



Australian Government
Department of Veterans' Affairs

STAGE 1

Suicide Prevention Implementation Plan

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 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.

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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 servicing 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

Defence Members and their Families

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

There 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



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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Suicide Prevention Framework

The Suicide Prevention Framework 2025-2031 (the Framework) describes the Department of Veterans' Affairs (the Department /DVA) role in suicide prevention, as well as its workforce development needs, to more effectively engage in suicide prevention.

The Framework has been developed in consideration of the recommendations from the Royal Commission into Defence and Veteran Suicide (the Royal Commission), as well as contemporary suicide prevention strategic frameworks within Australia.

The intentional alignment with the National Suicide Prevention Strategy (2025-2035)¹ demonstrates the Department's commitment to whole-of- government, whole-of community efforts to improve suicide prevention outcomes in Australia. The National Suicide Prevention Strategy outlines four critical enablers required for long-term positive change. The Department has translated these to represent the enablers required to successfully embed and engage in suicide prevention in the veteran context.

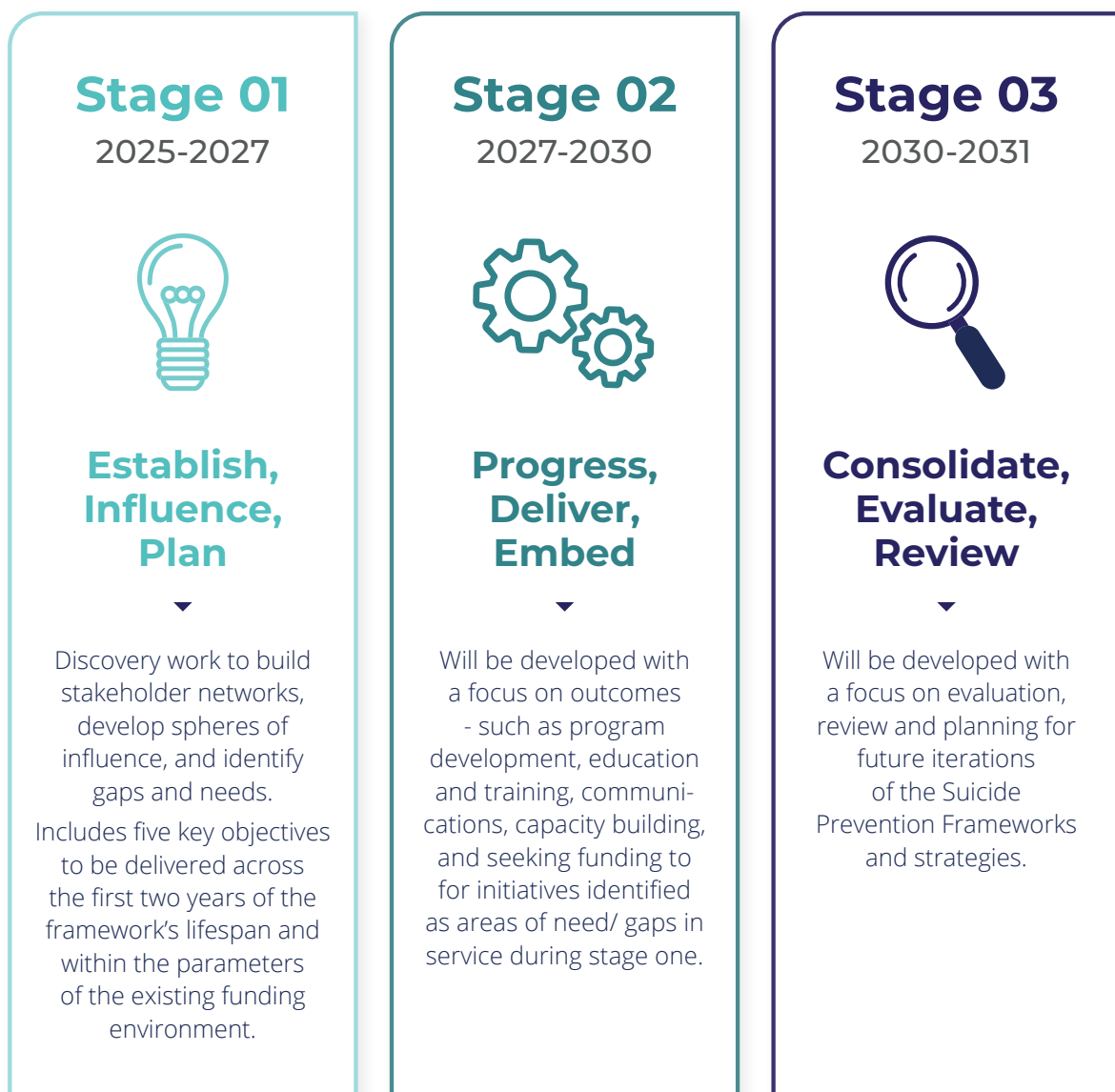
In developing the Framework, we consulted peak bodies, suicide prevention experts and commissioned research to better understand suicide and suicide prevention in the veteran community. We heard strongly the voices of those who have been impacted by veteran suicidal distress and suicide and acknowledge the importance of transparent and collaborative approaches with implementing the Framework.

¹ National Suicide Prevention Strategy 2025-2035

Implementation Plan – A Staged Approach

The Framework and Implementation Plan are intended to be overarching principle-based documents that will drive the Department's future suicide prevention priorities and initiatives, ensuring a consistent approach to suicide prevention that is based on contemporary evidence. Initiatives within the implementation plan that relate to providing support to veterans and their families will be developed through engaging those who have lived experience, as well as continuing to learn and draw on those who provided their testimonies and feedback through the Royal Commission. The Implementation Plan will compliment Defence's efforts in suicide prevention, targeted to their unique workforce environment.

Our staged Implementation Plan will reach beyond the limits of Departmental entitlements and eligibility, and will adopt a whole-of-government and whole-of-community approach.



A staged approach

This approach will progress through three defined stages: establish, progress, and consolidate, with evaluations being conducted at each stage.

Stage One Implementation Plan– 2025-2027, Establish, Influence, Plan, and Evaluate

Includes undertaking important discovery work to build stakeholder networks, develop spheres of influence, and identify gaps and opportunities.

Stage One of the plan outlines five key objectives to be delivered across the first two years of the Framework's lifespan, and within the parameters of existing funding environment. The initial focus will be on:

- Better understanding the needs of veterans and their support networks through gaining insights from service providers, research and those with lived expertise.
- Supporting the implementation of recommendations 76 and 77 from the Royal Commission.
- Engaging with service providers and subject matter experts in suicide prevention.
- Establishing meaningful relationships and partnerships with Government and peak bodies.

Upon completion of Implementation Plan Stage One, the enhanced understanding of veterans' needs, along with the strengthened partnerships across the broader government and community sector, will serve to inform and guide the development of initiatives in subsequent implementation plans.

Stage Two Implementation Plan - 2027-2030, Progress, Deliver, Embed, and Evaluate

Will be developed with a focus on outcomes such as program delivery, education and training, communications, capacity building, and seeking funding to support initiatives identified as areas of need / gaps in service during stage one.

These initiatives will be informed by ongoing research, lived experience, data insights, and strategic collaborations with government and key stakeholders. The Department remains committed to delivering outcomes that support this framework.

Additional initiatives related to the alignment of strategies such as the Family Strategy, Women's Veteran Strategy, Defence and Veteran Mental Health and Wellbeing Strategy (Mental Health and Wellbeing Strategy) and the National Suicide Prevention Strategy and outcome framework can be integrated to enhance coordination and ensure cohesive implementation of aligned initiatives.

Stage Three - Implementation Plan 2030-2031, Consolidate, Evaluate, Review, and Plan

Will be developed with a focus on evaluation, review and planning for future iterations of the Suicide Prevention Frameworks and strategies.

Objectives

Objective 1: Provide advocacy and governance on behalf of veterans in relation to suicide prevention.

Initiative		Key Stakeholders
1.1	Establish and build stronger networks with suicide prevention peak bodies to educate and advocate for the needs of veterans as a priority population group.	DVA Suicide Prevention Peak Bodies
1.2	Explore opportunities with service providers around the ability to capture and share data to better understand veterans' experience and identify potential gaps in service delivery.	DVA National and State and Territory Government partners Service providers
1.3	Establish an internal DVA Suicide Prevention Working Group to provide governance and collaboration to embed suicide prevention across the Department.	DVA Lived Experience
1.4	Review DVA program areas that deliver services to seek opportunities to align with best practice of suicide prevention activities.	DVA

Objective 2: Align with whole-of-Government response to suicide prevention through the National Suicide Prevention Strategy.

Initiative		Key Stakeholders
2.1	Strengthen partnerships through appropriate and coordinated DVA representation at relevant Government and industry wide suicide prevention meetings, committees, conferences and initiatives.	Whole of Government National Mental Health Commission State and Territories Mental Health Commissions and Veteran Offices/Councils
2.2	Embed a “suicide prevention in all policies” approach within DVA by considering the potential impact on suicides before endorsing future policy and program decisions.	DVA Lived Experience
2.3	Consider opportunities with Defence for alignment of suicide prevention activities, share learnings in consideration of veterans’ needs across the lifespan.	DVA Defence
2.4	Investigating reforms to address identified areas of need and/or gaps in service support for those bereaved by suicide in response to Recommendation 76 and 77 from the Royal Commission into Defence and Veteran Suicide.	DVA Defence National Suicide Prevention Office Lived Experience
2.5	Scope a First Nations Veterans Strategy to guide DVA efforts to improve access to health and wellbeing supports, in alignment with Closing the Gap priorities.	DVA NIAA Lived Experience Gayaa Dhuwi Department of Health Defence Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

Objective 3: Enhance whole of community knowledge to understand the unique nature of military service.

Initiative		Key Stakeholders
3.1	Identify and promote current resources and activities which can enhance the community and providers' understanding of the unique nature of military service.	DVA Staff Ex-Service Organisations Service providers
3.2	Develop pathways with key service providers and Primary Health Networks to inform about DVA services, support and referral options available to veterans and their families.	DVA Service Providers PHNs
3.3	Utilise current departmental data on reported suicides or suspected suicides to better understand themes and gain insights for potential future research opportunities, and for further analysis through partnerships with AIHW.	DVA AIHW

Objective 4: Building organisational, individual, and veteran community understanding of suicide prevention to reduce stigma and promote early help seeking.

Initiative		Key Stakeholders
4.1	Promote available training in suicide safe language to both internal and external stakeholders using industry based best practice resources.	DVA Suicide Prevention Peak Bodies
4.2	Identify and promote DVA and community-based wellbeing, suicide prevention, and postvention programs and services to support early help-seeking.	DVA Service Providers Veteran and Family Hubs Ex-Service Organisations Peak bodies
4.3	Include suicide prevention activities and language across DVA health promotion and wellbeing initiatives to reduce stigma and promote early help-seeking.	DVA Ex-Serving Organisations Veteran and Family HUBs
4.4	Collaborate with peak bodies to enhance the Department's influence to reduce stigma and promote early help seeking through DVA websites, social media platforms and culturally appropriate awareness campaign resources.	DVA Suicide Prevention Peak bodies Aboriginal and Torres Strait Islander peak bodies
4.5	Identify and promote the availability of DVA and industry wide training programs aimed at reducing stigma and promoting early help seeking within the community.	DVA Ex-Service Organisations Veteran and Family HUBs

Objective 5: Streamline referral pathways to existing supports for veterans.

Initiatives		Key Stakeholders
5.1	Review existing programs and services to implement sustainable pathways to support veterans when they need it.	DVA Primary Health Networks Service Providers Peak Bodies
5.2	Review current DVA workforce capabilities, and identify gaps in understanding of suicide prevention and referral pathways.	DVA
5.3	Develop a suite of postvention resources in collaboration with stakeholders to better support those bereaved by suicide, subject to New Policy Proposals.	DVA Suicide Postvention Peak Bodies Defence Lived Expertise
5.4	Draw on lived expertise and service provider knowledge to better understand how to effectively communicate with veterans, and the veteran community, on programs and services that are accessible, fit for purpose and culturally appropriate.	DVA Peak Bodies Service Providers Ex-Service Organisations Veterans

Monitoring and Evaluation

A strong focus on monitoring and evaluation will be embedded in all new initiatives, ensuring alignment with each stage of the implementation plan's priorities. This will keep initiatives outcome-focused and aligned with the Mental Health and Wellbeing Strategy monitoring and evaluation framework. With the release of the NSPO's Outcome Framework (expected 2026), the monitoring and evaluation of the Implementation Plan (stage 2 and 3) will seek to generate the data needed to support the National Strategy through consistent and coordinated reporting.

