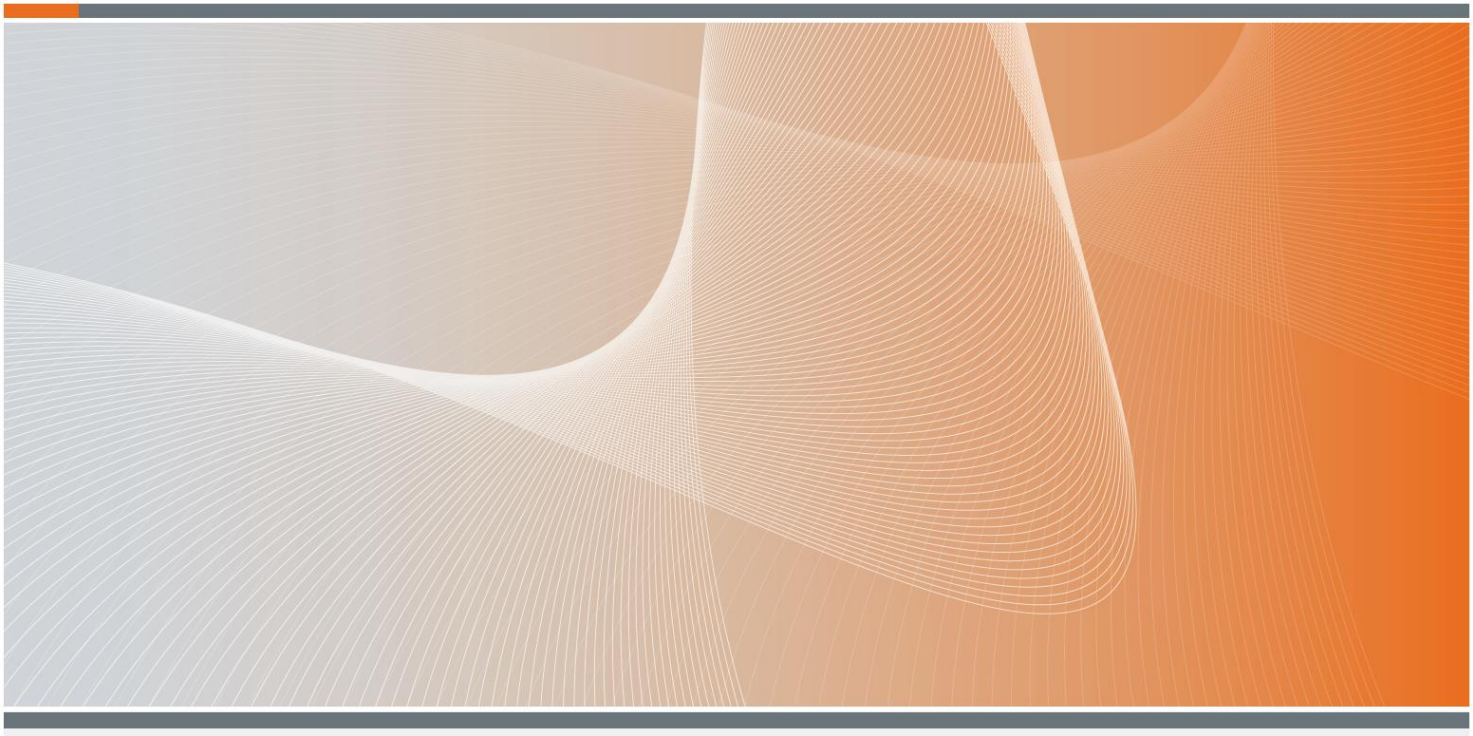
Australian Government
Department of Defence

Royal Commission into Defence and Veteran Suicide

Introductory Defence Briefing



August 2021

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Introduction

Purpose

The Department of Defence and the Australian Defence Force, collectively known as Defence, has prepared this document as an introductory briefing paper to the Royal Commissioners.

This paper provides background into the employment arrangements for the Australian Defence Force (ADF), including the composition of the ADF and the unique nature of military service. This context is important to the understanding of the support services available to members through the life cycle of service, including mental health, wellbeing and the transition from military to return to civilian life.

Specifically, the paper includes overviews of the following:

- The evolution of Defence policy
- Composition of the ADF
- Support services throughout a life of service
- Suicide rates in the ADF, and
- Mental health and wellbeing.

A series of annexures provide further detail.

The paper seeks to draw together and provide key foundational material based on publicly available information or resources. While the paper includes broader framework and policy information, it is not intended as a submission or position paper.

Defence mission and approach

The mission of Defence is to defend Australia and its national interests to advance Australia's security and prosperity. Defence delivers its mission and capability through an integrated workforce, consisting of ADF members and Australian Public Service (APS) employees. As at 1 July 2021, there were more than 100,000 Australians serving in the ADF. This includes permanent ADF personnel as well as reserve personnel who are currently serving or available to serve, and personnel who do not render service but can be called upon.

All ADF personnel volunteer to join the ADF, which includes giving up some personal freedoms and submitting to military laws not applicable to society in general. These combined with the risk ADF members may face in combat and the authority and responsibility placed in them to use armed force, give rise to a unique nature of military service. A more detailed description of the unique nature of military service can be found in the Annexures.

Defence is committed to ensuring all members have access to the right support, at the right time – especially those who are vulnerable or at risk. Defence seeks to understand what these vulnerabilities and risks are in order to contribute to the prevention of suicide among current and former serving members of Defence.

Since 2002, Defence has developed a comprehensive Mental Health Strategy and a Suicide Prevention Program to promote positive mental health outcomes for ADF members. The responsibility for health is shared within Defence. Defence members are responsible for participating in their own health care, and Commanders and managers have a responsibility for the wellbeing of members under their command or supervision.

ADF members, veterans, and their families are offered a range of support through initiatives and services to enable a lifetime of wellbeing. Defence continues to work with other agencies, including the Department of Veterans' Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC), to ensure all receive the support they require during and after their service.

Collaboration has recently included engaging with other agencies to prepare the Government's response to the Productivity Commissions' Mental Health Report and Final Advice from the Prime Minister's National Suicide Prevention Advisor.

Working closely with the Australian Institute of Health and Welfare (AIHW), and the Australian Commission on Safety and Quality in Health Care (ACSQHC), Defence has assisted the Interim National Commissioner for Defence and Veteran Suicide Prevention with data to inform an Independent Review of Past Suicide.

Defence acknowledges there is always more to be done to address these critical issues.

Defence welcomes the Royal Commission into Defence and Veteran Suicide as an opportunity to examine, learn from and strengthen our approach to support the mental health and welfare of our people. We are committed to being open and transparent to support positive health outcomes for serving and ex-serving ADF members.

Defence is encouraging participation in the Royal Commission by all ADF members including deployed and posted personnel, reserves and recruits, and Australian Public Service (APS) staff, contractors, consultants, and families of serving members who are affected by the issue of Defence and Veteran suicide and wish to engage, so that lived experiences can help to shape Defence's learning journey.

The evolution of Defence policy

The Defence workforce includes ADF members and APS employees. These two parts of the workforce have different employment arrangements, as explained below, however work as an integrated workforce.

The legal framework for ADF members is outlined in the *Defence Act 1903, Defence Regulation 2016, Defence Force Discipline Act 1982 and the Defence Force Discipline Regulations 1985*, as well as a range of constitutional and common law principles specific to armed forces. Ordinary employment law principles do not apply to the ADF.

Defence APS employees are employed by the Secretary of Defence under the *Public Service Act 1999*. They are part of the broader Australian Public Service. APS employees are subject to ordinary employment law principles, including the application of the *Fair Work Act 2009.*

Other legislation also applies as part of a general framework, such as:

- *Work Health and Safety Act 2011*
- *Public Governance, Performance and Accountability Act 2013*
- *Privacy Act 1988*
- *Crimes Act 1914 and Criminal Code Act 1995.*

These pieces of legislation while not specific to the ADF, or Defence, have important implications on the actions that Defence can take, and the policies Defence can make.

Administration of the ADF

Under the general control of the Minister for Defence, the Secretary of Defence and the Chief of the Defence Force are jointly responsible for administering the ADF. The approach is known as 'the diarchy' which is a term used to describe this joint leadership. Under section 11 of the *Defence Act 1903*, the Secretary of Defence and the Chief of the Defence Force together may issue Defence Instructions in relation to the administration of the ADF. These instructions are referred to in Defence as *Defence Instruction – Administrative Policy* and are considered binding on the ADF and APS workforce.

Policy Framework

Defence People and Health Policy frameworks, as illustrated in Image 01, enable and support the workforce to deliver Defence capability.

These frameworks form a key element in the command and management of Defence members, including support to personnel, and enable consistency in application across Defence. The People and Health Policy frameworks cover critical areas such as health, personnel administration and pay and conditions.

Specific ADF policies under these frameworks include the *Military Personnel Manual* (MILPERSMAN); *Defence Health Manual* (DHM); *ADF Pay and Condition Manual*[1] (PACMAN); *Defence Safety Manual* (SafetyMan), and *Complaints and Alternative Resolutions Manual* (CARM).[2]

[1] The legislative authority for pay and conditions in the manual is provided by determinations (legislative instruments) made by the Defence Force Remuneration Tribunal and the Minister for Defence under sections 58H and 58B of the *Defence Act 1903.*

[2] Copies of these manuals can be provided on request.

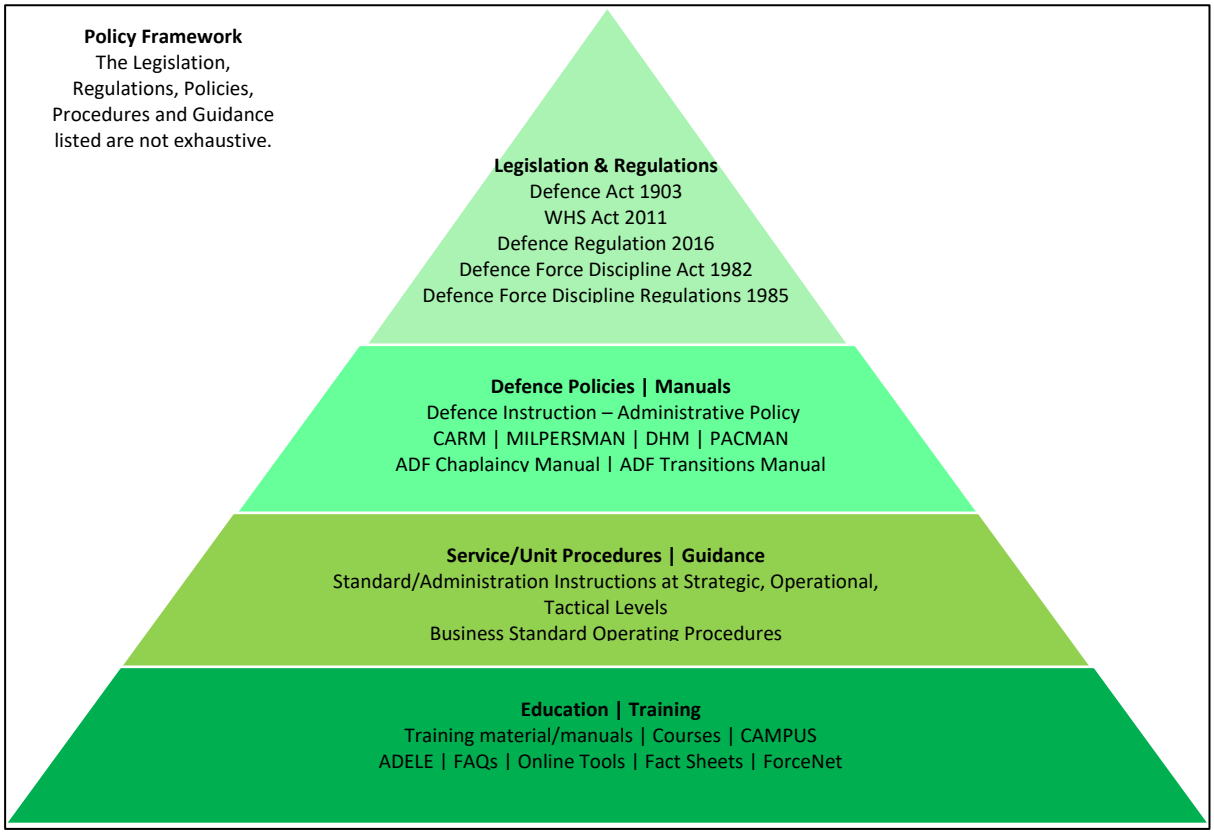

Image 01: *ADF Policy Framework. This pyramid provides a representation of the Defence People and Health Policy frameworks, showing how legislation flows into policies, procedures and training.*

A culture of continuous improvement

Defence has adopted a continuous improvement culture to ensure that we have learnt from our past to form the foundation of our future workforce. Cultural change features as a priority in all Defence policies.

On 1 October 2020, Defence launched a single set of Defence Values and Behaviours, created as part of the Chief of the Defence Force and Secretary's objectives to strengthen organisational alignment and, in turn, Defence's capability.

Defence values

- Service: The selflessness of character to place the security and interests of our nation and its people ahead of my own.
- Courage: The strength of character to say and do the right thing, always, especially in the face of adversity.
- Respect: The humanity of character to value others and treat them with dignity.
- Integrity: The consistency of character to align my thoughts, words and actions to do what is right.
- Excellence: The willingness of character to strive each day to be the best I can be, both professionally and personally.

Defence behaviours

To live the Defence Values, Defence staff are required to:

- Act with purpose for Defence and the nation.
- Be adaptable, innovative and agile.
- Collaborate and be team-focused.
- Be accountable and trustworthy.
- Reflect display, learn and improve.
- Be inclusive and value others.

The Defence Values and Behaviours set the standard expected of all Defence personnel.

Defence's current cultural reform strategy *Pathway to Change 2017-22* builds on nearly 10 years of work to strengthen professionalism, accountability and leadership at all levels within Defence. Working to better align our structures, culture and leadership helps Defence to be fit for purpose and resilient in an increasingly complex and contested environment. Defence is drawing on lessons learned, data and its people to deliver a strong performance culture where leadership, professionalism and positive behaviours are valued and rewarded.

Defence has also partnered with the Australian Human Rights Commission to identify, inform and deliver cultural reform priorities.

With the organisation moving towards the final year of *Pathway to Change 2017-22*, Defence is focused on enhancing its data measurement framework. This framework will help to evaluate cultural reform progress and identify where to focus future efforts and resourcing.

The *Defence Transformation Strategy* announced last year, focuses on a continual improvement culture that empowers its people through a sense of shared purpose and strong Defence values and behaviours.

Defence has continued to communicate that it does not tolerate unacceptable behaviour in any form, including through education, training and demonstration in managing unacceptable behaviour complaints. Defence is committed to creating a safe environment where individuals have access to support services and feel safe to report unacceptable behaviour – including workplace bullying, discrimination, harassment and sexual assault – knowing that incidents will be addressed.

Defence is building a more inclusive workplace by implementing workplace flexibility and mobility initiatives to build the skills of its people and provide greater options for how people work and contribute to the Defence mission.

Defence is also strengthening personnel capability to manage complaints and resolve conflict at all levels to empower even our youngest leaders through the regular delivery of training workshops presented by qualified dispute resolution practitioners. In 2020, Defence released a series of micro-learning videos to further strengthen complaint management capability and sustainable skills toward resolution of interpersonal conflict. Mandatory annual Workplace Behaviour Training is reviewed and updated annually to reflect the most current best practice, and the training package reinforces the Defence Values and Behaviours as well as the process for submitting and managing complaints of unacceptable behaviour.

For members actively serving in the ADF, flexible work arrangements are being prioritised. The Total Workforce System (details are provided in Australian Defence Force Composition section of the Annexures) provides the structure for more flexible career options, including easier transfer between different patterns of service, to suit individual circumstances and enhance work-life balance and to deliver Defence capability.

Service Reforms

Over recent years, Navy, Army and Air Force have each implemented individual cultural reform programs that build on the Defence Values and Behaviours and are aimed at personal and leadership development.

Navy

The *Next Generation Navy Program* (replacing *New Generation Navy 2009-2019*) places the leadership of people and culture at the forefront of Navy's strategy. It includes cultural initiatives and programs that focus on effective leadership and management of Navy people and culture.

The program is supported by five cultural pillars comprising:

1. Value our people
2. Develop leaders who value their teams
3. Enhance resilience
4. Instil a sense of purpose
5. Drive to professional mastery.

Army

The Army describes its culture through the Good Soldiering statement as: 'our shared values, attitudes and beliefs that shape how we operate' (*Good Soldiering*, 2020). Army's cultural foundations continue to be based on Defence values, strength of character and a teaming mindset expected of every member, regardless of their rank, title or position.

Learning, adapting and transforming is a central feature of Army's command statement *Army in Motion.*

Air Force

Our Air Force, Our Culture builds on the substantial progress towards positive, progressive culture made under the *New Horizon program (2012-2020)*. *Our Air Force, Our Culture* seeks to build positive organisational culture and workplace behaviours through the creation of strong, accessible common mental models around purpose, identity, Defence values and leadership. *Our Air Force, Our Culture* is designed to be fundamentally aligned to the imperatives of the Air Force Strategy and Defence Values and establishes a framework for reflective cultural and leadership assessment against the measures of air-minded, values -based, inclusive, resilient, and consistent.

Management of unacceptable behaviour

The *Complaints and Alternative Resolutions Manual* (CARM)[3] was established in 2013 and is the Defence policy and guidance on managing and resolving unacceptable behaviour. The specific types of unacceptable behaviour addressed in the CARM are:

- Harassment
- Workplace bullying
- Any form of sexual misconduct
- Discrimination (in all its forms)
- Abuse of power
- Conflict of interest and inappropriate workplace relationships
- Violent behaviour.

Sexual misconduct

The welfare of the victim of a sexual misconduct incident is of paramount importance to Defence. Defence provides opportunities for personnel to disclose or report sexual misconduct. Disclosing an incident provides opportunity for an affected person to tell their story and ask for support or advice. Reporting misconduct triggers a further inquiry or investigation by the Joint Military Police Unit (JMPU) or state/territory police.

Commanders and managers who become aware of a sexual misconduct incident must ensure the welfare the victim and all affected personnel before following notifiable incident requirements. Commanders and managers must ensure that the victim is treated sensitively, confidence is respected and the victim's wishes on how to proceed are considered in terms of managing their safety and wellbeing.

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[3] Copy of this manual can be provided on request.

To support victims of sexual misconduct, Defence's Sexual Misconduct Prevention and Response Office (SeMPRO) was established in 2013. SeMPRO is a central part of Defence's cultural change initiatives that promote reporting of unwanted sexualised behaviours, help seeking, and prevention.

SeMPRO services include:

- Providing 24/7 confidential services, advice, and support to all current and former Defence personnel (including their families and friends) and Defence Force Cadets who have been impacted by sexual misconduct.
- Debriefing individuals exposed to sensitive material in their work.
- Providing advice to commanders and supervisors for managing sexual misconduct incidents in accordance with Defence's legal and policy requirements.
- Promoting the use of 'trauma-informed' principles based on ensuring safety, choice, trust, empowerment, and collaboration.
- Developing and delivering education packages designed to increase positive behaviours, encourage help seeking among impacted personnel and to improve responses to disclosures and reports.

Defence personnel who have been impacted by sexual misconduct are able to access support from SeMPRO, Service Chaplains, Joint Health Command (JHC), and external support organisations such as Open Arms. The policy in relation to the management and reporting of sexual misconduct in Defence is also outlined in the CARM.

Prohibited substance and testing program

The use of prohibited substances is incompatible with an effective and efficient Defence Force and can undermine health, safety, discipline, morale, security and reputation. Defence has a holistic approach to the management of prohibited substance use incorporating health and drug education initiatives including a deterrence strategy supported by personnel policies that emphasis mutual responsibilities. The prohibited substance deterrence strategy is reinforced by the ADF Prohibited Substance Testing Program.

Under this Program, ADF members can be tested anywhere and anytime, with a minimum of 25 per cent of ADF members prohibited substance tested each year.

Prohibited substance use by ADF members is extremely small with less than 0.7 per cent of those tested each year returning a positive test result. This is a good result when compared to the *AIHW National Drug Strategy Household Survey 2019* which stated that one in six (i.e.16.4 per cent) Australians had used prohibited substances in the last 12 months.

Individuals who believe they have a substance abuse problem may self-refer to the Defence medical system where they will be provided appropriate medical and rehabilitative support. Individuals who self-refer are not subject to administrative sanctions once they are in the care of the Defence health system for rehabilitation, but they may be subject to administrative sanctions for associated behaviours.

Alcohol

Defence has demonstrated its commitment to supporting ADF members through the ADF Alcohol Management Strategy and Plan which aims to reduce personal harm, enhance operational capability and minimise organisational costs.

Defence expects members to set the standard for the use of alcohol and always behave in a responsible, safe and respectful manner. Alcohol management in the ADF aims to minimise alcohol-related harm and deals with the supply, availability and use of alcohol, including authorised alcohol testing in accordance with the Alcohol Testing in the ADF Policy.

Composition of the ADF

The ADF has 100,381 military personnel across the Navy, Army and Air Force who provide military service against different categories of obligations under a Total Workforce System (details are provided in Australian Defence Force Composition section of the Annexures). The Service Category make-up of the ADF as at 1 July 2021 are tabled below.

Service Category (Sercat)	Type of Service	Total
Service Category 7	Permanent service	59,211
Service Category 6		361
Service Category 5	Reserve Service	18,500
Service Category 4		34
Service Category 3		11,225
Service Category 2		10,386
ADF Gap Year Personnel		664
Total ADF personnel		100,381

Table 01: *Number of ADF per Service Category 1 July 2021.*

Service Type	Navy	Army	Air Force	Total
Permanent Service	15,285	29,402	14,885	59,572
Reserve Service (Sercat 5,4,3,2)	6,454	26,749	6,942	40,145
Gap Year	122	327	215	664
Total	21,861	56,478	22,042	100,381

Table 02: *Number of ADF per Service Type 1 July 2021.*

The ADF is made up of 19.7 per cent women and 3.3 per cent indigenous personnel. Graphics in the Australian Defence Force Composition section of the Annexures indicate changes in female participation and indigenous participation since 2015. This demonstrates increasing participation over time. This is also reflected in the broader culture and linguistic diversity of the ADF with just over 25 per cent of personnel having a diverse background.

The median age of the ADF permanent service is 31.2 years, the median length of service of the current force is 8.2 years. The median age of the Reserve workforce is 43 years; the median length of service for the Reserve workforce is 17 years. Graphs in this annexure show the median age by service and service category over the last 10 years indicating an increasing median age level over time.

The majority of the ADF (permanent service) are recognised as having dependents (56 per cent), and the remainder are considered as having no dependents (44 per cent). Broadly, dependents are considered to be any child under the age of 21 or spouse/partner, who normally lives with the military member.

The ADF supports around 86,000 dependents of the permanent service with a family support program to support the generation of Defence capability including the requirement for military personnel to have mobility and be away from home, where there are critical incidents and bereavements, supporting the supervisory chain to assist families and supporting families as a member transitions from military service.

ADF personnel undertake service in over 200 different roles across Navy, Army and Air Force. ADF personnel are posted across Australia with the majority of personnel serving in Queensland, followed by New South Wales, Australian Capital Territory, Victoria, Northern

Territory, Western Australia, South Australia and Tasmania. Postings for ADF personnel occur for career progression requirements, growing Defence capability and personal reasons.

There are around 4,000 ADF personnel (around 7 per cent of the permanent service) that are posted and have elected to not have their dependents posted with them. Defence facilitates the personal choice of members to post without families. This approach supports stability for the family, for example because of children's' schooling, if the posting to another location is only for one year and disruption for the family is not supported, or due to spouse employment.

Not all postings generate a requirement to move personal effects from one location to another (for example posting to a different unit in the same geographic location). Removal of personal effects may also occur when people exercise personal choice such as purchasing their own home and moving into this. The average number of removals per year is 19,900 (averaged over five years).

ADF personnel are required to undertake military service, on operations at the direction of Government. Operations can be domestic or around the world. Since 1999 Defence has been on multiple concurrent operations, with the number of Defence personnel deployed steadily increasing since 1999 to a peak in 2020 of over 16,000 people deployed, to the current period of over 2,000 people deployed. The Total Workforce System framework also acknowledges that Defence APS personnel are also able to be deployed on operations, and when this occurs they are considered Service Category 1.

There are around 5,500 – 6,500 ADF personnel who transition from permanent military service each year. Over the last five years, on average the transition types have been:

- Voluntary – 55 per cent
- Medical – 21 per cent
- Completion of a period of continuous full-time service (Service Option C/CFTS - described further below) – 12 per cent
- Administrative – 9 per cent
- Compulsory retirement age (CRA) – 2 per cent
- Command Initiated Transfer to the Reserves – 1 per cent
- Redundancy – 0.03 per cent.

ADF personnel are offered transition support through the Defence Transition Programs based on an individual's need which is worked through with a Transition Coach. There are tailored programs for personnel who are vulnerable in terms of their welfare. Families also participate in the transition programs. ADF personnel can receive transition support for up to two years after leaving the ADF, and work through their transition coach to access support requirements.

A productive career - Support services throughout a life of service

Those who join the ADF will be supported through a range of initiatives and services, including for their families and as they transition to civilian life.

Recruitment

A member's journey starts with recruitment.

The recruitment process follows a rule-based, evidence-informed approach for suitability for military service. The process considers elements such as medical or circumstance suitability for roles, security clearance requirements, and citizenship requirements ensures the entry requirements set by the Services are met, and the candidate can make an informed decision about a career in the ADF. Throughout all stages of the recruitment process, the candidate is informed about the rigours of life in the ADF.

As part of this overall suitability assessment a psychological assessment is conducted on all candidates applying for enlistment to the ADF. The psychological assessment, also referred to as the Occupational Suitability Assessment (OSA), aims to weigh up the relative risks associated with allowing that individual to progress within the selection process, and provides an appropriate evidence-based recommendation.

Candidates assessed as Low or Moderate risk are progressed to the Defence Interviewer along with a report that describes the relevant risks for service.

At the completion of the Occupational Suitability Assessment, candidates assessed as 'high risk' for military service are informed of the outcome and provided with feedback from the interviewing psychologist.

Some candidates are deemed unsuitable, and the *Not Suitable Psych Debrief Policy* provides guidance on the conduct of the debrief and includes a Candidate Care component to gauge any immediate level of risk to the candidate on exit and detail of available supports, if required.

Service

Service in the ADF offers job security and a range of career opportunities and benefits:

- In addition to a salary, ADF members receive a variety of allowances, extra pay for relevant qualifications and 16.4 per cent superannuation.
- Subsidies are also provided for accommodation and housing – both on and off base and to support members and their families who may move around during the member's career.
- Every member of the ADF gets paid to train in their Service and their job, whether this is time spent gaining trade qualifications in the ADF, or a degree through the Australian Defence Force Academy or Defence University Sponsorship.
- The ADF also invests heavily in the personal and vocational development of all personnel and offers promotion courses that prepare members for a higher rank.

Members also receive a comprehensive range of leave and other entitlements including:

- Free medical and dental care, accessing expert care from doctors, dentists, nurses and mental health professionals, working in modern, well-equipped clinics and hospitals.
- Flexible work arrangements such as the ability to work from home or another location.
- Fitness facilities on bases.

Family Support

The ADF provides a range of options to help manage the balance between work and home commitments such as flexible working arrangements and a range of leave provisions.

Defence has put the following initiatives in place and continues to review assistance available.

- Childcare such as the Defence Childcare Program.
- Schooling requirements.
- Support for dependents with special needs.
- Additional health support for dependents in regional posting locations.
- Programs for settling into a new community like the Family Support Funding Program and new schools like the Defence School Mentor Program.

In FY 2020/21, the 16 Defence Child Care Centres provided over 167,300 days of childcare support to ADF families. On average, 884 ADF children use one of the 16 Defence Child Care Centres every day.

ADF members' partners are also supported throughout their career. The Partner Employment Assistance Program provides funding towards employment-related initiatives aimed at contributing to ADF partner employability in their new posting. This could include résumé development, interview coaching, assistance with identifying transferrable skills, employment options or job placement advice, development of an online employment profile, selection criteria coaching, and interview preparation and presentation.

Where further support is needed, the Defence Member and Family Helpline is a primary point of contact for ADF members and families. The Helpline is available 24/7 and is staffed by qualified human services professionals, including social workers and psychologists.

Specific support available to families includes:

- support in adjusting to illness and injury
- 24/7 counselling and support for personal or family issues
- information about and referral to community services, for example parenting support, family counselling services and relationship counselling
- information on benefits, entitlements and practical assistance, for example Centrelink payments, disabled parking permits, transport services for injured or ill individuals and financial counselling services
- absence from home support for ADF members and their families, including pre and post deployment briefs, absence from home support calls to family members, a range of online resources including the absence from home support booklet, as well as webinars and resilience programs
- advice to command about how to respond to and support family situations including family and situational assessments and reports, and 24/7 telephone advice and response
- counselling and practical assistance in emergency or crisis situations, for example in situations where there are concerns about an individual's welfare and or family safety, and
- coaching, practical guidance and support to assist when planning to leave Defence to move back into civilian life.

Dedicated Health Care System

Defence has a dedicated health care system in place, managed through Joint Health Command (JHC) – part of the Joint Capabilities Group within Defence – which provides a continuum of care for all ADF members from enlistment through to transition from the ADF.

Network and Workforce

The health care system is delivered through multiple local health centres and clinics on Defence bases across Australia. Joint Health Command facilitates access to treatment and rehabilitation through a multi-disciplinary holistic approach which includes access to a range of on-base clinicians (medical officers, psychiatrists, mental health professionals, rehabilitation consultants and physiotherapists) and coordinated access to a range of health care services available in the civilian community, including inpatient and outpatient hospital-based services or treatment programs.

An integrated workforce enables Joint Health Command to provide service delivery responsiveness to changing demand due to individual clinical requirements of serving members, command and operational requirements, that may differ across regions at various times.

The Joint Health Command mental health workforce is augmented by off-base services provided through the ADF Health Services Contract with Bupa Health Services.

Suicide rates in the ADF

The AIHW's *National suicide monitoring of serving and ex-serving Australian Defence Force personnel* report provides annual updates to information on the level of suicide among serving and ex-serving ADF personnel with at least one day of ADF service since 2001.

The 2020 report outlined suicide rates for the period 2002 to 2018 for each service group (serving full-time, reserve and ex-serving) and compared with rates for the Australian population. The majority of suicides in serving and ex-serving ADF personnel were among males, reflecting the fact that the study population is predominantly male.

- **Comparison of service groups:** The suicide rate for ex-serving males between 2002 and 2018 was 28 per 100,000, which was higher than the rates for serving (11 per 100,000) and reserve males (12 per 100,000). The rate for ex-serving males was also higher than the rate for ex-serving females, which was 16 per 100,000 over the same period.
- **Australian population comparison:** The suicide rates for serving and reserve males were both lower than Australian males in the same age ranges over the period 2002 to 2018. The rates for ex-serving males and ex-serving females were both higher than in the Australian population over the same period.

Due to the small number of deaths by suicide among females across the ADF service status groups it was only possible to present the suicide rate for ex-serving females. The suicide rates for 2002 to 2018 are shown in Image 02.

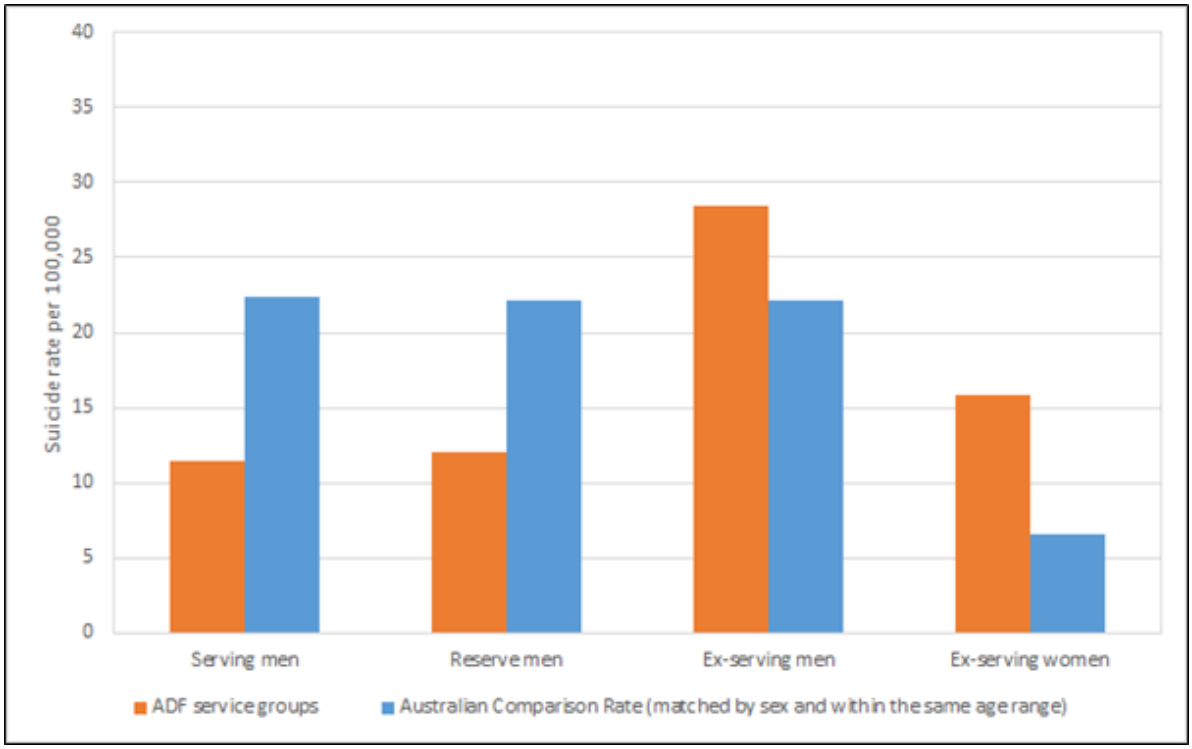


Image 02: *Suicide rates (per 100,000 population) for 2002-2018, ADF service groups, males and females, compared with Australian population (matched by sex and within the same age range). Based on AIHW data Table S1.1 from National suicide monitoring of serving and ex-serving Australian Defence Force personnel.*

AIHW reported that the age-adjusted rate of suicide for the period 2002 to 2018 compared to the Australian community was:

- 50 per cent lower for male permanent serving ADF members
- 49 per cent lower for males in the reserve
- 21 per cent higher for ex-serving males
- 127 per cent (or 2.27 times) higher for ex-serving females.

AIHW did not provide rates for full-time serving or reserve females due to small numbers being insufficient to provide statistically robust rates.

The AIHW report also found that ex-serving males who voluntarily separate from the ADF have a suicide rate similar to that of the Australian population. The rate of suicide in ex-serving males however, was higher for those who separate from the ADF for medical or other involuntary reasons.

AIHW's 2020 update provided statistics on suicide up until 2018. The Defence Suicide Database contains full-time serving ADF members who are confirmed or suspected (coroner's report not received) to have died by suicide. Since 2018, the number of full-time serving ADF members who are suspected or confirmed to have died by suicide in:

- 2019 was six
- 2020 was nine, and
- 2021 was six as at 17 August 2021.

Mental health and Wellbeing

Defence has several strategies and policies that support mental health and suicide prevention, and these approaches are regularly evaluated and modified according to current trends.

Mental health and wellbeing

The *Defence Mental Health and Wellbeing Strategy 2018-2023* was introduced in late 2017, with the previous Mental Health and Wellbeing Strategy being implemented in 2011.

These strategies recognise the unique demands of military service and are underpinned by a military occupational mental health and wellbeing model. The model recognises that fundamental to strengthening resilience and enabling recovery in a military environment is the shared responsibility for mental health and wellbeing between command, individual ADF personnel and the health care system. Initiatives span the lifecycle of military service with a focus on the areas of foundation strengths, risk reduction, early intervention, treatment, support and recovery, and transition/separation, considering the environment, culture, social support networks and families.

The current strategy has been designed in accordance with the Fifth National Mental Health and Suicide Prevention Program, particularly in areas like stigma reduction, system improvement and suicide prevention. The previous strategy was aligned with the Fourth National Mental Health Plan 2009-2014.

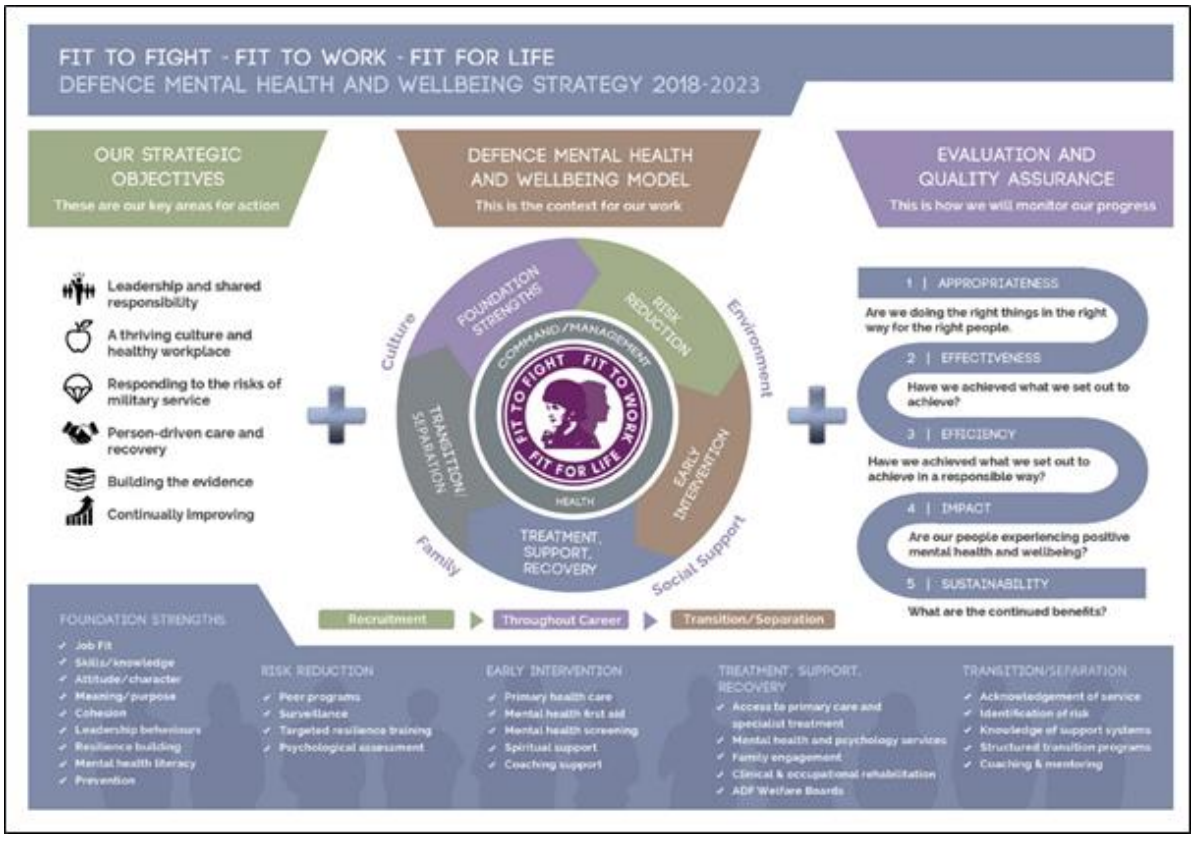


***Image 03**: Strategy Overview: Identifies strategic objectives, holistic and person-centred approach, career journey and measurable outcomes and quality assurance.*

Stigma

As outlined in the Productivity Commissions' Mental Health Report, Defence has recognised that stigma surrounding mental health and help seeking behaviours is complex. The unique nature of military service and the demands placed on ADF members can give rise to stigma and barriers to care not seen in other organisations. For example, the *2010 ADF Mental Health Prevalence and Wellbeing Study* found that 36.9 per cent of personnel felt that seeking help would stop them from being deployed and 26.9 per cent felt that it would harm their career or career prospects. Given this, reduction of stigma and barriers to care has been a key component of the current and previous Mental Health and Wellbeing strategies and the Defence Suicide Prevention Program. Despite potential stigma and barriers to care, the Transition and Wellbeing Research Programme conducted in 2015 found that 82 per cent of ADF personnel concerned about their mental health have accessed care.

Defence's approach to stigma reduction is underpinned by changing culture through education and training. Programs such as Keep Your Mates Safe are contributing to a shared understanding of the perceived (and real) stigma and barriers to care. In 2018, Defence engaged a contractor to advise on a Lived Experience Framework incorporating a Defence approach to peer support and ways to include those with lived experience of mental health concerns or suicidal behaviour in the co-design of relevant policy and programs. Defence has recently commenced recruiting activities for a Lived Experience Program Manager to take this Framework forward. Building improved mental health-related training for Commanding Officers in the ADF is also assisting behavioural change in Defence.

Emerging research within ADF and international militaries suggest that career concerns are not a barrier to care and reducing these types of concerns in the workplace may not improve help-seeking behaviours. Further Defence research has highlighted how external perceptions of stigma are internalised by individuals and how this relates to attitudes to care and help-seeking behaviour in the ADF. This information will assist the development of further initiatives to reduce stigma.

Details of mental health reforms and support services are provided in the Annexures.

Respite

Defence's Respite Policy provides ADF personnel with respite periods between deployments, providing recuperation from deployment, participation in training courses, support to re-establish relationships and maintaining overall mental fitness and wellbeing.

Modernising and simplifying the employment offer

Defence's Modernisation Program is focused on providing more flexible housing solutions to better support contemporary needs and offer greater choice. The Program is also modernising its categorisation system for member benefits and allowances.

Some important improvements included better access to carer's leave; increased paid parental leave, better relocation policies for posted families, and more flexible long service leave policies.

Transition

Defence has identified the transition process as a key area for reform. Transition is the journey an ADF member and their family from an ADF service-centred life to a predominantly civilian life. Since 2017, our transition lens has focussed on how Defence can best support vulnerable members.

Transition from military service is an inevitable step in the life of a member and their family. The transition experience is unique to each member, affected by a range of factors such as mode of transition, rank, age and family support.

The ADF transition process has been the subject of ongoing reform, which is now managed as a whole-of-career concept. Prior to 2017, ADF transition was an entitlements model, based on length of service, and there was little support for those who served less than 12 years. It was also limited in its ability to support at-risk cohorts and ADF families. Support was centred on the transition date, there was little consideration of preparing a member throughout their military career for transition.

Defence recognises that transition to civilian life can be a significant life change and has a comprehensive program to support this period of transition. Defence has undertaken a program of continual improvement under its ADF Transition Transformation Program (TTP) since 2017.

The program identified a range of business improvement projects across Defence which delivered significant reform across transition processes, family engagement, service delivery and support programs. The program remains ongoing within Defence and is aligned to the *2020–24 Defence Corporate Plan*.

The suite of enhanced transition programs is designed to prepare ADF members and their families to assume responsibility for their own personal security aspects inclusive of health and wellbeing, social connectivity and engagement, employment or education, accommodation, and finances. The transition process is continually adjusting to feedback and reviews or reports to ensure that areas where the seamless transition to civilian life fall short, are addressed.

The Joint Transition Authority

In October 2020, the Joint Transition Authority was established to better prepare and support ADF personnel and their families as they transition from military to civilian life. This followed a recommendation made by the Productivity Commission in its report *A Better Way to Support Veterans* (recommendation 7.1).

Its role is to:

- Ensure an integrated transition experience for the ADF members and their families.
- Assure its transition partners and stakeholders that programs and processes are integrated and synchronised across and between delivery agencies.
- Provide ADF members and their families a needs-based suite of support services focussing on the employment, financial, social and wellbeing aspects.
- Specify clear accountabilities for the delivery of improvements to transition support services across the transition ecosystem.
- Provide greater level of transparency to Government through regular and insightful reports on transition outcomes across all entities.
- Review the completeness of support provided to former members (veterans) and their families across the transition ecosystem.
- Work in partnership with DVA and Commonwealth Superannuation Corporation (CSC) to deliver on its purpose.
- Enhance the framework for effective collaboration including DVA, CSC and other Commonwealth entities, states, territories, and Ex-Service Organisations.

The Joint Transition Authority is conducting consultation, with the purpose of understanding the transition environment and informing its functions and capabilities.

The Joint Transition Authority is scheduled to reach full operating capability by 31 December 2022. It is also currently reviewing extant policy and manuals and will use with the insights from the consultation process towards a continuous improvement model supported by a feedback mechanism.

Defence Force Transition Program

Since January 2020, Defence has been delivering transition support through the Defence Force Transition Program (DFTP). The suite of transition support programs allows the ability to tailor a package of support based on the individual needs of the member and their family. The package is not static and can change as the members needs change for up to 24 months post-transition.

A small number of members choose not to access elements of the program. Defence proactively reaches out to these members during and post-transition to advise of available programs and supports. These members have opportunity to re-engage at any time for up to 24 months post-transition.

Since November 2019, Right Management (a national provider of specialist career transition programs) have been contracted to deliver various aspects of the program.

Transitioning members who participate in programs delivered by Right Management are provided with lifetime access to RightEverywhere, an online portal with over 7,000 online learning modules including Defence specific tools and resources.

A list of Defence Force Transition Programs is in the Annexures.

ADF Transition and Civil Recognition Project

The ADF Transition and Civil Recognition (ADF TCR) Project commenced in November 2017 to increase opportunities to provide civil recognition of military skills and training to ADF members on transition, demystify military skills held by ADF members for them and for civilian employers, and map military-specific training to relevant civil accreditation.

Since its commencement, the project has established a dedicated enquiry mailbox to support transitioning member enquiries. In addition, the project has developed resources to assist transitioning members to understand and unpack their transferable skills, and to understand how their tasks at rank support identified key job priority skills within industry.

Transitioning members health care

All transitioning members undergo a separation health examination to assess their health status and identify ongoing health needs at the time of transition. Defence's separation health examination closely aligns with DVA's ADF post separation general practitioner health assessment screening tool to improve transition to the civilian health sector and baseline a member's health information.

Defence provides members a deliberate clinical handover to the civilian health care system with a comprehensive handover of ongoing health needs to the member's civilian general practitioner and other healthcare providers. Key principles of the clinical handover are to maintain continuity of care for the member, decrease clinical risk and ensure members do not fall through gaps.

At the identification of a member's intention to transition, Command ensures that members are engaged with an ADF Transition Centre for support. As part of the transition process all ADF members are made aware of the support available to them including:

- Open Arms Veterans & Families Counselling (Open Arms) for members, veterans and their families, including the Stepping Out programs which supports ADF members and their families to adjust to civilian life.
- Non-liability Health Care for all mental health conditions, pulmonary tuberculosis and cancer (malignant neoplasm) through DVA.
- The free annual Veteran Health Check for the first five years post-transition.
- The importance of finding a civilian GP and other specialists.
- Obtaining a Medicare card to access healthcare within the public health system.
- Information about obtaining private health insurance.

The ADF member, their family (as applicable) and their Transition Coach work together to develop a transition plan, relevant to the member's goals and circumstances. The Transition Coach may provide an increased level of case management where required such as in the example of members who are leaving administratively or for medical reasons. This may involve:

- Practical support to progress transition related administrative requirements, i.e. locating and completing forms, engaging with unit administration.
- Regular transition coaching sessions, pre and post-transition, to assist the member in monitoring and progressing against their transition plan.
- Transition Coaches providing guidance to assist the ADF member and family to access transition related programs and support, including Defence Force Transition Program (DFTP) elements, DVA, Open Arms, Defence Social Worker, and Ex-Service Organisations. Practical support may be provided to assist members to apply for and/or enrol in programs and support.
- Liaison and engagement with other stakeholders in a member's transition, such as the Chain of Command and ADF Rehabilitation Program.
- Participation in Individual Welfare Boards (IWB) as required.

In situations in which an Individual Welfare Board is convened for a member, a Defence Member and Family Support (DMFS) Defence Social Worker (DSW) and/or Military Support Officer may be involved with the Defence Social Worker providing some case management services.

Defence Member and Family Helpline staff (social workers, psychologists, counsellors) may also engage in situations where a transitioning member and/or their family is seeking information or support for concerns about housing, removals, and access to support services in a new location.

Post transition support

Defence recognises that the transition process is complex and provides members with a deliberate clinical handover to the civilian health care system.

To facilitate clinical handover of the member’s care Defence funds a once-off civilian general practitioner (GP) appointment for each member who is transitioning from Defence.

Opportunities for continuity of care are provided through the ADF Health Services Contract which aligns with the DVA and Defence Mental Health Specialist Provider Lists, where possible. ADF members with accepted DVA claims who are on a rehabilitation program are referred to DVA for ongoing management. Defence provides DVA with a comprehensive handover of the member’s rehabilitation status at the point of transition including overview of current health conditions and treatment, vocational rehabilitation needs and psychosocial factors.

Defence works closely with DVA Veteran Support Officers to identify transitioning members who require specialised case management from the DVA's Coordinated Client Support Program. This specialised stream of case management provides vulnerable transitioning members with complex circumstances with a single case manager to improve wellbeing outcomes and continuation of support as they leave Defence.

Defence has also implemented a post-transition survey which assists in evaluating the effectiveness of these programs, informs gaps and provides a mechanism to reach out to former members and offer support. People are requested to participate in the survey every three months up to 24 months after transition. Transition support, through the Transition Coach is available to the member for up to 24 months post-transition, regardless of their length of service or reason for leaving.

Annexures

A. The unique nature of military service

The mission of Defence is to defend Australia and its national interests to advance Australia's security and prosperity. Those that join the ADF, become members of the Profession of Arms.

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. Demands of the ADF are not only limited to national security and regional stability, but also support to the civil authority and contributing to the maintenance of national prosperity and trade. During emergencies such as bushfires, cyclones, floods and pandemics the community also turns to the ADF for support. In all these situations, the ethos of service to the nation and its people remains paramount.

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. Combined with the nature of risk ADF members may face in combat and the authority and responsibility placed in them to use armed force, these factors give rise to the unique nature of military service.

The ADF is the only group in society authorised to use force both offensively and defensively on behalf of the nation. Operations are conducted within a disciplined environment for the ethical and legal application of force, even in circumstances where this may significantly increase individual and collective risk. Service in the ADF also regularly, and non--discretionally, exposes personnel to a range of environmental conditions that would be regarded as hazards to the general population.

ADF personnel undertake lawful and legitimate Government directed activities that may conflict with their personal or political beliefs, and which may lead to an increased risk of moral and mental injury. While it is not unique for a profession to be subject to specific legislation, the *Defence Force Discipline Act 1982* is all encompassing and creates offences that do not exist elsewhere in Australian society.

All Defence personnel are expected to conform to Defence's values that prescribe behavioural standards that may be higher than those in the broader community. Personnel could face disciplinary or administrative consequences if they fail to do so and this obligation extends to their personal lives and relationships. ADF members are not employees under industrial law and may not form or join trade unions to lobby for pay and conditions, nor are they permitted to withdraw their service. The strict requirement of obedience to command and, importantly, the non-contractual and unlimited liability to serve is unique to ADF members.

The burden of military service is also shared by the families of ADF members. Family moves are regular, sometimes seemingly random and frequently stressful. Partners' careers may be interrupted with a commensurate loss of income, with impacts on childcare and schooling.

The unique nature of military service is recognised by Government and includes remuneration and compensation arrangements that recognise the uncertainties, discomforts, stressors, and dangers that arise from military service.

The nature of military service and its effects may also impact on ADF members as they transition from service. Veterans may be vulnerable as they adapt to the civilian world. Despite these challenges, the experience of military service provides ADF members with training, skills, education, leadership, and teamwork that benefits the individual and the Australian community, both during service and upon their separation.

The surrender of individual rights to the national need, the obligation to adhere to laws beyond those applicable to the remainder of society, the authority and responsibility to execute lethal force and the obligation to put one's life at risk, if so ordered, constitute the core elements of the unique nature of service.

B. Australian Defence Force Composition

Personnel who serve in the military are managed under a Total Workforce System construct to deliver capability for Defence. This construct is framed against an obligation or liability to undertake service accounted for against service categories, including:

- **Service Category 7.** Personnel rendering full time service from the Permanent force and represents the maximum service obligation. Personnel receive pay and conditions commensurate with this obligation.
- **Service Category 6.** Personnel are from the Permanent force but are characterised by a flexible service arrangement (such as working a number of days per week due to personal circumstances). Personnel are subject to the same service obligations as Service Category 7 personnel and can be recalled to the full service obligation if required.
- **Service Category 5.** Personnel are from the Reserve force who provide a predictable pattern of service and number of days to be served, along with the commitment to perform that service. Personnel are liable to be called out by Government.
- **Service Category 4.** The nature of service in Service Category 4 is primarily characterised by the provision of capability at short notice from the part-time (Reserve) force. This Service Category imposes additional obligations on members such as training commitments to ensure personnel are qualified and individually ready for short notice service. An example of Service Category 4 personnel are medical specialists working in the civilian health system, who are reservists, and are on a short notice to be employed in a military aeromedical evacuation capability. They are liable to be called out by Government.
- **Service Category 3.** Personnel are part of the Reserve force who have indicated their availability to serve for a specific task only. They are liable to be called out by Government.
- **Service Category 2.** Personnel represent the stand by component of the Reserve force of the ADF and do not render Service. Personnel in this category represent a latent capability, they can be voluntarily requested to undertake a service in another service category and are liable to be called out by Government.
- **Service Category 1**. Personnel consist of employees in the Defence Australian Public Service (APS) who have been force assigned to the ADF. For example in an area of operation overseas there may be APS employed with the ADF to undertake some work.

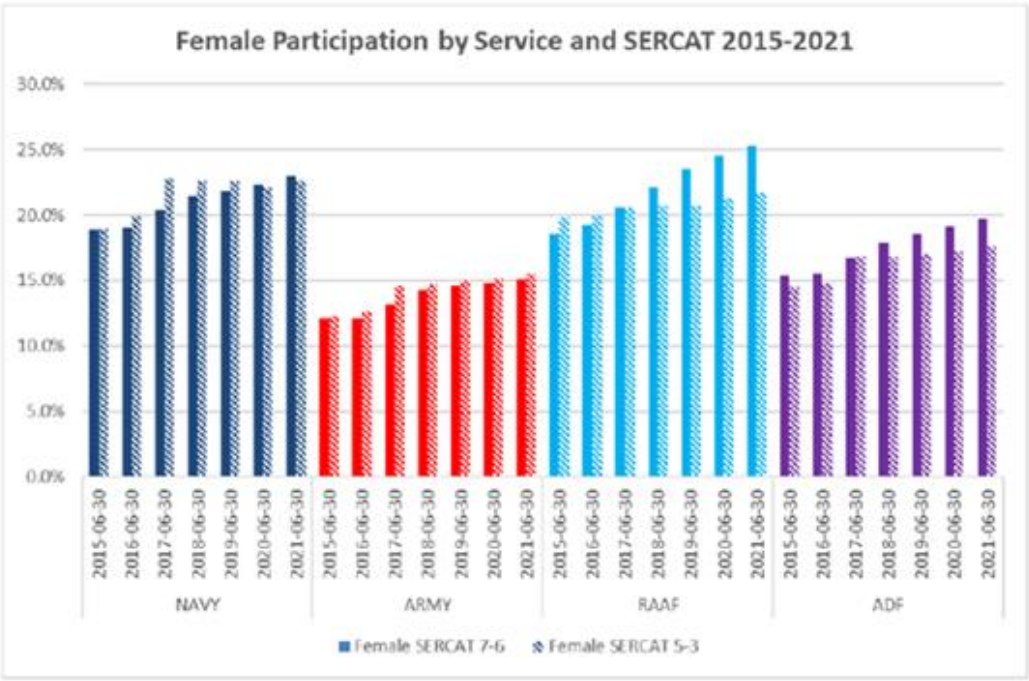
Service Categories 7 and 6 relate to permanent positions. Service Categories 5, 4, 3, and 2 relate to reserve positions.

Defence also enables a Gap Year Program where personnel aged between 17 – 24 years serve in the ADF for one year. These personnel do not deploy on overseas operations but can deploy on domestic operations. There are 664 personnel currently in the Australian Gap Year Program (ADF Gap Year or considered Service Option G).

Personnel can transfer between the Service Categories and can also undertake a period of continuous full-time service (CFTS – also known as Service Option C). CFTS is when a person transfers from Service Category 5,4,3,2 into Service Category 7 or 6 and are considered part of the permanent military for a defined period.

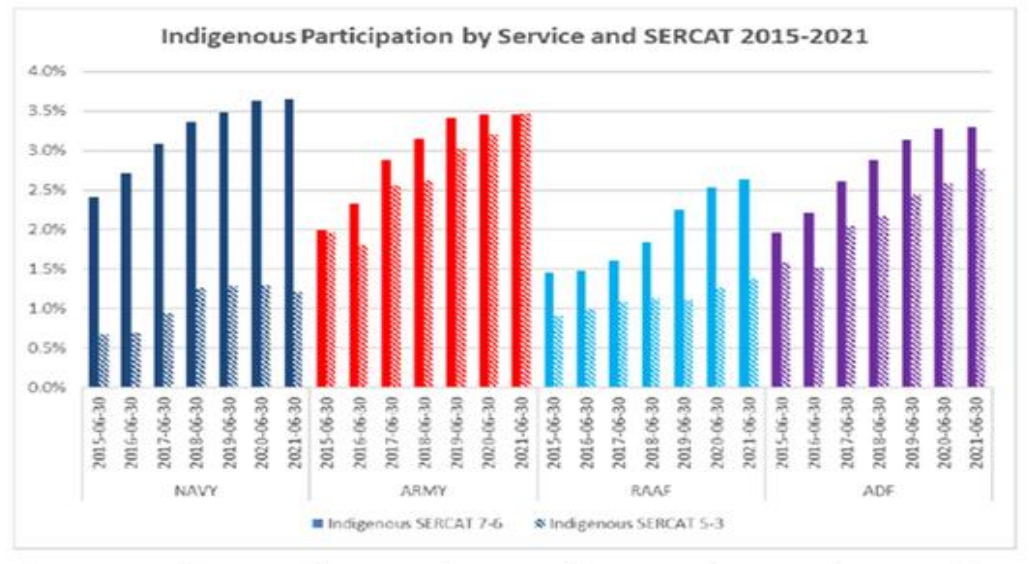
This System has provided members more flexible career options, including easier transfer between different patterns of service, such as full-time, part-time and permanent part-time.

Supporting Demographic Data



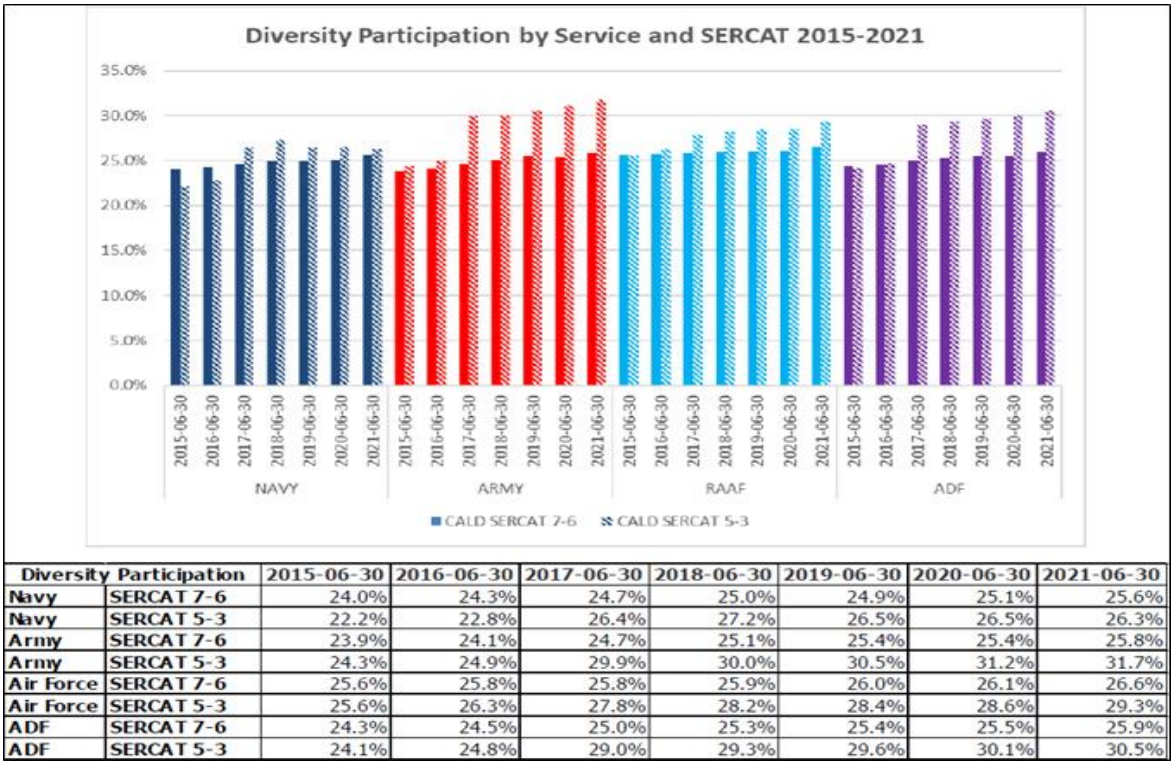
Female Participation		2015-06-30	2016-06-30	2017-06-30	2018-06-30	2019-06-30	2020-06-30	2021-06-30
Navy	SERCAT 7-6	18.9%	19.1%	20.4%	21.5%	21.8%	22.3%	23.0%
Navy	SERCAT 5-3	19.0%	19.9%	22.8%	22.6%	22.6%	22.1%	22.6%
Army	SERCAT 7-6	12.1%	12.1%	13.2%	14.3%	14.6%	14.9%	15.1%
Army	SERCAT 5-3	12.3%	12.7%	14.6%	14.6%	15.0%	15.2%	15.4%
Air Force	SERCAT 7-6	18.6%	19.2%	20.5%	22.1%	23.5%	24.5%	25.3%
Air Force	SERCAT 5-3	19.9%	19.9%	20.6%	20.7%	20.7%	21.2%	21.7%
ADF	SERCAT 7-6	15.4%	15.6%	16.7%	17.9%	18.6%	19.1%	19.7%
ADF	SERCAT 5-3	14.5%	14.8%	16.9%	16.8%	17.0%	17.2%	17.6%

Table 03: *Female Participation by Service and SERCAT 2015-2021*



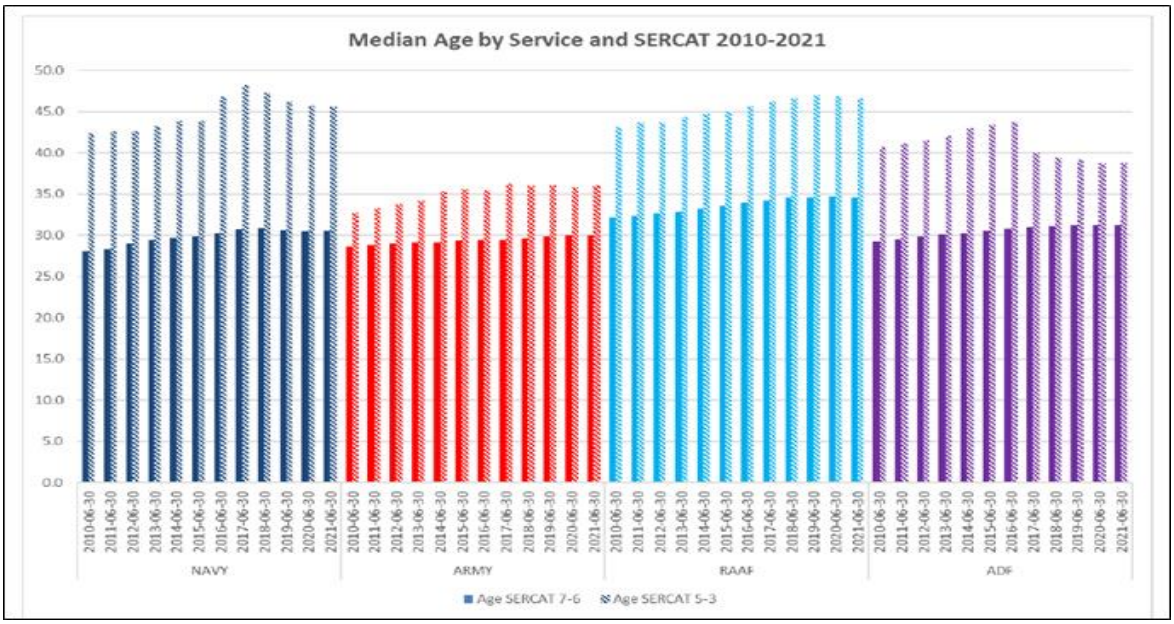
Indigenous Participation		2015-06-30	2016-06-30	2017-06-30	2018-06-30	2019-06-30	2020-06-30	2021-06-30
Navy	SERCAT 7-6	2.4%	2.7%	3.1%	3.4%	3.5%	3.6%	3.7%
Navy	SERCAT 5-3	0.7%	0.7%	0.9%	1.3%	1.3%	1.3%	1.2%
Army	SERCAT 7-6	2.0%	2.3%	2.9%	3.2%	3.4%	3.5%	3.5%
Army	SERCAT 5-3	2.0%	1.8%	2.6%	2.6%	3.0%	3.2%	3.5%
Air Force	SERCAT 7-6	1.5%	1.5%	1.6%	1.8%	2.3%	2.5%	2.6%
Air Force	SERCAT 5-3	0.9%	1.0%	1.1%	1.1%	1.1%	1.3%	1.4%
ADF	SERCAT 7-6	2.0%	2.2%	2.6%	2.9%	3.1%	3.3%	3.3%
ADF	SERCAT 5-3	1.6%	1.5%	2.0%	2.2%	2.4%	2.6%	2.8%

Table 04: *Indigenous Participation by Service and SERCAT 2015-2021*



Diversity Participation		2015-06-30	2016-06-30	2017-06-30	2018-06-30	2019-06-30	2020-06-30	2021-06-30
Navy	SERCAT 7-6	24.0%	24.3%	24.7%	25.0%	24.9%	25.1%	25.6%
Navy	SERCAT 5-3	22.2%	22.8%	26.4%	27.2%	26.5%	26.5%	26.3%
Army	SERCAT 7-6	23.9%	24.1%	24.7%	25.1%	25.4%	25.4%	25.8%
Army	SERCAT 5-3	24.3%	24.9%	29.9%	30.0%	30.5%	31.2%	31.7%
Air Force	SERCAT 7-6	25.6%	25.8%	25.8%	25.9%	26.0%	26.1%	26.6%
Air Force	SERCAT 5-3	25.6%	26.3%	27.8%	28.2%	28.4%	28.6%	29.3%
ADF	SERCAT 7-6	24.3%	24.5%	25.0%	25.3%	25.4%	25.5%	25.9%
ADF	SERCAT 5-3	24.1%	24.8%	29.0%	29.3%	29.6%	30.1%	30.5%

Table 05: *Diversity Participation by Service and SERCAT 2015-2021*



Median Age		2010-06-30	2011-06-30	2012-06-30	2013-06-30	2014-06-30	2015-06-30	2016-06-30	2017-06-30	2018-06-30	2019-06-30	2020-06-30	2021-06-30
NAVY	SERCAT 7-6	28.0	28.3	29.0	29.4	29.7	29.9	30.3	30.7	30.9	30.6	30.4	30.5
NAVY	SERCAT 5-3	42.4	42.6	42.7	43.2	43.9	43.8	46.8	48.2	47.3	46.3	45.7	45.6
ARMY	SERCAT 7-6	28.7	28.8	29.0	29.2	29.2	29.3	29.4	29.4	29.6	29.8	30.0	30.1
ARMY	SERCAT 5-3	32.7	33.3	33.8	34.2	35.3	35.6	35.5	36.3	36.0	36.1	35.8	36.1
Air Force	SERCAT 7-6	32.1	32.3	32.6	32.9	33.2	33.6	33.9	34.2	34.5	34.6	34.7	34.5
Air Force	SERCAT 5-3	43.1	43.7	43.7	44.3	44.7	45.0	45.6	46.3	46.6	46.9	46.9	46.6
ADF	SERCAT 7-6	29.3	29.5	29.8	30.1	30.3	30.5	30.8	30.9	31.2	31.2	31.2	31.2
ADF	SERCAT 5-3	40.7	41.2	41.5	42.0	43.0	43.5	43.7	40.0	39.5	39.1	38.7	38.9

Table 06*: Median Age by Service and SERCAT 2010-2021*

C. Understanding those at risk for mental health issues and suicide in the ADF

Defence is committed to understanding mental health as it applies to all Defence personnel. Military service is not always associated with increased rates of mental illness, however illness patterns in military personnel can vary from the general population.

The *2010 ADF Mental Health Prevalence and Wellbeing Study* surveyed permanent ADF members and established mental health condition prevalence rates for the first time. The study provided insights on ADF member's reflections on mental health and suicidality over the previous 12-month period as well as lifetime prevalence[4].

What the study found

Up to 49 per cent of current (April 2010 – January 2011) ADF members participated in this study (24,481 members across all Services). Their responses showed that during the previous 12 months:

- 22 per cent of surveyed ADF members experienced a mental health condition, which was similar to the prevalence of mental health conditions in the broader Australian community (20.7 per cent).
- 17.9 per cent of surveyed ADF members sought help for stress, emotional, mental health or family problems.
- 27.6 per cent were concerned that reporting a mental health condition might result in being treated differently.
- 26.9 per cent feared their career might be harmed.
- 36.9 per cent of ADF members stated the highest rated barrier to seeking help was concern it would stop them from being deployed.

While the key findings showed the prevalence of mental health conditions in the ADF is similar to rates encountered in the general Australian population, the profiles of specific conditions varied.

- Over half of the ADF (54.1 per cent) had experienced a mental health condition (anxiety, affective or alcohol) at some stage in their lifetime – significantly higher than the Australian population (49.3 per cent).
- In terms of estimated 12-month prevalence, anxiety conditions were found to be the most common in the ADF, with higher prevalence among ADF females, although 12-month prevalence for ADF females was lower than Australian females. The 12-month prevalence of anxiety conditions for ADF members was 14.8 per cent, compared to 12.6 per cent for the Australian population.
- With regard to specific anxiety conditions, the most prevalent (12-month prevalence) were:
  - Post-Traumatic Stress Disorder (PTSD): 8.3 per cent of ADF members compared to 5.2 per cent of the Australian population.
  - Panic Attacks: 7.1 per cent of ADF members compared to 6.5 per cent of the Australian population.
  - Specific phobias: 6.0 per cent of ADF members with no comparable data available.

[4] **Note:** Data on the Australian community for comparative purposes was obtained from the Australian Bureau of Statistics (ABS) 2007 ABS National Survey of Mental Health and Wellbeing. Data was adjusted to match the demographic characteristics of the current serving ADF population (for age, sex and employment status).

- The 12-month prevalence of alcohol conditions within the ADF was significantly lower than that recorded in the Australian population.

	Lifetime prevalence		12-month prevalence	
	ABS %	**ADF %**	**ABS %**	**ADF %**
Any affective condition	14.0	20.8	5.9	9.5
Any anxiety condition	23.1	27.0	12.6	14.8
Any alcohol condition	32.9	35.7	8.3	5.2
Any mental condition	49.3	54.1	20.7	22.0

Table 03: *Estimated prevalence of lifetime and 12-month mental health conditions in the ADF, compared to ABS sample matched by age, sex and employment status – taken from the 2010 ADF Mental Health Prevalence and Wellbeing Study*

Risk and protective factors – suicide and suicidality

Military service exposes current and former personnel to both protective and risk factors.

A proportion of personnel enter service in the ADF with previous exposure to trauma, which is an important risk factor in the development of mental health conditions.

The *Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) project* found that upon entering the ADF, only a third of personnel reported no prior trauma exposure, while approximately 75 per cent of General Entry and 65 per cent of Officers entered training with at least one potentially traumatic event prior to joining the ADF.

Many ADF members who experience moderate mental health symptoms while serving, can go on to develop more severe conditions when leaving service. For example, 28 per cent of former ADF members with a probable mental health condition had experienced moderate mental health symptoms while still serving. It is unclear whether these moderate mental health symptoms influenced their decision to transition out of the ADF.

Former ADF members reported higher rates of moderate mental health symptoms and probable condition than current ADF personnel.

The *Defence Force and Veteran Suicides Literature review* conducted by Phoenix Australia identified the following risk factors for suicide:

- Being male and age below 30 years
- Involuntary separation
- Medical separation
- Lower rank (any other than Commissioned Officer)
- Stigma – reluctance to seek help
- Relationship stress
- Removal from networks when ill or injured.

Risk factors for suicidality included:

- Increasing age and single relationship status
- An underlying mental health condition
- Depression, sleep problems, childhood anxiety, trauma, and anger
- Transition out of full-time service within three years
- Being aged under 30 years
- Financial strain and housing instability.

Protective factors against suicide included:

- Being a current serving ADF member
- Recruited and trained to be fit and resilient
- Access to health care
- Voluntary separation from the ADF
- Strong sense of purpose, meaning and identity
- Secure income, employment and housing.

Protective factors against suicidality included:

- Adaptive cognitive coping styles (acceptance and reappraisal)
- Adequate levels of sleep, social support, high unit morale and fewer negative interactions with others
- Evidence of resilience, spirituality, positive temperament, employment.

Prevalence of suicidality in the ADF

There is a continuum of severity of suicidality, including suicide ideation, making a plan and attempting suicide. Suicidal ideation refers to thoughts about engaging in suicidal behaviour, where an attempt refers to actions that do not result in death but where the person was aware that their action might have potentially caused death.

The *2010 ADF Mental Health Prevalence and Wellbeing Study* showed that current serving ADF members were more likely to experience suicidal ideation than those in the general Australian community (3.9 per cent compared to 1.7 per cent), but attempted suicide at the same rate, and were less likely to die by suicide.

	Males		Females		Total	
	ABS %	**ADF %**	**ABS %**	**ADF %**	**ABS %**	**ADF %**
Felt so low that you thought about committing suicide	1.5	3.7	2.8	5.1	1.7	3.9
Made a suicide plan	0.3	1.1	0.5	1.2	0.4	1.1
Attempted suicide	0.3	0.4	0.4	0.5	0.3	0.4
Any suicidality	1.6	3.8	2.8	5.1	1.8	4.0

Table 04: *Estimated 12-month prevalence of suicidality, by sex, ADF and ABS data, taken from the 2010 ADF Mental Health Prevalence and Wellbeing Study*

The Transition and Wellbeing Research Programme found that the 2015 current ADF sample were significantly more likely to report suicidal ideation than the 2010 current ADF cohort (8.6 per cent vs 3.9 per cent), but there was no significant difference in suicide planning (1.8 per cent vs 1.1 per cent) or suicide attempts (0.6 per cent vs 0.4 per cent).

Recent ADF statistics on suicidality

More recent suicidality data (July 2019 to June 2021) from the Defence Electronic Health System (Image 04) indicated that 1,439 ADF members presented to the clinics for suicidal ideation with 84 presentations for suicidal behaviours (defined as any presentations for attempted suicide, non-fatal suicide behaviour and/or recent suicide attempt). Image 05 shows that, for this period, suicidal ideation was most prevalent in members under 30 years of age.

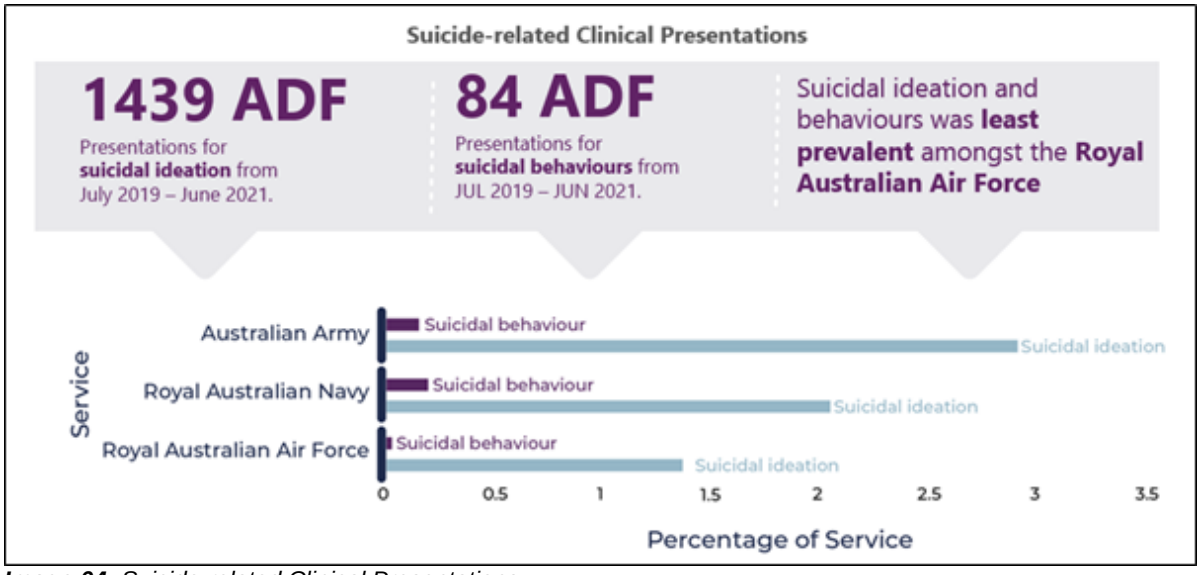


Image 04: *Suicide-related Clinical Presentations*

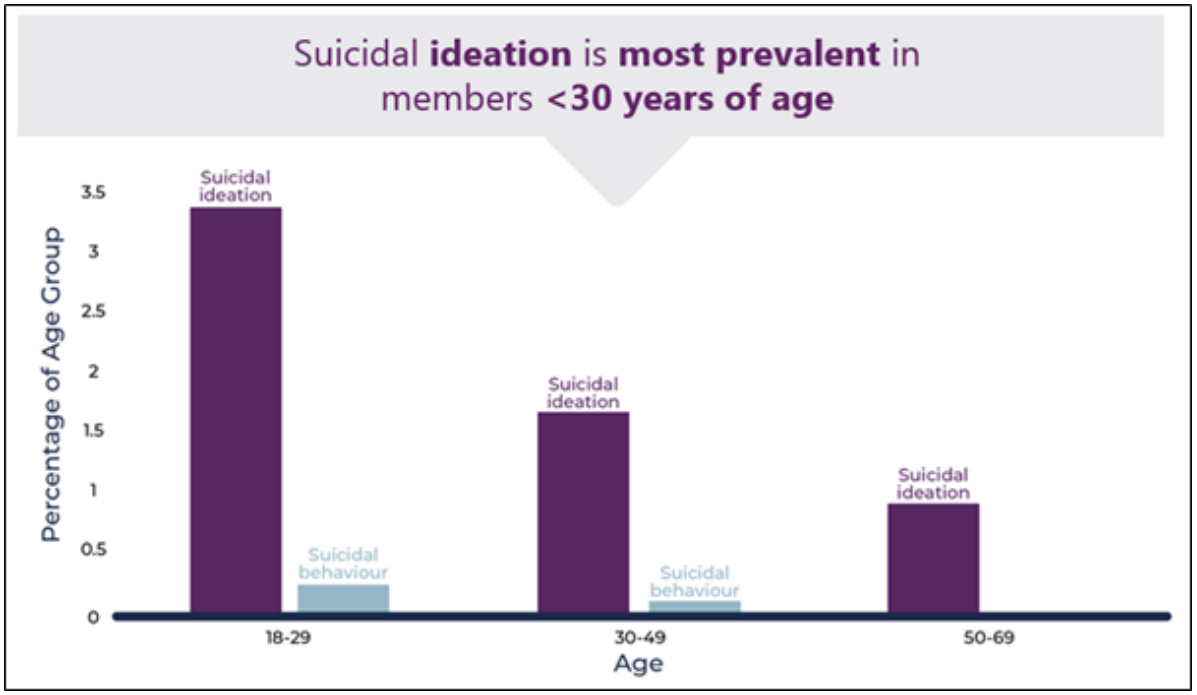


Image 05: *Suicide-related Clinical Presentations by Age*

D. Specific mental health support for Deployed Forces

The Government deploys ADF personnel to operations overseas and within Australia to protect Australia and its national interests. ADF members actively protect Australia's borders and offshore maritime interests.

Each deployment is unique as is the experiences of the ADF member. Operations can be warlike or non-warlike, the duration can differ significantly depending on the Service and type of operation and ADF members may be deployed on multiple occasions, only once in their career or not be deployed at all. For example, deployments could last three, six or nine months; aircrew may only be required to fly into locations for one or two weeks at a time, or members across the Services may spend months at a time on a ship as part of training exercises. *The Defence Census 2019 Public Report* reported that in the prior 12 months, members spent a median of 33 nights away from home overall.

The nature of domestic deployment varies depending on the needs of the nation, for example members have been contributing to Operation COVID-19 Assist as part of the whole-of-government response to the pandemic.

Since 2003, Defence has provided comprehensive mental health support to deployed forces before, during and after their deployment. Defence applies a risk-indicated approach to mental health support for operations. This allows resources to be tailored to meet specific operational threats or risks.

Operational Mental Health Screening provides an indication of the individual deployment experience, potential stressors or traumatic events experienced, and assesses for symptoms of depression, anxiety, PTSD and general psychological distress. The screening process assists with early identification and intervention for ADF members who present with symptoms of a mental health condition.

Defence provides the following support as part of the deployment cycle:

Pre-deployment

- All personnel issued a deployment order complete pre-deployment preparation training. This includes education on psychological/mental health preparation for deployment. The brief is tailored to the nature of an operation and is designed to enhance ADF members' ability to prepare themselves, and their families, for deployment.
- ADF members also complete a health screen with a Medical Officer prior to deploying. If a member is identified as having a medical concern at this stage, they may be referred for treatment and unable to deploy until medical clearance is obtained. This includes mental health conditions.

Deployment phase

- ADF members can access support on deployment from Psychology Support Teams. These teams may be embedded in the Area of Operations or provided through a Fly In -Fly Out capability.
- Command-requested screening is available in both deployed and non-deployed settings for ADF members or groups who have been identified by Command as routinely exposed to intense or prolonged stressors and adverse materials. This screen facilitates early identification and support requirements.
- Other support to deployed personnel includes the chain-of-command, military chaplains and, in most instances, medical staff who deploy as part of a health team.

Critical Incident Mental Health Support (CIMHS)

- Critical Incident Mental Health Support is available when a potentially traumatic event occurs in deployed or non-deployed situations. This is a comprehensive model that includes education, psychological first aid, and, where indicated, screening.

Return to Australia Psychological Screen (RtAPS)

- Return to Australia Psychological Screens comprises a series of screening questionnaires and an interview with a member of a Psychology Support Team.
- It is provided at the end of a deployment, before returning home. It also involves psycho-education delivered in a group setting or individually during the interview.

Joint Health Command and Joint Operations Command (JOC) have developed an approach for members moving into deployments for frequent rotations so that they can complete screening annually.

Post-deployment

- A Post Operational Psychological Screen (POPS) is completed between three to six months following return to Australia. The screen comprises a series of screening questionnaires and an interview. Members may be provided information, resources and, if required, referral for further medical and mental health assessment.
- Deployed personnel also complete a health screen with a medical officer prior to returning to Australia, as well as post-deployment. This provides a comprehensive approach to health, ensuring physical health as well as mental health impacts on an individual are considered.

Annual operational mental health screening programs

- An annual mental health screening program is delivered to Navy crews assigned to Operation RESOLUTE and submarine crews. The intent of the program is to provide psycho-education, surveillance and early identification and referral of personnel who require follow-up mental health support. The program comprises a resilience brief; an annual Mental Health and Wellbeing Questionnaire and screening interview by a psychologist.

E. International Analysis

International comparisons

There is considerable variation in reported rates of mental health conditions across the Five Eyes nations (Australia, Canada, New Zealand, the United Kingdom and the United States of America), in part due to different research methods and sampling, but also due to differences in the nature of service between countries. For example, rates of PTSD in veteran populations are known to vary by up to 35 per cent depending on which specific deployments are being considered.

A recent paper of the Five Eyes Mental Health Research and Innovation Collaborative on military-related PTSD deliberately avoided making comparisons across nations due to interpretational challenges.

The most comparable international data come from the Canadian Forces Mental Health Survey, a population-based study conducted in 2013 using the same diagnostic interview as used in ADF research (2010 ADF Mental Health Prevalence and Wellbeing Study).

The survey found higher prevalence of mental health conditions in the Canadian Armed Forces compared to the general Canadian population, in particular, major depressive episode (8.0 per cent vs 3.5 per cent). PTSD was the second most prevalent condition in the Canadian Armed Forces at 5.3 per cent.

A survey of Canadian veterans in 2013, found that those who had transitioned from the regular force reported poorer mental health and wellbeing than the general Canadian population. This is similar to results from the 2015 Transition and Wellbeing Research Programme. These results, although slightly different in pattern to Australia, suggest a similar issue with higher morbidity for particular conditions in the military compared to the general population.

F. Collaboration with the Department of Veterans' Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC)

Defence continues to work closely with the Department of Veterans' Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC) to ensure veterans, and their families, receive the support they require during their service and after transition into civilian life.

The Memorandum of Understanding between Defence and DVA for the Cooperative Delivery of Care and Support sets out the lasting, cooperative framework under which Defence and DVA jointly work to ensure that Veterans and their families are cared for and supported in the most effective manner. The first version of the current memorandum was signed in 2013 and flowed from the work undertaken in the early phases of the joint Defence / DVA 'Support to Wounded Injured or Ill Project' (SWIIP).

It sets out the governance principles by which Defence and DVA work cooperatively to deliver care and support. The highest level formal engagement under the memorandum is the Defence DVA Executive Committee, which is chaired by the relevant Secretary and membership also includes the CDF. The committee meets annually to set the strategic direction for the coming year.

Under the memorandum, Defence and DVA work together to synchronise, engage and share information throughout a members' career and through their transition where people may be transitioning from military service due to medical reasons, Defence has implemented tailored programs that also include early notification and case management with DVA.

To reduce the detail in the memorandum and to provide greater flexibility in adjusting subordinate arrangements, several Schedules to the memorandum have been developed and approved.

Schedules cover specific arrangements and agreements and are signed on behalf of each Department by senior management with relevant responsibilities. Once approved, Schedules are required to be regularly reviewed and updated where relevant.

The current schedules are:[5]

Schedule	Dated	Description
6	03/06/2013	Agreement Between the Department of Defence and the Department of Veterans' Affairs for the Provision of Mental Health Support Services by the Veterans and Veterans Families Counselling Service (VVCS) to Australian Defence Force Personnel
14	03/01/2019	The Government response to the Parliamentary Inquiry into RAAF F -111 deseal /reseal workers and their families: Ex-gratia lump sum payments to F-111 deseal/reseal and fuel tank maintenance participants
15	21/05/2013	Transition of Bereaved Dependants and Families from the Defence Community Organisation to the Department of Veterans' Affairs

[5] Copies of these schedules/agreements can be provided on request

Schedule	Dated	Description
16	04/02/2013	Support for Wounded Injured or Ill – Framework of Responsibilities
17	07/11/2019	The Provision of ADF Records and Information Services of Serving and Former Members under the Memorandum of Understanding Cooperative Delivery of Care and Support to Eligible Persons
18	22/03/2013	Military Research to the Memorandum of Understanding Cooperative Delivery of Care and Support to Eligible Persons
19	10/09/2013	Support Continuum Performance Metrics Framework
20	31/01/2019	Arrangements for Reciprocal Access to Departmental Information Systems
22	31/05/2017	The Departments of Defence and Veterans' Affairs Human Research Ethics Committee
23	01/01/2018	The Department of Veterans' Affairs/Department of Defence Joint Research Agenda

The Defence DVA Links Steering Committee (DLSC) is a Deputy Secretary level committee that is responsible for the management of joint programs or initiatives designed to improve the operation of the support continuum for veterans, development of joint policies and programs required to address issues emerging from contemporary operations, oversee the joint relationship and engagement with the External Support Community.

Government agency consultation has occurred to inform better risk management of those transitioning. It identified over 50 through-life and career risk indicators under themes such as personal characteristics, personal circumstances, and Defence experience between Defence and external agencies (DVA and CSC as an example).

The Joint Transition Authority Steering Group has been established to support the stand-up and implementation of authority. Representation includes stakeholders from across Defence and partner agencies, DVA and CSC.

To assist in understanding the modes of transition (voluntary, involuntary and medical) better, a mapping exercise has been undertaken. A number of stakeholders have been consulted from Defence, DVA and CSC.

Defence and DVA are working together to better understand and integrate data across the two departments, with a commitment to creating a 'whole-of-life' Data Sharing and Analytics Solution (DSAS). The Solution will seek to provide whole-of-life health, wellbeing and safety actionable insights and inform the priorities for investment in the prevention of service injuries/illnesses on current and former serving ADF members. The Solution will be underpinned by Wellbeing Frameworks that will guide the two agencies to provide a consistent basis for informing policy and research priorities.

Information Exchange and Early Engagement with DVA

There are several initiatives underway or completed to improve the flow of information with DVA. Defence provides a limited set of personal information to DVA in order to facilitate early engagement between DVA and CSC, and Defence members, and to ensure that Defence members and their families are best placed to receive the level of support necessary to ensure their wellbeing.

In accordance with Defence Instruction Administrative Policy Annex J, PPL2—Disclosure of certain personal information in relation to DVA and the CSC, Defence personnel are authorised to disclose personal information held by Defence about a Defence member to DVA:

- about the Defence member's enlistment in, or appointment to, the Royal Australian Navy, Australian Army or the Royal Australian Air Force, or
- if a Defence member:
  - is involved in a serious incident
  - is to separate from the ADF on medical grounds or for any reason that involves the use of prohibited substances or the misuse of alcohol
  - completes transition from the Permanent Forces or continuous full-time service (CFTS) in the ADF
  - separates from the Reserves, or
  - to assist DVA in determining if a member has rendered service which attracts eligibility as qualifying service as defined in the *Veterans' Entitlement Act 1986* (VEA).

Electronic Information Exchange

The Defence DVA Electronic Information Exchange (DDEIE) Project is an endorsed initiative of the joint Defence DVA Support for Wounded, Injured or Ill Program (SWIIP). DDEIE will implement effective and efficient electronic information access and/or exchange arrangements between Defence, DVA and CSC for information held digitally. The DDEIE capabilities are expected to be introduced into service in late 2021.

The data exchanges being introduced under DDEIE is expected to help reduce the time taken by both DVA to determine liability for a claim or provide support and by CSC to determine the level of a member's invalidity, leading to improved delivery of care and support to veterans. It will not totally remove the need for Requests for Information (RFIs) from DVA or CSC as not all information is held digitally and there will always be a requirement for advice on the particulars of a claim.

Defence/DVA Single Access Mechanism

In order to manage the residual RFIs, the Defence/DVA Single Access Mechanism Request Management System (SAM RMS) Project aims to replace the manual arrangements currently in place to manage and respond to requests for information from DVA and CSC. The project will introduce a modern request management system that allows the submission of requests through a web service, the automation of resultant workflow and responses, and provides effective management and reporting. In context the number of requests for information from DVA and CSC has risen from approximately 20,000 in 2012 to over 40,000 in 2021.

The Defence elements of the system are also funded under the 2016 Defence White Paper. Release 1 of the system entered service within Defence in March 2021 and Release 2, which is integrated with DVA and CSC is expected to enter service in late 2021.

The SAM RMS and DDEIE projects share an interdependency in that the SAM RMS utilises the Very Large File Transfer capability introduced under DDEIE while access to digitised health records that pre-date the introduction of the Defence eHealth System, originally part of the DDEIE scope, is now serviced by the SAM RMS.

G. Mental Health Reforms

Defence is an active leader in workplace mental health reform. The following outlines recent reforms:

Year	Actions
2016	**Suicide Prevention Program (SPP)** Defence's suicide prevention activities were consolidated into one systems--based program. The program has seven action areas: • Universal suicide prevention, promotion and awareness, which includes videos and print media, awareness days and mandatory awareness presentations. • Universal suicide prevention skills training, which includes the Keep Your Mates Safe – Peer Support Suicide Prevention Training module. • Gatekeeper suicide prevention skills training, which includes the Living Works Applied Suicide Intervention Skills Training program. • Mental health workforce training, including Mental Health Risk Assessment Training. • Clinical services, which includes risk assessment and safety planning, treatment and crisis hotlines. • Surveillance, including collection of data on serving member suicide, suicide attempts and self-harm behaviours. Defence continues to strengthen the monitoring of non-fatal suicide attempts and deliberate self--harm events and data through developments in the e-health system. This information enhances the understanding of these complex issues and informs the suicide prevention program initiatives. • Policy and guidance, which focusses on means restriction, risk assessment and media guidelines. The policy documents related to the assessment and management of members at risk of suicide, self-harm and harm to others are contained in the Defence Health Manual and were last reviewed and updated in 2018. These policies are currently under review and update.
2017	**Defence Mental Health and Wellbeing Strategy (2018–23)** • The Strategy was released in October and included significant mental health awareness, prevention and early intervention initiatives that targeted the stigma surrounding mental illness. • These include web-based information, mandatory awareness training for all ADF members, mental health input to command and leadership training, and national initiatives in areas of peer support, family engagement and enhancing access to specialist mental health care.
	Mental health research Defence partnered with Open Arms, DVA and Phoenix Australia and Defence Member and Family Support (known as Defence Community Organisation at the time) on several research programs and projects which include the following: • Rapid Exposure Supporting Trauma Recovery (RESTORE) trial is seeking to confirm that intensive exposure therapy for PTSD is as effective as prolonged exposure therapy as this will improve access to evidence-based treatment. • Stepping Out: Attention Reset trial (SOAR) to support adjustment prior to separation. • Development of a Moral Injury Outcomes Scale to improve intervention and treatment.

	Reviewing suicidal behaviour • Defence examined data and information about non-fatal suicide attempts and deliberate self-harm and started to monitor these presentations through the Defence e-health system. • Defence audited the administrative and clinical management of non-fatal suicide attempts and deliberate self-harm cases and provided a Global Assessment Rating. • Reported findings were that administrative standards were largely or fully compliant and clinical management was good to very good when compared to both Defence policy and community health standards.
2018	**Mental Health Program Evaluation** Defence commenced work on developing the Continuous Improvement Framework to guide evaluation and improvements of our mental health and wellbeing programs across Defence.
	Mental Health Risk Assessment Training Defence updated its risk assessment policy within the Defence Health Manual and updated the Mental Health Risk Assessment Training for clinicians.
	Expanded role of the ADF Centre for Mental Health • In response to the 2017 National Mental Health Commission Review into the suicide and self-harm prevention services available to current and former serving ADF members and their families, the role and staffing of the ADF Centre for Mental Health was expanded in 2018–19 to strengthen the national consistency and coordination of our mental health programs for ADF members and improve training of our health workforce. • A hub and spoke model incorporating regional mental health teams, supported by a national team at HMAS Penguin, was implemented in 2019 to enable it to coordinate the development, continuous improvement and delivery of mental health promotion, prevention and early intervention programs across the ADF. • Expansion of the Second Opinion Clinic through the ADF Centre for Mental Health was possible with the engagement of an additional four Reserve specialist psychiatrists. This a tertiary level referral service for ADF Medical Officers to assist in the assessment and management of ADF members who are experiencing difficult, complex or treatment resistant mental health conditions.
2019	**Garrison Health** • Family Sensitive Practice training rolled out across Garrison Health Services. • Periodic Mental health Screening introduced across all Garrison Primary Care settings to provide access to mental health screening to ADF members who have not undertaken a screen for any other reason in the previous 12 months.
	Establishing a Lived Experience Framework • Defence engaged Roses In the Ocean (supported by Beyond Blue and Black Dog Institute) to advise on a Lived Experience Framework incorporating a Defence approach to peer support and ways to include those with lived experience of mental health concerns or suicidal behaviour in the co-design of relevant policy and programs. • In July 2021 Defence commenced recruiting activities for a Lived Experience Program Manager to take this Framework forward.
2020	**Monitoring ADF suicide deaths and suicidal behaviour** • Defence has been monitoring confirmed and suspected full-time ADF deaths by suicide since January 2000. • Joint Health Command is working to establish a system of using Defence e-health System data to improve monitoring of non-fatal suicide attempts and deliberate self-harm events. This is progressing through an activity of

	exploration of the existing data contained within the Defence e-health System with a view to using data analytic technology to improve insights. • The ADF Centre for Mental Health created a working group with expertise from the ADF Mental Health Advisory Group and representation from the National Mental Health Commission to assist to better understand the health data in ways that better inform response and early intervention to suicidal behaviour amongst ADF members.
	Video Conference Mental Health Network • The ADF Centre for Mental Health established a video conference mental health workforce development activity. • Sessions have been held monthly since the beginning of April 2020 and have attracted between 70 and 100 participants at each session. • The ADF Centre for Mental Health has now partnered with Mental Health Primary Network (MHPN) to coordinate the future program. Participants include Defence health providers and Open Arms staff.
	BattleSMART Virtual Reality (VR) Trial • The Centre Advanced Training Systems (University of Newcastle) co-designed a comprehensive virtual reality-based stress management training platform, based on the principles of the ADF resilience program, BattleSMART. • The trial commenced in May at the Army School of Health and is funded through the Defence Innovation Hub. • It is focused on providing scenario-based exercises that establish procedural competence and skill development. • Responses from staff and trainee participants have been very positive. Expanded trials are currently occurring with the School of Infantry and further testing and data collection will be largely complete by the end of 2021.
	Release of HeadStrength – a mental health and wellbeing app • This app was purpose built for the Defence community and gives users the ability to anonymously self-check and instantly link to a range of tools and resources that are relevant and specific to their current levels of wellbeing. • The app is accessible to any member of the Defence community who is eligible to use ForceNet. • Since its release in October 2020 there have been approximately 2,250 downloads of the app and over 2,000 views of the promotional short video on Defence social media.
	Mental Health Continuous Improvement Framework • The framework is an initiative under the Defence Mental Health and Wellbeing Strategy (2018-2023) to undertake evaluation of Defence mental health programs. • Joint Health Command has partnered with the University of Canberra to support the implementation of the evaluation over the next three years to deliver evaluation results of the impact of Defence mental health programs. • The ADF Suicide Prevention Program will be the first program to be evaluated (commenced in January 2021).
	Operation COVID-19 Assist (OPC19A) Mental Health Screening and Surveillance • To better understand and identify stressors and risks associated with operating in pandemic conditions Joint Health Command designed and initiated a health check screening process and deployment experiences survey now being offered to all ADF personnel assigned to this operation. • This will inform future mental health screening requirements and inform DVA about the nature of exposures influencing future claims.

	Completion of 10-year LASER-Resilience study • The Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) researched the resilience of early career ADF members. • It found over 80 per cent of ADF members maintain consistently high levels of wellbeing throughout the early years of their service. However, elevated psychological symptoms at the conclusion of Initial Training had the potential to worsen over time if untreated reinforcing the importance of screening, early identification and intervention initiatives.
	Bipolar Audit • This study is looking to identify whether there is a similar prevalence of bipolar disorder and PTSD among serving members of the ADF, to that described in the 2018 Transition and Wellbeing Research Programme Mental Health Prevalence study, via a review of the Defence electronic Health System. • This study is being managed through the ADF Centre for Mental Health consultant psychiatrist and a number of Defence Reserve psychiatrists. Final findings are expected in 2021.
	Wellness Action Through Checking Health (WATCH) Study • JHC, in partnership with Phoenix Australia, initiated the Wellness Action Through Checking Health (WATCH) Study to investigate the management of subthreshold symptoms of mental ill health in the ADF. The Study will inform serving members and Defence health providers create better opportunities for early intervention. Ethics clearance has been received and recruitment to the study began in December 2020 and will report by end of 2021.
	Professor of Military Mental Health • In partnership with Phoenix Australia – Centre for Posttraumatic Mental Health and the University of Melbourne, Joint Health Command has established a position of 'Professor of Military Mental Health'. The position began in November 2020 with an interim 12-month appointment of an Associate Professor, Dr Lisa Dell, to lay the groundwork for the substantive Professor for which recruitment activities will be conducted in 2021.

H. Defence Mental Health Programs and Resources

Defence delivers several programs and makes available resources to ADF members and APS staff.

In 2020, the ADF Centre for Mental Health regional staff delivered a total of **403** mental health education, awareness, and skills programs for ADF members and the Defence health workforce.

This included:

- 10 Applied Suicide Intervention Skills Training (ASIST) programs
- 103 Suicide Prevention Mandatory Training sessions
- 24 Keep Your Mates Safe (KYMS) Suicide Prevention programs
- 39 KYMS BattleSMART programs
- 11 Mental Health Risk Assessment Training programs for health providers
- 7 Family Engagement in health training programs for health providers

List of Programs and Resources

Program	Details
Suicide awareness in the ADF presentation	This 40-minute presentation provides ADF personnel with heightened awareness of the warning signs that someone may be at risk and considering suicide. All ADF personnel are required to undertake suicide awareness training every 12 months.
Keep Your Mates Safe – Peer Support	The program concentrates on providing Defence members, of all ranks, with practical skills and knowledge to assist family and friends who may be displaying early symptoms of a mental health concern.
Applied Suicide Intervention Skills Training (ASIST) Program	A two-day program targeted at junior leaders, commanders, managers, health professionals and champions, aimed at teaching participants to apply a suicide intervention model.
Mental Health Risk Assessment Training	This training equips Defence mental health professionals with the skills required to assess and manage members at risk of suicide, self-harm or harm to others within the Defence environment. It aims to equip participants with knowledge and skills required to complete a mental health risk assessment and undertake immediate management of identified risks in accordance with best practice and Defence policy and procedures.
Resilience training through BattleSMART (Self-Management and Resilience Training)	A program provided during initial training and at key career points to enhance individual resilience.
On Target – Harm Minimisation Program (OT-HMP)	A four-day voluntary program for ADF members who are drinking at risky levels (including binge drinking), experiencing problems with substance use and related behaviours, to help them better understand the risks and develop strategies towards making lasting changes.
RESET Program	Six modules delivered over two days to support ADF members to build confidence and practical skills of self -management to enhance performance and quality of life.
Defence Member and Family Support Branch (previously	Offers a range of programs and services to help Defence members and their families manage the military way of life.

Defence Community Organisation)	
Critical Incident Mental Health Support (CIMHS) Professional Training	This course provides the background and skills for Critical Incident Mental Health Support professionals to conduct and participate in a critical incident response.

Online Resources

Resource	Details
ADF Health and Wellbeing Portal – Fighting Fit	Provides ADF members with a single point-of-access to information on health, mental health and rehabilitation support services. The 'Mental Health Online' component of the portal contains specific information about Post -Traumatic Stress Disorder, suicide and alcohol.
Engage – Supporting Those Who Serve website	Provides current and former ADF personnel and their families a common access point to support and services from Government agencies, not-for-profit service providers and other service providers and charities. Defence has a range of mental health and wellbeing fact sheets available, both physically and online, including ones for traumatic stress and suicide.
Mental health and wellbeing fact sheets	Provides information on dealing with traumatic stress, suicide, depression, anxiety, alcohol, illicit and prohibited substances, performance and image enhancing drugs and supplements.
HeadStrength mental health and wellbeing app	An app purpose built for the Defence community that gives users the ability to anonymously self-check and instantly link to a range of tools and resources that are relevant and specific to their current levels of wellbeing.

I. Defence Force Transition Programs

The Defence Force Transition Program comprises (note: *programs delivered by Right Management):

Program	Details
Transition coaching*	All transitioning members need to undertake the transition process and engage with an ADF transition coach. A coach will provide tailored coaching and mentoring to members and their family throughout their career and transition. Coaches work with members to set post-transition goals based on their unique skills, interests and aspirations and assist in developing an individualised plan to meet these goals.
ADF Member and Family Transition Seminars	A national program of 30 one-day sessions available at any time in a member's career. Family participation is strongly encouraged, and a virtual offering is also available.
Job Search Preparation workshops*	Open to all ADF members, and their partners, at any time throughout their military career and for up to 24 months after transition.
Career Transition Coaching*	Specialist career and employment support in order to achieve post--transition goals from the following modules: • Personality profiling • Developing civilian career goals • Competency and capability mapping • Personal brand and marketing • Job search skills • Interview skills • Negotiation skills • Adjustment coaching • Planning for retirement.
Personalised Career and Employment Program (PCEP)*	• Provides up to three months of support targeting early service leavers through accelerated job search and employment support. The program was launched in January 2019. • The program has been developed for transitioning members categorised as 'at risk' in the 18-24 year old cohort, who have served for less than four years and are transitioning administratively or medically (non-complex). In February 2020, the Government announced an additional $5.6 million to expand this program to members aged under 30. This was implemented on 1 July 2020. • Since January 2019, 701 members have been referred to the program, and 321 participants have secured employment, or have engaged in study, with more program participants on their way towards securing employment in roles in security, trades, agriculture, construction, retail and engineering (as at 30 November 2020). • Where a transition coach identifies that a person may be experiencing mental health concerns, they will refer them to appropriate points of care, such as Joint Health Command, Defence Family Helpline and Open Arms.

Transition for Employment (T4E)*	• Supports medically transitioning ADF members with complex circumstances to secure employment or meaningful engagement. • Since commencement in July 2018, 777 members have participated in the program, with a total of 134 members employed and/or meaningfully engaged (as at 30 November 2020). The remaining members on the program are on a positive path to employment. • Participation in the program forms part of the member's ADF rehabilitation program, and continued participation is supported by DVA upon transition.
Career Transition Training*	Provides up to $5,320 funding towards formal training and education for the purposes of being competitive to achieve post-transition employment or meaningful engagement.
Financial Advice	Provides up to $1,000 contribution towards professional financial advice to allow ADF members and their families to plan for their financial security post-transition.
Approved Absence	Defence provides ADF members up to 23 days of approved leave to participate in approved transition related activities.
Partner Employment Assistance Program	This eligibility extends post-transition for the partners of medically transitioning members.
Post-transition follow up phone call and survey*	Defence maintains contact with recently transitioned members for 24 months post-transition. A transition coach will make contact with all members approximately one month after their transition. This offers the member the opportunity to access further support if their transition goals or post transition circumstances have changed in this time period.

J. Glossary of Terms and Abbreviations

ABS – Australian Bureau of Statistics.

ACSQHC – Australian Commission on Safety and Quality in Health Care.

ADF – Australian Defence Force.

ADF Gap Year – a program offering Australian school-leavers full-time military training for one year without the obligations of longer-term periods of service.

ADF Personnel / Members – referring to uninformed serving members of the ADF.

ADF TCR – ADF Transition and Civil Recognition Project.

AIHW – Australian Institute for Health and Welfare.

APS – Australian Public Service.

Applied Suicide Intervention Skills Training (ASIST) Program – A two-day program targeted at junior leaders, commanders, managers, health professionals and champions, aimed at teaching participants to apply a suicide intervention model.

Beyond Blue – an Australian mental health and wellbeing support organisation that provide support programs to address issues related to depression, suicide, anxiety disorders and other related mental illnesses.

CARM – Complaints and Alternative Resolutions Manual.

CDF – Chief of the Defence Force.

CFTS – Continuous Full-Time Service.

CIMHS – Critical Incident Mental Health Support.

CO – Commanding Officer.

Command – a group of officers who are responsible for organising and controlling part of the ADF.

CSC – Commonwealth Superannuation Corporation.

DCO – Defence Community Organisation (see DMFS).

DDEIE – The Defence DVA Electronic Information Exchange.

Defence – collective term for the Department of Defence and the Australian Defence Force.

Defence Family Helpline – provides support and information for Defence members. The Helpline is available 24/7 and is staffed by qualified human services professionals including social workers and psychologists.

Defence Mental Health Specialist Provider Lists – mental health and psychology services available to Defence members.

Defence personnel – referring to all employees of Defence including APS, ADF, and contractors.

Defence School Mentor Program – provides funding to minimise the impact of mobility on education and build schools' capability to support Defence students.

Deployment [from ADF Pay and Condition Manual] – warlike or non-warlike service overseas by members assigned for duty with a UN mission or a similar force.

DFTP – Defence Force Transition Program.

Diarchy – Defence is administered by a diarchy, which is the term used to describe the joint leadership of Defence by the Secretary of Defence and the Chief of the Defence Force under the general control of the Minister for Defence.

DMFS – Defence Member and Family Support (formerly Defence Community Organisation) provide a range of support services, assistance and resources to support members and families.

DSAS – Data Sharing and Analytics Solution.

DSW – Defence Social Worker.

DVA – Department of Veterans' Affairs.

Engage Supporting Those Who Serve website – provides current and former ADF personnel and their families a common access point to support and services from Government agencies, not-for-profit service providers and other service providers and charities. Defence has a range of mental health and wellbeing fact sheets available, both physically and online, including ones for traumatic stress and suicide.

Fighting Fit – ADF Health and Wellbeing Portal that provides ADF members with a single point of access to information on health, mental health and rehabilitation support services.

ForceNet – Defence communications tool used for registered users within a secure online environment to connect with Defence and online Defence communities.

Groups – Organisational areas within the Department of Defence, under the lead of a Deputy Secretary.

HeadStrength – a mental health and wellbeing app for the Defence community.

HMAS – Her Majesty's Australian Ship is the ship prefix used for commissioned vessels of the Navy.

JHC – Joint Health Command.

JMPU – Joint Military Police Unit.

JOC – Joint Operations Command.

Keep Your Mates Safe (KYMS) - Peer Support – program that provides Defence members with practical skills and knowledge to assist family and friends who may be displaying early symptoms of a mental health concern.

LASER Resilience Study – Longitudinal ADF Study Evaluating Resilience – 10-year study researching resilience of early career ADF members.

Mental Health Risk Assessment Training – equips Defence mental health professionals with the skills required to assess and manage members at risk of suicide, self-harm or harm to others within the Defence environment.

MHPN – Mental Health Primary Network.

Military Personnel – See ADF Personnel.

Non-warlike service [from ADF Pay and Condition Manual] – both kinds of service for the purposes of the *Veterans' Entitlements Act 1986*, either: Service with a peacekeeping force for the purposes of Part IV; or Hazardous service for the purposes of section 120.

On Target – Harm Minimisation Program (OT-HMP) – voluntary program for ADF members who are drinking at risky levels (including binge drinking); experiencing problems with substance use; and/or related behaviours, to help them better understand the risks and develop strategies towards making lasting changes.

Open Arms – Veterans & Families Counselling Service (formerly VVCS) – provides high quality mental health assessment and clinical counselling services for Australian veterans and their families.

Operation/s – refers to the deployment of ADF personnel overseas and within Australia to protect Australia and its national interests.

OSA – Occupational Suitability Assessment.

Pathway to Change: Evolving Defence Culture 2017-2022 (Pathway to Change 2017-22) – Defence's strategy for cultural change and reinforcement in Defence and the Australian Defence Force, which builds on the initial five-year implementation period of *Pathway to Change: Evolving Defence Culture*.

PCEP – Personalised Career and Employment Program.

PTSD – Post Traumatic Stress Disorder.

RAAF / Air Force – Royal Australian Air Force.

RAN / Navy – Royal Australian Navy.

RESET Program – Six modules delivered over two days to support ADF members to build confidence and practical skills of self-management to enhance performance and quality of life.

Resilience training through BattleSMART (Self-Management and Resilience Training) – program available for all ADF personnel to enhance individual resilience.

RtAPS – Return to Australia Psychological Screen.

SAM RMS – The Defence DVA Single Access Mechanism Request Management System.

Secretary – Secretary of the Department of Defence, or Secretary of the Department of Veterans' Affairs.

SeMPRO – Defence's Sexual Misconduct Prevention and Response Office.

SERCAT – Service Categories.

Services – Navy, Army and Air Force.

SPP – Suicide Prevention Program.

Suicidality – covers suicidal ideation, suicide plans and suicide attempts.

Suicidal Ideation – serious thoughts about taking one's own life.

TTP – ADF Transition Transformation Program.

T4E – Transition for Employment Program.

Veteran/s [definition Section 13(6) of the VEA] – a person (or deceased person) who has either rendered eligible war service, or is a member of the defence forces who on or after 31 July

1962 was outside Australia, but not on operational service, who was killed or injured by the action of hostile forces.

VVCS – [see Open Arms] Veterans and Veterans Families Counselling Service (formerly Vietnam Veterans' Counselling Service) – specialised, free and confidential Australia-wide service providing counselling and group programs to Australian veterans and peacekeepers and their families.

Warlike service [from ADF Pay and Condition Manual] – service in the Defence Force of a kind determined as warlike service for the purposes of the *Veterans' Entitlements Act 1986.*

WATCH – the Wellness Action Through Checking Health Study initiated by Joint Health Command and Phoenix Australia to investigate the management of subthreshold symptoms of mental ill health in the ADF.

Legislation:

Acts Interpretation Act 1901

Criminal Code Act 1995

Defence Act 1903

Defence Force Discipline Act 1982

Defence Force Discipline Regulations 1985

Defence Regulation 2016

DRCA – *Safety Rehabilitation and Compensation (Defence-related Claims) Act 1988* (enacted 2017)

Legislation Act 2003

MRCA – *Military Rehabilitation and Compensation Act 2004*

Privacy Act 1988

Public Governance, Performance and Accountability Act 2013

Public Service Act 1999

SRCA – *Safety Rehabilitation and Compensation Act 1988*

VEA – *Veterans' Entitlement Act 1986*

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