SUICIDE PREVENTION IN DEFENCE –
JOINT HEALTH COMMAND
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Introduction

The health and wellbeing of its people is a key priority for the Department of Defence. Defence is continuously improving mental health screening, education, and awareness programs to care for and support members, including the provision of specialist mental health care. This includes a range of programs aimed at building resilience, improving awareness of suicide prevention and all mental health conditions, and encouraging Australian Defence Force (ADF) members and their families to seek help as early as possible, are in place. Since 2002, Defence has demonstrated its commitment through the provision of the Suicide Prevention Program (SPP).

ADF members are not immune to mental health difficulties and some will experience mental health problems, mental illness or suicidality at some stage of their life. It is important to realise that despite these concerns, most can and do lead meaningful and productive lives within the ADF. Seeking help early and engaging in effective treatment can lead to improved outcomes and prevent future problems. Nevertheless, mental health remains a challenging issue and is a key priority for Defence.

The factors that lead a person to die by suicide are often complex and the impact on their families, friends, partners and children can be far reaching. Defence is committed to the prevention of self-harm and suicidal behaviours and to understanding the cause of suicide among ADF members.

Suicide in the Australian community

The most recent report on death by suicide in the Australian community is the Australian Bureau of Statistics’ Cause of Death, Australia 2016 which indicates that in the Australian community for 2016, death by suicide was the leading cause of death among all people between 15 and 44 years of age, with males and younger people dying by suicide at greater rates. For 2016 there were a total of 2,866 deaths by suicide (1.8% of total deaths for 2016), which was fewer than the number of deaths by suicide in 2015 (3027).

Suicide in the Australian Defence Force

Defence Suicide Database. Defence has maintained a database of suspected or confirmed death by suicide since 1 January 2000. Defence only includes a suspected or confirmed death by suicide of full time serving members in the database on the advice of the Australian Defence Force Investigative Service and/or the findings of State/Territory Coroner Reports. Between January 2000 and October 2017, 130 current full-time serving Australian Defence Force members are suspected or confirmed to have died by suicide, of which: eight were female; 41 were Royal Australian Navy; 66 Australian Army; and 23 Royal Australian Air Force. As at October 2017, there have been 11 suspected or confirmed deaths by suicide of full-time Australian Defence Force members in 2017. In 2016, there were eight suspected or confirmed deaths by suicide: five Army; two Navy; and one Air Force.

In an effort to further understand the problem of suicide behaviours in the ADF, an ADF Suicide and Deliberate Self-Harm Behaviour Working Group was established in 2016. The combined Health Services and Command team on this working group has examined how suicide attempts and deliberate self-harm behaviours are identified, monitored and managed in Defence. The outcome will be the establishment of an ADF monitoring and reporting system for the routine collection and non-identifiable reporting of suicide attempt and deliberate self-harm behaviours of current full-time serving ADF members, which will align with accepted civilian standards and complement the existing ADF database on death by suicide.

Australian Institute of Health and Welfare Study. The Australian Institute of Health and Welfare (AIHW) has been working with Department of Veterans’ Affairs and Defence on a study, (Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001-2015), to achieve a definitive understanding of the incidence of suicide in the current and former serving population and to investigate whether there is a difference in suicide mortality compared with the Australian population. The study found that from 2001-2015 there were 325 certified suicide deaths among people with at least one day of ADF service since 2001, 90 of whom were current full-time ADF members at the time of their death. When compared with all Australian men of the same age, the rate of suicide among male ADF members was 53 per cent lower for current serving men, 49 per cent lower for men in the reserve, and 14 per cent higher for ex-serving men.
The findings support international research and previous indications that protective factors put in place by Defence to reduce the risk of suicide among current serving members of the ADF are working. However, it is possible that once these protective factors are reduced following transition, some former serving members are likely to become more vulnerable.

These findings provide Defence with a strong evidence base to target efforts to those most at risk. It will be used to inform not only suicide prevention projects already underway, but also the development of future policy and services to support serving and transitioning ADF members. The AIHW will follow up this report with a final technical report due to be released late in 2017, and the study will be updated annually as new data becomes available.

**Defence Suicide Prevention Program**

Defence is committed to the prevention of suicidal behaviours within Defence and since 2002 has demonstrated this commitment through the provision of the [ADF Suicide Prevention Program](#) (ADF SPP).

This program provides a comprehensive approach across the organisation and includes: ADF administration and health policy guidance on managing deliberate self-harm, harm to others and suicide; the monitoring of the number of confirmed or suspected deaths by suicide by full-time ADF members; conducting clinical reviews on ADF members who have died by suicide for quality assurance and continuous improvement purposes; the provision of risk assessment training to Defence mental health professionals; the training of Defence managers and supervisors in the identification and management of suicidal behaviours and mental health problems in the workplace; and annual suicide prevention and mental health awareness training for all Defence members.

**Suicide Prevention Fact Sheet.** As a component of a Defence [mental health promotion initiative](#), a [Suicide Fact Sheet](#) that provides information on risk identification, management and sources of support is available at all Defence health centres and on the internet.

**Suicide Prevention Training.** The rationale for Suicide Prevention Training is to base the level of required training on a continuum where the frequency with which an ADF member may come into contact with and/or have responsibility for managing a person at risk of suicide determines the level of Suicide Prevention Training required. Under this rationale there are four levels of Suicide Prevention Training:

- **Level 1 – Suicide Prevention Training.** Suicide Prevention Awareness training is a mandated annual awareness presentation for all Defence personnel and provides basic awareness training.

- **Level 2 – Suicide Prevention Training.** Keep Your Mates Safe (KYMS) – Suicide Prevention Training is designed for all Defence members, targeting peers, junior leaders and commanders and managers, with the goal of enabling them to identify persons at risk of suicide and facilitate their access into first aid and health resources.

- **Level 3 – Suicide Prevention Training.** The third level of suicide prevention training encompasses suicide first aid gatekeeper training in the form of [Applied Suicide Intervention Skills Training](#) (ASIST), a commercial suicide prevention training package that is internationally regarded. ASIST provides participants with the skills to identify at-risk individuals, and facilitate safety planning and access to mental health support. Within Defence, ASIST is primarily targeted at junior leaders, commanders, managers, health professionals and Chaplains.

- **Level 4 – Suicide Prevention Training.** Mental Health Risk Assessment Training (MHRAT). Since 2012 clinical up-skilling has been mandated for Defence mental health professionals. This training focuses on further developing mental health assessment, treatment, and intervention skills, in order to standardise suicide risk assessment in the ADF and ensure services are consistent with best practice guidelines.

**Defence Policy.** The Defence Health Manual (DHM) has two chapters devoted to the management and assessment of suicide and other risks within Defence: DHM [Vol 1 Part 10 Chapter 1 Management of a Defence member at risk of suicide](#); and DHM [Vol 2 Part 10 Chapter 2 Risk assessment and management of Defence members at risk of suicide, self-harm and harm-to-others](#). The mental health risk management chapters are currently under revision and will be republished in late 2017.
addition, the DHM has a suite of health policies on the mental health management and treatment of ADF members.

**Risk assessment and management.** Where a Defence member is identified by command or peers as being potentially at risk of suicide, self-harm or harm to others, the member is to be referred to a Defence health facility. If there are immediate safety concerns, support from emergency services can be sought to manage the immediate risk. At the health facility, a Defence Medical Officer (MO) or mental health professional will perform a mental health risk assessment. Once this risk assessment has been completed, the most appropriate risk-matched management plan for the member will be developed. Management plans can range from regular assessment in an outpatient setting through to inpatient management at specialist hospitals. The management plan will involve the member’s command and family in ongoing support, as required.

**Suicide Prevention Australia.** Defence has joined with Suicide Prevention Australia to support the continuous improvement of the Suicide Prevention Program components within Defence in order to ensure they reflect community standards and practices. Defence’s relationship with Suicide Prevention Australia will mutually support the strategic goals of suicide reduction and prevention both within the organisation and in the Australian community. As a member of Suicide Prevention Australia, Defence sits on the National Coalition for Suicide Prevention Leadership Group. In this role Defence was involved in the development of the National Coalition Strategy Map 2017-2025, which supports better alignment of the SPP with community based programs, under the 5th National Mental Health and Suicide Prevention Plan.

**Reviews of the Suicide Prevention Program**

**Griffith University Review.** In 2012, Griffith University completed a study, *Review of the Australian Defence Force Suicide Prevention Program 2011-2012*, which found that the SPP included most of the important components of the then current best practice for an effective Suicide Prevention Program. The review also found that the ADF Suicide Prevention Program compared favourably to other Militaries and was consistent with most of the expert recommendations for effective prevention programs.

**National Mental Health Commission Review.** On 11 August 2016, the Prime Minister announced that the National Mental Health Commission would review all the suicide and self-harm prevention services provided by Defence and the Department of Veterans’ Affairs (DVA) for current and ex-serving ADF members and their families. The *National Mental Health Commission Review into Suicide and Self-harm prevention services available to current and former serving ADF members and their families* report was released publicly on 30 March 2017.

The Commission highly commended the broad range of mental health services provided by Defence and DVA, noted the high level of satisfaction, trust and confidence that members reported in the services and Defence health professionals, and identified priority areas for continued improvement. In particular, it found that while Joint Health Command delivered appropriate services to ADF members, there will always remain more work to be done – the government response on 30 June 2017 agreed with the Commission that continued attention is required to ensure that efforts are effective in preventing suicide and self-harm among Australia’s current and former serving ADF members and their families.

In response to the Commission’s review, Defence is committed to:

- Improved support to specialist services and the ADF Mental Health Workforce through expansion of the role of the ADF Centre for Mental Health
- Improving family support through engagement of families and family sensitive practice
- The development of options for a Peer Support Worker Model to enhance the delivery of current services and encourage help.

**Senate Inquiry into Veteran Suicide.** On 1 September 2016, the Senate referred ‘Suicide by veterans and ex-service personnel’ to the Foreign Affairs, Defence and Trade References Committee for inquiry and report by 30 March 2017. The report *The Constant Battle: Suicide by Veterans* was tabled on 15 August 2017. The Senate Committee made 24 recommendations for the Government’s consideration, mostly in the veterans and transition space. Defence and the Department of Veterans’ Affairs are working together to provide a coordinated response to each of the recommendations.
The response will continue the Government’s focus on the four priority areas outlined in the Government’s response to the National Mental Health Commission’s review: (a) improving suicide prevention and mental health support; (b) improving the transition process; (c) improving family support; and (d) transforming the Department of Veterans’ Affairs.

**Suicide Prevention Program Evaluation**

The SPP will be further evaluated as a priority under Defence’s new Continuous Improvement Framework as part of our efforts to identify areas to continuously improve the quality of mental health care in the ADF.

**Defence Resilience Program**

BattleSMART (Stress Management and Resilience Training) is a modularised resilience program that is delivered at key time points across ADF service. The program was developed by the ADF in 2009 following consultation with Australian and US subject matters experts. The evidence-based approach of Cognitive Behaviour Therapy (CBT) underpins the training and, unlike similar programs in other militaries, BattleSMART is only delivered by mental health personnel trained in CBT. The training teaches personnel to identify that their initial response to a situation may not always be the best response, and instructs them in methods to test, check and adjust their responses (if required) to promote psychological resilience and optimal performance.

Resilience training is not an immunisation for suicide and will not prevent mental health difficulties like PTSD occurring. Defence is aware that resilience training by itself will likely produce small improvements at best for individuals. The training concepts covered in the classroom need to be practiced over time during unit and training activities, until they become skills that are second nature during exposure to stressful situations. Planning is underway to develop products to enable units to better integrate these training concepts during everyday unit activities.

Defence is also undertaking significant long-term research aimed at giving us a better understanding of resilience, which will then in turn lead to further improvements in our training. The Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) is a collaboration between JHC and Phoenix Australia – Centre for Posttraumatic Mental Health. This study commenced in late 2009, with researchers following ADF members through the first three to four years of their military career. The final LASER-Resilience report is due to be released in late 2018.

**Conclusion**

As well as providing world class suicide prevention programs, Defence continues to work to strengthen resilience, address stigma, and otherwise build confidence among ADF personnel and their families to take action and seek early assessment and intervention, whenever and wherever it might be required. Joint Health Command will continue to strive to enhance prevention and mental health awareness, and to improve access to care and rehabilitation that focuses on recovery from mental ill-health during a military career, and through transition or return to civilian life.