parent to the veteran.
Lived experience	Lived experience is a personal and subjective understanding and knowledge gained from an individual's direct, first-hand experiences, rather than from secondhand accounts or theoretical knowledge. It encompasses an individual's unique perspective, including their emotions, perceptions, and how they make sense of the world around them based on their specific circumstances and background.
Lived and living experience of suicide	Lived and living experience of suicide refers to the experience of people who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, or been bereaved by suicide.
Military Culture	Australian military culture is a complex and multifaceted system of shared values, beliefs, behaviours, and practices that shape the identity and interactions of its members, contributing to a strong sense of purpose and commitment to serving the nation

TERM or ACRONYM	DEFINITION
Mainstream	Mainstream services refer to services that are available to all members of a population, regardless of their circumstances, such as disability or a veteran.
No wrong door approach	Means that people can get help regardless of which service or agency they connect with or where they enter the system, allowing them to receive the support they need without barriers. This commits all services to respond to the individual's needs through either providing direct services or linkage and case co-ordination, rather than sending a person from one agency to another. Australian Government, National Mental Health Commission (2013)
Open Arms	Open Arms provides mental health and wellbeing support to anyone who has served at least one day of continuous fulltime service in the ADF and their immediate families.
Person-centric	Person-centred means placing the individual at the core of all decisions and care processes. It emphasises the importance of the needs, preferences, and values of the person, rather than the needs of the service provider. This approach involves treating individuals as equal partners in planning and monitoring their care, ensuring that support is tailored to their unique circumstances
Postvention	Interventions that address the needs of the bereaved after a death by suicide
Prevention	Interventions that try and stop suicidal ideation, thoughts, planning or action before they occur
Proactive service	Service that reaches out to the affected person, e.g., wellbeing checks
Protective factors	Protective factors are characteristics or conditions that help reduce risks and enhance resilience in individuals facing challenges. They can include supportive relationships, positive self-esteem, effective coping strategies, and community support. These factors play a crucial role in mitigating the effects of stress or trauma and can be both internal (like personal attitudes) and external (such as community policies).
Psychoeducation	Psychoeducation is an evidence-based psychotherapeutic intervention that aims to develop an individual's and their family's knowledge and understanding of a mental health condition in order to improve their managing and coping abilities.
PTSD	Post-traumatic stress disorder
Risk factors	A risk factor is defined as a characteristic, condition, or behavior that increases the likelihood of a negative outcome or event occurring. This can include behavioral, hereditary, environmental, or other considerations that heighten the risk of developing a disease or disorder.
Royal Commission into Defence and Veteran Suicide	The Royal Commission into the Defence and Veteran Suicide was established on 8 July 2021. The Royal Commission inquired into systemic issues and risk factors relevant to suicide and suicide behaviours of serving and ex-serving Defence members.
Recommendation 76	Develop a postvention framework with experts and those with lived experience of suicide bereavement
Recommendation 77	Develop a suite of postvention resources in collaboration with stakeholders
Staff	Any ongoing, non-ongoing or contracted staff member of the Department of Veterans' Affairs.

TERM or ACRONYM	DEFINITION
Self-stigma	Societal disapproval of suicide which has been internalised into a reluctance to seek help for suicide-related thoughts.
Service Provider	Any Government, For Profit or Not for Profit organisations which provide support services to the veteran community
Social determinant	Social determinants are 'the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems' (WHO 2023).
Stigma	Societal disapproval of suicide
Suicide	Suicide is an action that a person takes to deliberately end their own life and that results in death.
Suicide Attempt	A suicide attempt is an act in which a person harms themselves with the intention of ending their life and survives.
Suicide contagion	The process whereby exposure to one suicide or suicidal attempt increases the likelihood that others will attempt or die by suicide. It can lead to a suicide cluster, where connected suicide deaths occur following an initial suicide death.
Suicidal distress/ crisis	Suicidal distress describes the experience of unbearable emotional and psychological pain, which can be associated with thoughts or plans to end one's life as a means of escaping that unbearable pain. This experience is also referred to as suicidal crisis, especially when this emotional and psychological pain intensifies for a period and the person considers themselves at imminent risk of taking action to end their life.
Suicidal ideation	Suicidal ideation is thoughts or feelings about suicide or self-harm, which can range from simply considering it to creating a plan.
Suicidal thoughts and behaviours	Suicidal thoughts and behaviours describe the range of experiences that a person who is suicidal may be having. This range spans from having thoughts of suicide to attempting suicide. Suicidal thoughts and behaviours describe a person's experience rather than risk.
Trauma Informed care	Trauma-informed services do no harm i.e., they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations and have managed as best they could." (Dr Cathy Kezelman)
Veteran	A person who has served, or is serving, as a member of the Permanent Forces or as a member of the Reserves
Veteran community	Refers to the individual veteran and their broader family, friends, community, and support network.
Whole-of-government	Whole-of-government refers to work occurring between all levels of government—the Australian Government, state and territory governments, and local government—and across ministerial portfolios, government departments and agencies at each level.

Table 2 – Definitions

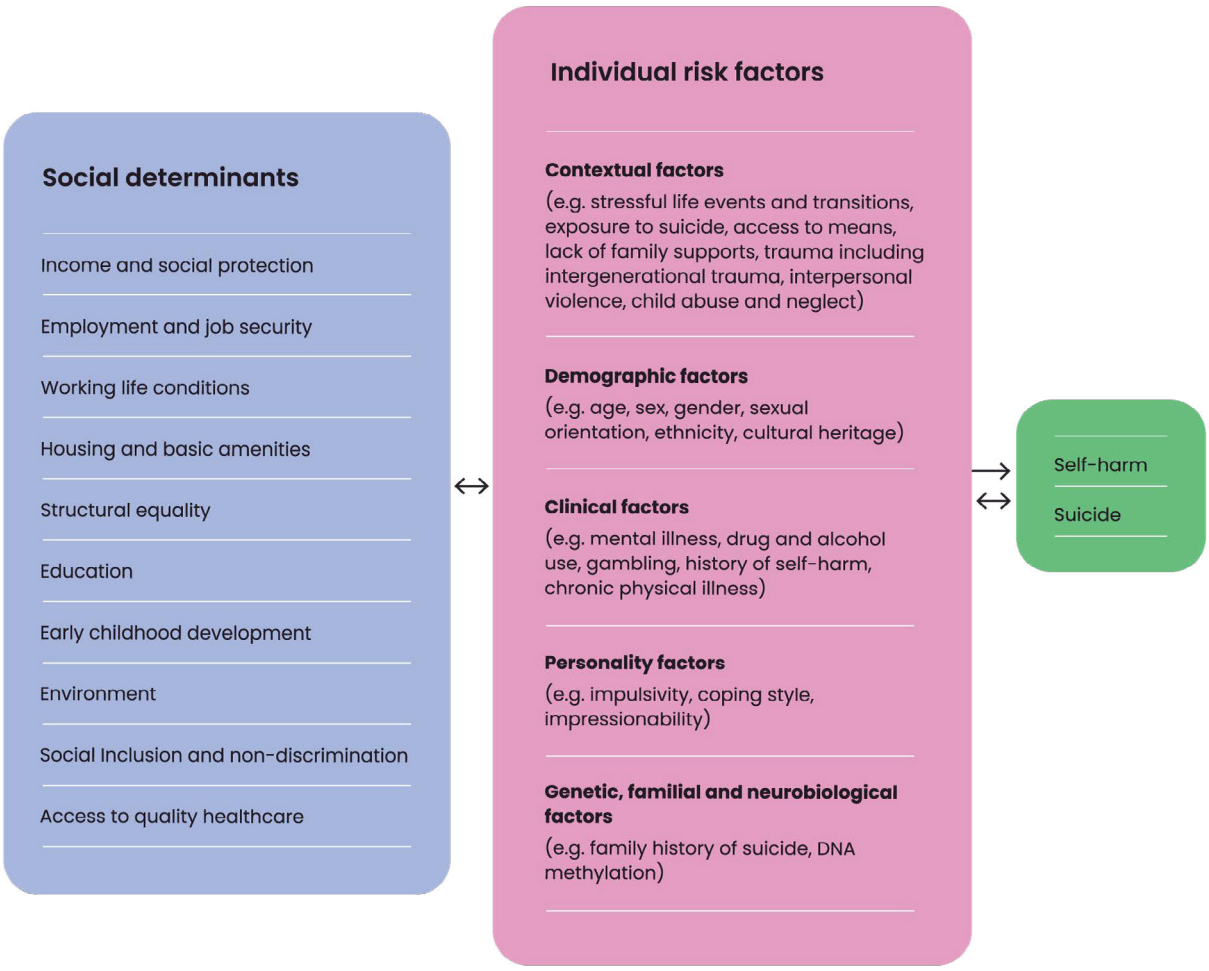
Attachments

Attachment A: Suicide Prevention Programs According to Population Groups

Program Types	Program Focus			
	Indicated At-risk or affected individuals		**Selective** At-risk or affected population sub-groups	**Universal** Whole population (untargeted)
	Wellbeing Services to enhance social, emotional and spiritual wellbeing and quality of life, but suicide prevention is not primary objective	Addresses aspects of a veteran's wellbeing that can affect suicide risk (but not focused on suicide prevention) e.g., social belonging, chronic pain, transition issues	Addresses wellbeing in sub-groups with higher suicide risk (but not focused on suicide prevention) e.g., industry-specific employee wellbeing programs, Aboriginal and Torres Strait Islander health	Addressing wellbeing factors associated with suicide risk in the general population e.g., social cohesion, access to housing, employment initiatives
	Prevention Services to prevent the onset of suicidal behavior	Building suicide prevention awareness, resilience, skills, training, access to peer/lived experience support Reducing risk factors and enhancing protective factors for at-risk individuals and sub-groups (where suicide prevention is the main objective)		Public awareness, reducing access to means, promoting appropriate media coverage
	Early intervention Services to identify and assist people showing early signs of suicidal behavior	Facilitating early identification, referrals to care pathways or building self-help capability, safety planning	Facilitating peer, gatekeeper or practitioner training to identify early signs and enable access to care pathways/services	N/A[5]
	Non-clinical crisis support Services for people who are experiencing a suicidal crisis, not involving clinical care	Crisis support hotlines, access to non-clinical, peer-led 'safe spaces', facilitating referral pathways to emergency or clinical care services	N/A	N/A
	Aftercare Services for people who have recently attempted suicide to prevent repeated self-harm	Regular contact, facilitating ongoing access to care, safety planning, peer/lived experience support groups, targeted interventions to reduce risk and enhance protective factors	N/A	N/A
	Postvention Services for people impacted by suicide (e.g., family, friends, social networks)	Facilitating access to support services such as bereavement support groups, training in communication about suicide for those impacted by suicide, referral pathways to clinical care services		Public awareness/advocacy campaigns

From J Smith, J Laughland-Booy, D Cook, 'Analysis of Australian Suicide Prevention and Postvention Programs: Final Report', Australian Catholic University, 2024, p 12.

Attachment B: Social Determinants and Individual Risk Factors of Suicide



From NSPO, National Suicide Prevention Strategy 2025-2035, NSPO, Australian Government, 2025, p 13.

Attachment C: Framework's Internal Governance Process

Information Gathering

Review of Existing Reports

- Review of relevant reports, strategies, frameworks and plans (e.g. Final Report of the Royal Commission, National Suicide Prevention Strategy, State and Territory suicide prevention frameworks)
- Review of Five Eyes nations work, relating to suicide prevention in the military context
- Explored & review current DVA offerings
- Analysis of DVA service delivery for expansion opportunities and identify boundaries/barriers.

Research and Evidence

- ACU research- Analysis of Australian Suicide Prevention & Postvention Programs
- Literature Review- Suicide Prevention in Military Children
- Literature Review- Intersectional Perspectives in Suicide Prevention in Veterans
- Environmental Scan of postvention after suicide focusing on veteran, first responders and their families

Consultation and Review

Framework Development

- Bereaved family workshops
- Suicide Prevention Consultative workshops
- Defence
- Internal & External consultation
- Merge of the Suicide Postvention Framework into the Suicide Prevention Framework
- Royal Commission Taskforce
- Consultation with Service Providers
- Consultation with Ex-Service Organisations

Consultation & Review

- Department of Defence
- National Suicide Prevention Office
- Chief Psychiatrist
- Veteran Family Advocate
- Open Arms - Clinical Operations
- Coordinated Client Support
- Mental Health & Wellbeing Policy
- Group Programs & Clinical Governance
- Open Arms - Business Operations

Consultation and Review

Program Delivery Division Project Board → **Service Delivery Committee** → **Executive Board** → **Secretary**

Unique Nature of Military Service

The mission of Defence is to defend Australia and its national interests in order to advance Australia's security and prosperity. The nature of Military Service has significant differences to civilian employment and places unique demands on, and requires sacrifices from both ADF members and their families.

'Australians volunteering to join the ADF sacrifice many freedoms they would otherwise enjoy and submit to military law and to a system of discipline within and outside of Australia, both in and out of uniform, on or off duty'.[64] Military service instils skills and values and a sense of pride which make veterans valued members of the community and employees in the civilian sector. ADF members may face risks in combat, as well as increased authority and responsibility in their use of armed force, which create an experience that is unique to military service.[65] However, these experiences of military service can also lead to challenges for some veterans when adapting to life outside the military. It is important to note that the experience of service is different for everybody and includes both positive and negative elements in varying degrees.

SERVING MEMBERS:

- are subject to military law and may be asked to kill or order others to do so
- can be ordered to take actions which may have a high risk of injury or death
- may be punished for minor infringements, have no right to a trial by jury, and are subject to military justice and courts
- prioritise team needs over individual rights and needs
- trust in the group is paramount
- are exposed to hazardous environmental conditions
- engage in activities that may conflict with their personal or political beliefs, and which may lead to an increased risk of moral and mental injury
- adhere to Defence's values and standards that may be higher than those in the broader community
- have a strict requirement of obedience to command

DEFENCE FAMILY MEMBERS:

- are required to move regularly and sometimes without warning
- experience interrupted careers and reduced income
- increased family responsibilities when serving member is deployed
- can be geographically isolated from other family members due to posting cycles
- are provided with support from Defence Member and Family Support (DMFS)
- have disruptions to schooling and childcare[66]

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