

Suicide Prevention and Safety Planning for the Veteran Community

This document highlights some recommended readings prior to attending the activity.

National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update

The new online report *National suicide monitoring of serving and ex-serving Australian Defence Force personnel* provides annual updates to information on the level of suicide among serving and ex-serving ADF personnel with at least 1 day of ADF service since 2001 across three service status groups.

<https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary>

Transition and Wellbeing Research Programme

The *Mental Health Prevalence and Pathways to Care Reports Key Findings* are available on the DVA and Defence website.

https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/research_dev/socialresearch/TWRP_Key_findings.pdf



Suicide Prevention and Safety Planning for the Veteran Community

This document highlights some additional resources related to this topic.

Risk factors / warning signs

Observable and strong signs of a suicidal crisis needing immediate attention

- Someone threatening to hurt or kill themselves
- Someone looking for the means (gun, pills, rope, etc.) to kill themselves
- Someone talking or writing about death, dying or suicide

Action: Call 000. Do not leave the person alone

Indication of suicide where professional help is needed

Someone showing signs of:

- Hopelessness
- Persistent crying
- Loss of interest in previously pleasurable activities
- Rage, anger, seeking revenge
- Acting reckless/engaging in risky activities
- Feeling trapped (like there is no way out)
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep/sleeping all the time
- Giving away possessions
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

Action: Seek professional help – option to refer to [Open Arms](#) – Veterans & Families Counselling (formerly VVCS): [1800 011 046](tel:1800011046)

Protective factors

Protective factors can be seen as the actions or efforts a person can take to reduce the negative impact of issues like mental health problems, transition from military life or isolation from friends and family.

Positive steps can be made by someone experiencing such issues or you could support someone to take these positive steps to make changes in their life to protect against suicide.

There are many protective factors that can help to reduce the risk of suicide. Some important ones are:

- Staying connected to community
- Having significant others or someone to share concerns with, and to care for
- Physical and mental health
- A strong sense of self-worth and hope for the future
- A sense of personal control
- Resilience (being able to bounce back from challenges in life)
- Safe and stable housing
- Opportunities to participate meaningfully in work, leisure or community groups
- Financial security
- Spirituality and belief

Not all of these will be relevant to every individual, but some will be relevant for most people.

Further information is available at:

at-ease.dva.gov.au/suicideprevention/learn-about-suicide-prevention/protective-factors-against-suicide

Safety planning tools and resources

Beyond Now

A safety plan is for people to use when they are feeling unsafe or suicidal – a plan to refer to and remind themselves of reasons to live, family and friends they can talk to or activities to do when they are feeling vulnerable.

Beyond Blue has developed Beyond Now, a suicide safety planning app that provides a convenient way for people to develop a personalised safety plan. It can be updated or edited anytime and offers the option of sharing it with support people.

The app is free to download from the Apple Store or Google Play, and is also available to use online. Further information and links to the Beyond Now app are available at:

www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

Operation Life website and app

The Operation Life website targets people experiencing suicidal thoughts or people wanting to learn how to mitigate suicide. The Operation Life website helps people understand the warning signs of suicide and provide information and resources to help keep people safe from suicide. Resource and information support is also available for those bereaved by suicide. The website is complemented by a mobile app that provides safety planning capability and cognitive behavioural therapy to help those at risk deal with suicidal thoughts.

The app provides on-the-go access to relevant emergency and professional support and self-help tools to help people regain control, keep calm and take action to stay safe. The app also contains web links to relevant online resources, including information on suicide awareness, prevention training and counselling. The app is recommended to be used with the support of a clinician. The supporting Clinicians Guide provides an overview of the app and a step-by-step guide to help clinicians' set-up and use the app with their clients. The Clinician's Guide is available for Android or iOS users.

More information about the website and app is available at:

at-ease.dva.gov.au/suicideprevention

Referral pathways

Becoming a DVA service provider

DVA service providers can treat [DVA card-holders](#) for a wide range of conditions through a payment arrangement which means the veteran does not pay for those services. Further information on how to become a DVA service provider is available at:

www.dva.gov.au/providers/becoming-dva-service-provider

www.dva.gov.au/factsheet-hip01-providers-how-become-dva-health-provider

Notes for providers

Notes for providers contains information about the provision of services to entitled persons by providers for DVA White and Gold Card holders. Further information is available at:

www.dva.gov.au/providers/notes-providers

Prior approval

Prior financial approval is required before providing certain medical and/or allied health services to eligible veterans. The criteria for prior approval differs for some types of health services. A request must be submitted before administering these services to be able to claim payment for the service. Further information is available at:

www.dva.gov.au/providers/services-requiring-prior-approval

Allied Health Professionals

Information for Allied Health Professionals is available at: www.dva.gov.au/providers/allied-health-professionals

Doctors

Information for Doctors is available at: www.dva.gov.au/providers/doctors

Dentists, dental specialists and dental prosthetists

Information for Dentists and Dental Specialists is available at:

www.dva.gov.au/providers/dentists-dental-specialists-and-dental-prosthetists

Pharmacists

Information for Pharmacists is available at: www.dva.gov.au/providers/pharmacists

Veterans' Affairs Pharmaceutical Advisory Centre

The Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) 24-hour RPBS prior approval free call number is [1800 552 580](tel:1800552580). More information is also available at:

<https://www.dva.gov.au/providers/pharmacists>

Clinical support for health professionals

Centenary of Anzac Centre – Practitioner Support Service

The Practitioner Support Service aims to ensure better treatments and improved lives for Australia's veterans, military personnel and their families. The Practitioner Support Service includes a free, confidential consultation service for practitioners which can be accessed nationwide via email, telephone or online. Practitioners and organisations can seek expert advice on a range of issues relating to veteran mental health.

anzaccentre.org.au/practitioner-support-service/

- Phone: **1800 838 777**
- Online: anzaccentre.org.au/practitioner-support-service/consultation-and-advice/enquiry/

Online resources for health professionals

Australian PTSD Guidelines

The *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder* provide information about the most effective treatments for PTSD. The Guidelines aim to support high quality treatment of people with PTSD by providing a framework of best practice around which to structure treatment.

www.phoenixaustralia.org/resources/ptsd-guidelines

At Ease Professional website (*transitioning to Open Arms website in early 2020*)

DVA's platform for mental health professionals, At Ease is a one-stop shop for information, professional development opportunities, clinical resources, referral options, educational resources and the latest in international research.

at-ease.dva.gov.au/professionals

Health professionals can access clinical tools and information for treating veterans with PTSD.

at-ease.dva.gov.au/professionals/assessment-and-treatment/ptsd

Health professionals can also access clinical tools and information for treating veterans presenting with comorbid disorders and complex needs.

at-ease.dva.gov.au/professionals/assessment-and-treatment/complex-cases

Understanding the Military Experience

This two-hour program helps clinicians better understand the context in which their veteran patients are presenting and the long-term effects that military service can have on the mental health and wellbeing of veterans of all ages. Understanding the Military Experience demonstrates that it is not only combat exposure that has the potential to affect veterans for the rest of their lives, but that military training and culture continues to shape their behaviour years after they leave the military. The program is free and may be used for Continuing Professional Development.

at-ease.dva.gov.au/professionals/professional-development

PTSD-Psychological Interventions Program (eLearning)

PTSD – Psychological Interventions Program helps providers better understand the preferred treatments for PTSD, through a combination of case studies, active learning activities and video demonstrations. The full program takes 4-6 hours to complete, but clinicians have the ability to tailor their experience by focusing on aspects that they are most interested in. Upon successful completion, clinicians will be able to print a certificate that can be used to claim Continuing Professional Development.

at-ease.dva.gov.au/professionals/professional-development

Case Formulation (eLearning)

Case Formulation assists front line clinicians to make better sense of complex presentations and to design and plan treatment in collaboration with their patient. Clinicians will be able to identify and focus on the presenting problems that are likely to have the most impact on recovery and help set priorities for treatment. The program is free and may be used for Continuing Professional Development.

at-ease.dva.gov.au/professionals/professional-development

Working with Veterans with Mental Health Problems

This one-hour eLearning program assists GPs better understand common veteran mental health conditions, how military service can affect the mental health of serving and ex-serving personnel and referral pathways for DVA clients. The program is free and can be used for Continuing Professional Development for GPs.

at-ease.dva.gov.au/professionals/professional-development

Evidence Compass

The Evidence Compass is a repository for literature reviews on issues of importance to the veteran community. The Evidence Compass is designed to be used by researchers, policy-makers, and the broader community. The literature reviews available on this website use the Rapid Evidence Assessment methodology.

www.dva.gov.au/health-and-wellbeing/evidence-compass

Australian Society for Psychological Medicine

The Australian Society for Psychological Medicine, offers training in psychological medicine skills for GPs.

aspm.org.au

Centenary of Anzac Centre – Treatment Research Collaboration

The Centenary of Anzac Centre comprises a Treatment Research Collaboration which aims to improve mental health outcomes in veterans by conducting and facilitating innovative clinical intervention research into PTSD and other complex military mental health issues. It will improve understanding of these problems and test innovative psychological, social, and neurobiological treatments and delivery methods. It will include a particular focus on early intervention to reduce the cumulative impact of PTSD and related disorders. The Centenary of Anzac Centre is a [Phoenix Australia](#) initiative.

anzaccentre.org.au/treatment-research-collaboration/

Phoenix Australia – Training Programs

[View and register](#) for upcoming training programs offered by Phoenix Australia and delivered by trauma experts.

Patient Health Questionnaire Screeners

[The Patient Health Questionnaire](#) (PHQ) and GAD-7 offer clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice.

DVA Provider News

Subscribe to [DVA Provider News](#) to receive the latest updates and information for working with DVA patients and clients.

Treatment services for veterans

DVA Health Cards

DVA issues health cards to veterans, their war widow(er)s and dependants to ensure they have access to health and other care services.

Further information is available at: www.dva.gov.au/providers/dva-health-cards

Non-Liability Health Care

DVA can pay for treatment for mental health conditions without the need for the conditions to be accepted as related to service. This is known as non-liability health care (NLHC) and anyone who has served at least one day in the full-time ADF or reservists with certain service experience can access free treatment for any mental health condition. Veterans only need to call DVA on free call 1800 555 254 or email nlhc@dva.gov.au to apply.

Further information is available at: dva.gov.au/factsheet

Open Arms – Veterans & Families Counselling

Open Arms is a nationally accredited mental health service that provides 24-hour free and confidential counselling and support. Any ADF member with on day full-time service can access support through Open Arms, as can their partners and children. Open Arms services include:

- counselling for individuals, couples and families
- case management for clients with more complex needs
- group programs to develop skills and enhance support
- Community and Peer Advisors
- after-hours telephone counselling
- suicide prevention training
- mental health literacy and awareness training
- information, education and self-help resources, and
- referrals to other services or specialist treatment programs, as needed.

Further information is available by calling 1800 011 046 or at: openarms.gov.au/get-support

Open Arms Community and Peer Program

The Open Arms Community and Peer Program involves lived-experience peers working collaboratively with local veterans, family supports, community organisations and mental health clinicians. The Community and Peer Advisors provide an avenue for interpersonal connection, support and early engagement, and a bridge to clinical services for those unlikely to seek help.

Further information is available at: openarms.gov.au/get-support/community-and-peer-program

Veteran Health Check

Veteran Health Checks can help veterans and their GPs identify ways to optimise their physical and mental health and wellbeing after transition from the ADF to civilian life. One-off Veteran Health Checks are available for all former members of both the permanent and reserve forces. They are accessible at any time and veterans can access these even if they are not a DVA client, using their Medicare card (there is a Medicare rebate for this). Additionally, if members leave the ADF from 1 July 2019, they can gain access to fully-funded Veteran Health Checks every year for five years after transition. Annual Veteran Health Checks are accessible with a DVA Veteran card.

Further information is available at: at-ease.dva.gov.au/professionals

DVA Rehabilitation

Complementary to primary and allied health treatment, DVA provides whole-of-person rehabilitation to eligible veterans. Rehabilitation can assist individuals coordinate their medical treatment, assist individuals maximise their independent functioning and quality of life, and return to work when they are ready. Veterans may be eligible for rehabilitation assistance through DVA if they are incapacitated for service or work, or have an impairment, as a result of a service injury or disease.

Under a rehabilitation plan with psychosocial goals, veterans can access support to help address psychosocial challenges that may be impacting on their family, connections with others, resilience and overall quality of life.

Psychosocial activities under a rehabilitation plan may include:

- intervention counselling or self-management programs to support relationships with others, provide the veteran with strategies to build resilience, or manage and adapt to their health conditions more effectively;
- connecting the veteran with local community supports, services or programs; or
- supporting the veteran to participate in local activities and programs - this could include, undertaking time-limited short course education to assist them to better engage with their community, or where this participation may be a 'first step' achievement in their long term recovery.

The [Psychosocial Rehabilitation section of the CLIK Rehabilitation Policy Library](#) describes more about the assistance available.

Vocational rehabilitation is the managed process that provides an appropriate level of assistance, based on assessed needs, necessary to achieve a meaningful and sustainable employment outcome. The aim of a vocational rehabilitation program is to return a person to the workforce to at least the level of their pre-injury employment. Activities may include vocational assessment and guidance, assessments to determine what their employment options might be, work preparation activities, work trials, job seeking assistance, provision of workplace aids and appliances, and vocational retraining.

The [Vocational Rehabilitation section of the CLIK Rehabilitation Policy Library](#) describes more about the assistance available.

Further information about DVA rehabilitation is available on the DVA website via: www.dva.gov.au/factsheet-mrc05-rehabilitation.

Alcohol and Other Substance Use Disorders – Community Based Treatment Services

DVA funds community-based alcohol and other substance use disorder treatment at over 20 locations across the country. These treatment services are available under the NLHC arrangements to anyone who has served at least one day in the full-time ADF or reservists with certain service experience.

Further information on this program can be found at: dva.gov.au/factsheet

A list of community-based treatment providers can be accessed via: at-ease.dva.gov.au/professionals

Trauma Recovery Programs: Treatment for veterans and former serving members

DVA funds Trauma Recovery Programs – PTSD in hospitals across Australia. These programs are required to meet DVA's National Accreditation Standards for Trauma Recovery Programs – PTSD (2015). These standards provide a framework for ensuring that hospitals provide high quality evidenced based treatment for veterans and former serving members of the ADF who have PTSD.

The document available from the following web page provides a list of providers delivering Trauma Recovery Programs to veterans.

at-ease.dva.gov.au/professionals/client-resources/trauma-recovery-programs

Further information is available at: at-ease.dva.gov.au/professionals

Group Programs

Open Arms Group Programs

Open Arms offers a variety of evidence based group treatment programs and educational workshops. These groups are free to Open Arms clients and are delivered nationally to small groups face-to-face, led by highly skilled facilitators with military awareness. The Open Arms treatment group programs are designed to be effectively incorporated into one-on-one counselling treatment plans.

Open Arms has recently redeveloped four group programs: Recovering from Trauma, Doing Anger Differently, Managing Pain and Understanding Anxiety (described below). These programs now include access to online information that supports participants to practice skills at their own pace and allows them to show their partners and family members what they have learnt in the comfort of their own home.

For further information please visit: [Open Arms/Group Programs](#)

Operation Life: Applied Suicide Intervention Skills Training (ASIST)

ASIST workshops raise awareness of suicide prevention and prepare individuals to work with people at risk of suicide to increase their immediate safety and to get further help. ASIST workshops are free for anyone who is concerned about family, friends or colleagues in the veteran community. The Operation Life suite of services also includes the safeTALK half-day awareness training, the Operation Life website, and associated mobile App (refer to 'Resources and support for veterans and families').

Stepping Out

The *Stepping Out group program* through Open Arms is a 2-day program developed for ADF members and their partners who are about to, or have recently transitioned from the military. *Stepping Out* helps participants to examine their transition process and what it means to go from military life to civilian life as an individual and as a family – both in practical and emotional terms.

Recovering from Trauma

The *Recovering from Trauma* program helps participants to understand trauma, and teaches them strategies and skills to help manage its impact on them and their family. The program will help participants understand:

- Trauma and impacts on them and their loved ones
- The link between heightened physical responses and trauma, and develop skills to identify and reduce physical responses
- The role of avoidance in maintaining traumatic stress, and develop a strategy to safely confront feared and avoided situations
- Where thoughts, values and beliefs originate, how they are influenced by trauma, and develop strategies for modifying unhelpful thinking, and

The impact of trauma on relationships and lifestyle, and develop skills to improve relationships and meet healthy lifestyle goals.

Doing Anger Differently

Doing Anger Differently is an education and skills-based group program to help participants understand anger and aggression. It provides strategies to manage thoughts and feelings which may contribute to anger and to prevent aggressive behaviors. This program will help participants understand:

- How problematic anger develops and is maintained
- The particular warning signs of anger
- The link between heightened physical responses and anger, and develop skills to reduce physical responses
- Where thoughts, values and beliefs originate, and how they influence anger, and how to deal with unhelpful thinking
- The impact of anger on relationships and develop skills to communicate more effectively and improve relationships, and
- Situations that provoke anger and how to prevent aggressive behaviours.

Managing Pain

The *Managing Pain* program is designed to help participants learn about effective pain management strategies. The program will help participants learn about:

- Chronic pain and understand that they are not alone in their struggle with pain
- The link between the physical and psychological aspects of pain
- The relationship between thoughts and pain and introduce them to strategies to challenge/change their thoughts
- The relationship between their behaviour and pain, and introduce them to strategies to change what, and how, they are doing things
- The importance of lifestyle factors in their pain management, and introduce strategies for managing these lifestyle factors, and
- Managing their pain beyond the program, with the help of a personally developed Pain Plan.

Understanding Anxiety

The *Understanding Anxiety* program teaches strategies and skills for managing anxiety. The program will help participants understand:

- That they are not alone in their struggle with anxiety
- The impact of military training and experiences on anxiety
- The impact of their thoughts on anxiety, and introduce them to strategies that challenge/change their thoughts
- Their behaviour on anxiety, and introduce them to strategies to change what, and how they are doing things
- A range of lifestyle factors for managing their anxiety, and introduce strategies for managing these lifestyle factors, and

- That they are equipped to manage anxiety beyond the program, with the help of a personally developed Relapse Prevention Plan.

Mental Health First Aid (MHFA)

MHFA training courses teach people simple, practical first aid skills for helping a family member, friend, co-worker or other person who is experiencing mental health problems. MHFA is free for anyone who is concerned about family, friends or colleagues in the veteran community.

Resources and support for veterans and families

DVA website: Veteran suicide prevention – DVA information, support and research

The DVA website provides information, support and research on veteran suicide prevention. www.dva.gov.au/health-and-wellbeing/mental-health/veteran-suicide-prevention-dva-information-support-and-research

At Ease (*transitioning to Open Arms website in late 2019*)

At Ease can help veterans, ADF personnel and family members identify the symptoms of poor mental health, find self-help tools and advice, access professional support and learn about treatment options. Families can find advice on how to keep their family healthy while caring for someone with a mental health condition.

at-ease.dva.gov.au/

High Res (High Resilience) mobile app

The High Res resilience suite includes a website and app to help serving and ex-serving ADF personnel and their families manage stress and build resilience.

highres.dva.gov.au

The Right Mix website

The Right Mix website helps serving and ex-serving ADF members better manage their alcohol consumption with information, strategies and online tools.

therightmix.gov.au

ON TRACK with the Right Mix app

The ON TRACK app helps serving and ex-serving ADF members keep track of their alcohol consumption in real time and find out what it is costing them financially and physically.

at-ease.dva.gov.au/on-track-app

PTSD Coach Australia mobile app

The PTSD Coach Australia app can help serving and ex-serving ADF members learn about and manage symptoms that commonly occur following exposure to trauma. It is free to download from the App Store and Google Play.

at-ease.dva.gov.au/veterans/ptsd-coach

Defence Community Organisation

The Defence Community Organisation provides a range of resources for members who are thinking about, planning for, or transitioning from the Australian Defence Force (ADF), and their families.

The *ADF Member and Family Transition Guide – A Practical Manual to Transitioning* contains detailed information on the transition process for ADF members. The Guide includes information on support services and administrative requirements. It includes checklists to help them navigate the transition process.

For further information and resources please visit:

www.defence.gov.au/DCO/Transition/Default.asp

Additional Family Support for veterans and their families

Additional family support is available to veterans who have returned from recent conflicts overseas and their families, including certain widowed partners of veterans. To receive this additional support eligibility requirements must be met. Further information can be found at: [Factsheet – Family Support Package for Veterans and their Families](#) or [Family Support for Widow\(er\)s](#).

Ex-Service Organisations

Returned Services League (RSL)

The RSL helps veterans and their families by offering care, financial assistance and advocacy, along with commemorative services. RSLs are available in each state and territory. Further information is available at: <http://rslnational.org/>

Mates4Mates

Mates4Mates supports current and ex-serving ADF members, and their families, who are wounded, injured or ill as a result of their service.

Mates4Mates is a national organisation with Family Recovery Centres in Brisbane, Townsville and Hobart, and outreach services in regional areas across Australia.

Mates4Mates provides support to our Mates and their immediate family members through five core service streams:

- Physical Rehabilitation and Wellbeing Services
- Psychological Services
- Employment and Education Support Services
- Rehabilitation Adventure Challenges
- Social Connection Activities

Phone: 1800 838 777

Further information is available at: <https://mates4mates.org/>

Soldier On Australia

Soldier On services assists:

- Those who have been adversely impacted as a result of service to their nation in a national security capacity. This includes those who have served in the ADF for any time period since 1990.

- Those with a family member who has been adversely impacted as a result of service to their nation in a national security capacity.

NB: Impact may be on mental health, wellbeing, physical health, family bonds, and is not limited to a diagnosed mental illness such as PTSD.

Soldier On staff work side by side with individuals and families, to strengthen resilience and develop meaningful connections with family members, mates, and the local community through a diverse range of health and wellbeing services, employment opportunities, learning and education programs, and participation in community, social, and sporting activities.

Soldier On has centres in Sydney, Melbourne and Canberra, as well as offices in Adelaide, Albury, Brisbane, Newcastle and Perth.

Phone: 1300 620 380

Further information is available at: <https://soldieron.org.au/>

Young Diggers

Young Diggers provides a variety of free support services and programs to help serving and ex-serving personnel of the ADF, their dependents and direct family members.

Young Diggers can assist veterans with accessing counselling services, tools and information on overcoming the difficulties of serving in the ADF, including military to civilian transition, sexual harassment and disorders like PTSD.

Phone: 07 3881 3748

Further information is available at: <https://youngdiggers.com.au/>

U.S. and Australian Research: Suicide prevention and safety planning

Take note: some of these articles require payment for full access

Staff Views of an Emergency Department Intervention Using Safety Planning and Structured Follow-Up with Suicidal Veterans

The objective of this study is to summarize staff perceptions of the acceptability and utility of the safety planning and structured post-discharge follow-up contact intervention (SPI-SFU), a suicide prevention intervention that was implemented and tested in five Veterans Affairs Medical Center emergency departments (EDs).

Megan S. Chesin, Barbara Stanley, Emily A. P. Haigh, Sadia R. Chaudhury, Kristin Pontoski, Kerry L. Knox & Gregory K. Brown (2016): Staff Views of an Emergency Department Intervention Using Safety Planning and Structured Follow-Up with Suicidal Veterans, Archives of Suicide Research, DOI: 10.1080/13811118.2016.1164642.

<https://doi.org/10.1080/13811118.2016.1164642>

Rationale and study protocol for a two-part intervention: Safety planning and structured follow-up among veterans at risk for suicide and discharged from the emergency department

This article describes a protocol, Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment [SAFE VET], developed for testing the effectiveness of a brief intervention combining a Safety Planning Intervention with structured follow-up (SPI–SFU) to reduce near-term suicide risk and increase outpatient behavioral health treatment engagement among Veterans seeking treatment at Veteran Affairs Medical Center (VAMC) emergency departments (EDs) who are at risk for suicide.

Glenn W. Currier, Gregory K. Brown, Lisa A. Brenner, Megan Chesing, Kerry L. Knox, Marjan Ghahramanlou-Holloway, Barbara Stanley (2015): Rationale and study protocol for a two-part intervention: Safety planning and structured follow-up among veterans at risk for suicide and discharged from the emergency department.

<https://doi.org/10.1016/j.cct.2015.05.003>

Rationale and study design of a trial of mindfulness-based cognitive therapy for preventing suicidal behavior (MBCT-S) in military veterans

This paper describes a clinical trial testing a novel therapy for reducing suicide risk in military veterans. The intervention, Mindfulness-Based Cognitive Therapy for Preventing Suicide Behavior (MBCTS), is a 10-week group intervention adapted from an existing treatment for depression (Mindfulness-Based Cognitive Therapy – MBCT). MBCT-S incorporates the Safety Planning Intervention, which is currently implemented throughout the Veterans Health Administration (VHA) for veterans at high suicide risk.

Anna Kline, Megan Chesin, Miriam Latorre, Rachael Miller, Lauren St. Hill, Anton Shcherbakov, Arlene King, Barbara Stanley, Marc D. Weiner, Alejandro Interian (2016): Rationale and study design of a trial of mindfulness-based cognitive therapy for preventing suicidal behavior (MBCT-S) in military veterans.

<https://doi.org/10.1016/j.cct.2016.08.015>

Predictive Validity of the Columbia-Suicide Severity Rating Scale among a Cohort of At-risk Veterans

The purpose of this study was to examine the psychometric properties of the Columbia-Suicide Severity Rating Scale (C-SSRS) among a cohort of veterans identified to be at risk for suicide.

Bridget B. Matarazzo, Gregory K. Brown, Barbara Stanley, Jeri E. Forster, Melodi Billera, Glenn W. Currier, Marjan Ghahramanlou-Holloway, Lisa A. Brenner (2018): Predictive Validity of the Columbia-Suicide Severity Rating Scale among a Cohort of At-risk Veterans. The American Association of Suicidology.

<https://doi.org/10.1111/sltb.12515>

Evaluating the Feasibility and Effectiveness of an Australian Safety Planning Smartphone Application: A Pilot Study Within a Tertiary Mental Health Service

The purpose of this study was to examine the feasibility and effectiveness of a suicide prevention smartphone application. Thirty-six non-Aboriginal Australians aged between 16 and 42 years (67% female) were recruited from a tertiary mental health service where they were receiving treatment for suicide risk. Participants were asked to use the BeyondNow safety planning smartphone application to manage their suicide safety plan during a 2-month trial, as an adjunct to treatment as usual. A survey battery designed to measure feasibility and effectiveness of the smartphone app plus treatment as usual intervention was completed at baseline and follow-up.

Glenn A. Melvin, Daniel Gresham, Susan Beaton, Jan Coles, Bruce J. Tonge, Michael S. Gordon, Barbara Stanley (2018): Evaluating the Feasibility and Effectiveness of an Australian Safety Planning Smartphone Application: A Pilot Study Within a Tertiary Mental Health Service. The American Association of Suicidology.

<https://doi.org/10.1111/sltb.12490>

Suicide Among Soldiers: A Review of Psychosocial Risk and Protective Factors

This paper reviews psychosocial factors known to be associated with the increased risk of suicidal behavior in general and describes how some of these factors may be especially important in understanding suicide among soldiers.

Matthew K. Nock, Charlene A. Deming, Carol S. Fullerton, Stephen E. Gilman, Matthew Goldenberg, Ronald C. Kessler, James E. McCarroll, Katie A. McLaughlin, Christopher Peterson, Michael Schoenbaum, Barbara Stanley, Robert J. Ursano (2014): Suicide Among Soldiers: A Review of Psychosocial Risk and Protective Factors.

<https://doi.org/10.1521/psyc.2013.76.2.97>

Brief Intervention and Follow-Up for Suicidal Patients With Repeat Emergency Department Visits Enhances Treatment Engagement

The paper discusses implementation of an innovative, brief, easy-to-administer 2-part intervention to enhance coping and treatment engagement. The intervention consisted of safety planning and structured telephone follow-up post-discharge with 95 veterans who had 2 or more emergency department (ED) visits within 6 months for suicide-related concerns (i.e., suicide ideation or behavior). The intervention significantly increased behavioral health treatment attendance 3 months after intervention, compared with treatment attendance in the 3 months after a previous ED visit without intervention. The trend was for a decreasing hospitalization rate.

Barbara Stanley, Gregory K. Brown, Glenn W. Currier, Chelsea Lyons, Megan Chesin, Kerry L. Knox (2015): Brief Intervention and Follow-Up for Suicidal Patients With Repeat Emergency Department Visits Enhances Treatment Engagement. American Journal of Public Health.

<https://doi.org/10.2105/AJPH.2015.302656>

Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk

This paper describes an innovative and brief intervention, the Safety Planning Intervention (SPI), identified as a best practice by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for Suicide Prevention (www.sprc.org), which can be administered as a stand-alone intervention. The SPI consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis. The basic components of the SPI include (a) recognizing warning signs of an impending suicidal crisis; (b) employing internal coping strategies; (c) utilizing social contacts and social settings as a means of distraction from suicidal thoughts; (d) utilizing family members or friends to help resolve the crisis; (e) contacting mental health professionals or agencies; and (f) restricting access to lethal means. A detailed description of SPI is described and a case example is provided to illustrate how the SPI may be implemented.

Barbara Stanley and Gregory K. Brown (2012): Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk.

<https://doi.org/10.1016/j.cbpra.2011.01.001>

An Emergency Department Intervention and Follow-Up to Reduce Suicide Risk in the VA: Acceptability and Effectiveness

Emergency departments (EDs) are often the primary contact point for suicidal individuals. The post-ED visit period is a high suicide risk time. To address the need for support during this time, a novel intervention was implemented in five Department of Veterans Affairs medical center EDs. The intervention combined the Safety Planning Intervention (SPI) with structured follow-up and monitoring (SFU) by telephone for suicidal individuals who did not require hospitalization. This study assessed the intervention's acceptability and perceived usefulness.

Barbara Stanley, Sadia R. Chaudhury, Megan Chesin, Kristin Pontoski, Ashley Mahler Bush, Kerry L. Knox, Gregory K. Brown (2016): An Emergency Department Intervention and Follow-Up to Reduce Suicide Risk in the VA: Acceptability and Effectiveness. Psychiatric Services in Advance.

<https://doi.org/10.1176/appi.ps.201500082>

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

The objective of this study was to determine whether the Safety Planning Intervention (SPI), administered in EDs with follow-up contact for suicidal patients, was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.

Barbara Stanley, Gregory K. Brown, Lisa A. Brenner, Hanga C. Galfalvy, Glenn W. Currier, Kerry L. Knox, Sadia R. Chaudhury, Ashley L. Bush, Kelly L. Green (2018): Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry.

<https://doi.org/10.1001/jamapsychiatry.2018.1776>

Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version

Barbara Stanley and Gregory K. Brown in collaboration with Bradley Karlin, Janet E. Kemp, and Heather A. VonBergen (2008): *Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version*

<https://www.sprc.org/resources-programs/safety-plan-treatment-manual-reduce-suicide-risk-veteran-version>

Australian Research: Veteran mental health and incidence of suicide

National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update

The Government has released analysis on the incidence of suicide among serving and ex-serving ADF personnel from 2001–2016. This report can be found on the Australian Institute of Health and Welfare website at www.aihw.gov.au/reports/veterans.

The Government will continue to maintain a record of ex-serving ADF member suicide deaths and will annually update incidence rates of suicide among serving and ex-serving ADF members as new cause of death data becomes available.

The previous report *Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001-2015* is available at:

www.aihw.gov.au/reports/veterans/incidence-of-suicide-in-adf-personnel-2001-2015/

The *Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015: in brief summary report* is also available at:

www.aihw.gov.au/reports/veterans/incidence-of-suicide-among-serving-ex-serving-2015/contents/table-of-contents

Suicidal behaviour and ideation among military personnel: Australian and international trends – Literature Review

The Literature Review was conducted by the Australian Institute for Suicide Research and Prevention. The review examined Australian and international sources to determine prevalence and risk factors for suicide and non-fatal suicidal behaviour in serving and ex-serving military personnel.

www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/suicidal-behaviour-and-ideation-among

LASER-Resilience Study

The Longitudinal ADF Study Evaluating Resilience (LASER-Resilience) is investigating psychological and behavioural attributes that contribute to psychological resilience in the ADF by studying new members as they adjust and progress in their military career. The results of this study will inform resilience training programs, such as BattleSMART, and assist in building a stronger and more resilient ADF.

www.defence.gov.au/health/dmh/researchsurveillanceplan.asp

Transition and Wellbeing Research Programme

The Transition and Wellbeing Research Programme is the most comprehensive study undertaken in Australia that examines the impact of military service on the mental, physical and social health of:

- serving and ex-serving ADF members including those who have been deployed in contemporary conflicts; and
- their families.

The research builds on the findings of the world-leading research conducted with current serving members of the ADF in the 2010 Military Health Outcomes Program. The Programme comprises three studies: the Mental Health and Wellbeing Transition Study (five reports and two papers), Impact of Combat Study and the Family Wellbeing Study, each comprising one publication. The following reports are available on the DVA and Defence website:

[Mental Health Prevalence](#), which explores the prevalence of mental disorders among ADF members who have transitioned from Regular ADF service between 2010 and 2014; and examines self-reported mental health status of Transitioned ADF and the 2015 Regular ADF.

[Pathways to Care](#), which assesses pathways to care for Transitioned ADF and the 2015 Regular ADF, including those with a probable 30-day mental disorder.

[Physical Health Status](#), which examines the physical health status of Transitioned ADF and the 2015 Regular ADF.

[Family Wellbeing Study](#), which investigates the impact of ADF service on the health and wellbeing of the families of Transitioned ADF and the 2015 Regular ADF.

[Technology Use and Wellbeing](#), which investigates technology and its utility for health and mental health programmes including implications for future health service delivery.

[Mental Health Changes Over Time: a Longitudinal Perspective](#), which conducts predictive modelling of the trajectory of mental health symptoms/disorder of Transitioned ADF and the 2015 Regular ADF, removing the need to rely on estimated rates.

[Impact of Combat Study](#), which follows up on the mental, physical and neurocognitive health and wellbeing of participants who deployed to the Middle East Area of Operations between 2010 and 2012.

The report listed below is still to be released:

Transition and Wellbeing Research Programme Key Findings, which summarises the key findings of the Programme.

Further information is available at: dva.gov.au/health-and-wellbeing/ and www.defence.gov.au/health/dmh/researchsurveillanceplan.asp

Gallipoli Medical Research Foundation

www.gallipoliresearch.com.au/research/veteranhealth/

Veteran Reintegration Study: Transition from Service to Civilian Life

www.gallipoliresearch.com.au/project/service-to-civilian/

The purpose of the Veteran Mental Health Initiative is to build a strong foundation of mental health research among the contemporary veteran cohort which will generate evidence to guide developments in procedures and practices to improve the wellbeing of the veteran and ex-serving community. This research project, supported by RSL Queensland, is focused on the transition process from service to civilian life. The Gallipoli Medical Research Foundation are specifically investigating cultural reintegration in terms of moving from military system and culture to a civilian culture and the psychological adjustment process that goes with that.

Veteran Mental Health Initiative: The PTSD Initiative

www.gallipoliresearch.com.au/wp-content/uploads/2017/12/McLeay-et-al-2017.pdf

The Gallipoli Medical Research Foundation in partnership with RSL Queensland conducted innovative medical research into the physical and psychological toll of PTSD on Vietnam veterans. *The PTSD Initiative: Vietnam Veteran Study* has been published in the Medical Journal of Australia and underpins a national GP Education Program for healthcare professionals, free and available 24/7 at www.gallipoliresearch.com.au/project/ptsd-education-for-gps-and-healthcare-professionals/

Australian Gulf War Veterans' Health Study – Follow Up Health Study (2015)

Authors: Sim, M., Clarke, D., Forbes, A., Glass, D., Gwini, S., Ikin, J., Kelsall, H., McKenzie, D., Wright, B., McFarlane, A., Creamer, M., Horsley, K.

The Australian Gulf War Veterans' Health Follow Up Study was a longitudinal cohort study that built upon the findings of the 2003 baseline study. As in the 2003 study, the 2015 Follow Up Study aimed to examine the physical, psychological and social health and military-related exposures of ADF veterans who served in the Gulf War as compared to ADF personnel who had not served in the Gulf War. All 1,456 participants of the baseline study were eligible to participate, and 715 Gulf War veterans participated in the Follow Up Study.

The Follow Up Study found Gulf War veterans remained at an increased risk for PTSD, 12-month alcohol disorder and general psychological distress when compared to the comparison group. The difference in risk for these factors between Gulf War veterans and the comparison group widened since the baseline study. The risk of major depression was not significantly different between study groups and both groups were found to be equally resilient.

The published study is available from: www.dva.gov.au/consultation-and-grants/research-and-development/health-studies/australian-gulf-war-veterans-follow

Mothers in the Middle East Area of Operations (MEAO) Study (2014)

Authors: Lawrence-Wood, E., Jones, L., Hodson, S., Cromptvoets, S., McFarlane, A., Neuhaus, S.

The MEAO Study examined the impacts of deployment on female veterans with dependent children. Using a mixed methods design, the study collected standardised self-reported data and qualitative information from participants. The main finding of the study indicated that while the experience of deployment is particularly challenging for female veterans with dependent children, most participants viewed their deployment as a positive and important element of their service. The resilience, creativity and agency of female veterans was key to successfully navigating the demands of motherhood and deployment.

The published study is available from:

Vietnam Veterans' Family Study (2014)

The Vietnam Veterans' Family Study was conducted by a research panel commissioned by DVA. The study comprised a number of complimentary research projects that aimed to determine the effect, if any, that active Vietnam service had on the physical, mental and social wellbeing of the sons and daughters of Australian Vietnam veterans. The study cohort comprised 27,000 participants including Vietnam veterans, their partners and children and a control group of veterans (and their children and partners) who served in the ADF during the Vietnam War era, but were not deployed to Vietnam. The study found the majority of children of Vietnam veterans were in good health. However, children of Vietnam veterans (as compared to children of veterans who were not deployed to Vietnam) were more likely to experience depression, anxiety, PTSD, suicidal thoughts and planning, skin conditions, migraines and sleep disturbances.

The published study is available from: www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/vietnam-veterans-family-study

Rwanda Deployment Health Study (2014)

Authors: Runge, C., Kanesarajah, J., Loos, C., Waller, M., Nasveld, P.

The study was commissioned by DVA and conducted by the Centre for Australian Military and Veterans' Health. The aim of the study was to examine the health and compensation history and outcomes of veterans of Rwanda deployments (Operation TAMAR (Troops and Medical Aid Rwanda)). The study sample included 680 veterans of Operation TAMAR. Major findings included: half of participating veterans had an accepted compensation claim, with 31% having a claim or treatment for PTSD; medical personnel had fewer compensation claims and medical presentations than rifle company and support personnel; claims were mainly lodged around the time of discharge not at incident; the majority accepted 11-15 years after the deployment.

The published study is available from: www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/rwanda-deployment-health-study

Peacekeepers' Health Study (2013)

Authors: Hawthorne, G., Korn, S., Creamer, M.

The Peacekeepers' Health Study examined the long-term effects on mental health status, health service use and quality of life of peacekeeping or peacemaking deployments among Australian veterans. The study involved over 1,000 participants from seven United Nations (UN) peacekeeping missions between 1989 and 2002, who had transitioned out of full-time service in the Australian Defence Force. Major findings included: most peacekeepers reported they were in good, very good or excellent health, though 30% of participants had at least one diagnosable mental health condition.

The published study is available from: www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/peacekeepers-health-study

Timor-Leste Family Study (2012)

Authors: McGuire, A., Runge, C., Cosgrove, L., Bredhauer, K., Anderson, R., Waller, M., Kanesarajah, J., Dobson, A., Nasveld, P.

The Timor-Leste Family Study was conducted by The University of Queensland, Centre for Military and Veterans' Health and funded by DVA. The study aimed to determine the physical, mental and social health impacts and associated risk and protective factors of deployment to Timor-Leste on the families of service members. The study involved 4,186 participants comprising veterans deployed to Timor-Leste between 1999 - 2010 and their partners as well as a control group of veterans who were not deployed to Timor-Leste (and their partners).

The study found no statistically significant differences were found between the physical, mental or family health of family members of people deployed to Timor-Leste when compared with comparison group family members.

The published study is available from: www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/timor-leste-family-study

Mental Health in the Australian Defence Force – 2010 ADF Mental Health Prevalence and Wellbeing Study (2010)

Authors: McFarlane, A.C., Hodson, S.E., Van Hooff, M., Davies, C.

The ADF Mental Health Prevalence and Wellbeing Study was conducted by a collaborative research team comprising representatives from the Centre for Traumatic Stress Studies at the University of Adelaide, the Joint Health Command of the ADF and the Australian Centre for Posttraumatic Mental Health at the University of Melbourne.

The study examined the prevalence rates of the most common mental disorders, the optimal cut-offs for relevant mental health measures, and the impact of occupational stressors. ADF prevalence rates were compared to an Australian sample matched for age, sex and employment. Nearly 49% of ADF current serving members participated in the study between April 2010 and January 2011.

Prevalence of mental disorders was similar to the Australian community sample, but profiles of specific disorders in the ADF varied. The study identified PTSD as the most prevalent anxiety disorder, with ADF males experiencing PTSD at a significantly higher rate than the general community. ADF males also experienced higher rates of affective disorders than the control sample and both ADF males and females experienced 12-month depressive episodes at higher rates than the general community. Alcohol disorders were significantly lower in ADF personnel than the control sample in the 12 months preceding the study.

The published study is available from: www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf

Australian Gulf War Veterans' Health Study (2003)

Authors: Sim, M., Abramson, M., Forbes, A., Glass, D., Ikin, J., Ittak, P., Kelsall, H., Leder, K., McKenzie, D., McNeil, J., Creamer, M., Fritsch, L.

The Australian Gulf War Veterans' Health Study investigated whether Australian Defence Force (ADF) personnel who served in the Gulf War (1990 – 91) experienced higher rates of adverse physical and psychological health effects than ADF personnel who had not served in the Gulf War. The study was commissioned by the Department of Veterans' Affairs and was conducted by a collaborative medical research team from the Department of Epidemiology & Preventive

Medicine at Monash University, Health Services Australia Ltd, the University of Western Australia and The Australian Centre for Posttraumatic Mental Health at the University of Melbourne. The study was the first comprehensive health study of a group of Australian war veterans involved in a single theatre of war.

Of the 1,873 Australian Gulf War veterans, 1,456 took part in the study, comprising 80.5% of the target population. The major finding of the study was that Gulf War veterans experienced higher rates of psychological disorders than the control group, in the time since the Gulf War. Gulf War veterans were found to be at significantly increased risk for posttraumatic stress disorder (PTSD) though other anxiety disorders, depression and substance use disorders were also common among the cohort.

The published study is available from: www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/gulf-war-veterans-health-study

Resources

Cooper, Metcalf, Phelps (2014): PTSD An Update for General Practitioners, Australian Family Physician. www.ncbi.nlm.nih.gov/pubmed/25393459

Dabovich, P., Elliott, J., & McFarlane, A (2019). Individuate and separate: Values and identity re-development during rehabilitation and transition in the Australian Army. *Social Science and Medicine*, 222, 265-273.

Forbes D, Van Hooff M, Lawrence-Wood E, et al. Pathways to Care, Mental Health and Wellbeing Transition Study. Canberra: The Department of Defence and The Department of Veterans' Affairs, 2018.

Inquiry into transition from the Australian Defence Force. 2019. Joint Standing Committee on Foreign Affairs, Defence and Trade. www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/TransitionfromtheADF/Report

Jensen, D. (2017). The Good News about PTSD. Ocean Reeve Publishing.

Meyer E and Wynn G. The importance of US military cultural competence. In: Roberts L and Warner C, eds. *Military and Veteran Mental Health*. New York: Springer, 2018.

Reger M, Etherage J, Reger J and Gahm G. Civilian psychologists in an Army culture: the ethical challenge of cultural competence. *Military Psychology*. 2008; 20: 21-35.

Transition Taskforce – *Improving the transition experience* (2018). Australian Government Department of Veterans' Affairs and Department of Defence. Published by the Department of Veterans' Affairs. www.dva.gov.au/consultation-and-grants/transition-taskforce

APPENDIX A

Quick reference: Referral options and programs provided through the DVA for eligible patients

Need	Service/Resource	Self-guided Y/N	Clinician-guided Y/N	Description	Further information
1. General mental health and counselling/therapy	Refer to Open Arms (formerly Veterans and Veterans' Families Counselling Service, VVCS)	N	Y	Free individual counselling, mental health support and group programs for current and former Australian Defence Force personnel and their families	<ul style="list-style-type: none"> • www.openarms.gov.au/ Phone: 1800 011 046 (24 hrs) • www.dva.gov.au/providers • www.dva.gov.au/health-and-wellbeing (go to 'medical conditions') • www.dva.gov.au/factsheet-hsv109-non-liability-health-care
	24 hour counselling line Refer to DVA approved psychologists/social workers/OTs or Open Arms. DVA White Card now incorporates treatment of any mental health condition under Non-Liability Health Care arrangements	N	Y	Private counselling (free) for veterans with DVA gold/white cards. Referral from GP or psychiatrist required	
2. In-patient programs	DVA-approved in-patient treatment, including PTSD programs	N	Y	Acute or extended private psychiatric care and outpatient programs	<ul style="list-style-type: none"> • www.dva.gov.au/providers/hospitals-and-day-procedure-centres • www.at-ease.dva.gov.au ('assessment and treatment')
3. Substance abuse	Referral to provider listed on DVA Alcohol and Drug provider panel matrix	N	Y	Specialist alcohol and other substance treatment and care	<ul style="list-style-type: none"> • www.at-ease.dva.gov.au/professionals/client-resources/alcohol-and-other-substance-treatment-providers-panel (follow link from 'professionals' tab) • www.dva.gov.au/factsheet-hsv140-alcohol-and-other-substance-treatment-services
	Fact Sheet HSV140 on alcohol and other substance treatment services	Y	N	Information on services and treatment available	
4. In-home care	DVA Community nursing	N	Y	Clinical, personal care interventions for veterans living in their homes	<ul style="list-style-type: none"> • nursing@dva.gov.au • www.dva.gov.au/providers/community-nursing Phone: 1800 636 428

Quick reference: Referral options and programs provided through the DVA for eligible patients continued . . .

Need	Service/Resource	Self-guided Y/N	Clinician-guided Y/N	Description	Further information
5. Men's health	Men's health peer education program	N	N	Raises awareness about men's health issues; encourages shared responsibility for this	<ul style="list-style-type: none"> www.dva.gov.au/health-and-wellbeing/wellbeing/mens-health-peer-education
	Heart Health	N	N	A practical exercise, nutrition, and lifestyle management program offered over 52 weeks	<ul style="list-style-type: none"> www.dva.gov.au/health-and-wellbeing/wellbeing/heart-health-programme
6. Rehabilitation appliances	Rehabilitation Appliances Program	N	N	Provision of aids and appliances to facilitate independence and self-reliance	<ul style="list-style-type: none"> www.dva.gov.au/factsheet-hip72-providers-rehabilitation-appliances-program
7. Peer support	Open Arms Community and Peer Program	Y	N	Lived-experience Community and Peer Advisors provide an avenue for interpersonal connection, support and early engagement, and a bridge to clinical services for veterans unlikely to seek help	<ul style="list-style-type: none"> www.openarms.gov.au/get-support/community-and-peer-program Phone: 1800 011 046
	Soldier On Mates4Mates RSL and other ex-service organisations			Community organisations who provide support, social connections, advocacy, and practical assistance to veterans	<ul style="list-style-type: none"> www.soldieron.org.au/ Phone: 1300 620 380 www.mates4mates.org/ www.rslnational.org/ www.vvfa.org.au/ www.vvaa.org.au/

Note: DVA is able to fund/provide transport for veterans to attend approved medical treatment. See www.dva.gov.au/health-and-wellbeing/home-and-care/travel-treatment

APPENDIX B

Quick reference: Guide to resources for DVA providers

Resource	Details	Link/further information
1. Provider Line	Provider enquiry contact email and phone number	<ul style="list-style-type: none"> • GeneralEnquiries@dva.gov.au Phone: 1800 550 457 • www.at-ease.dva.gov.au/professionals
2. Veteran Health Check	Screening tool for GPs to help identify physical and mental health issues in former military personnel. MBS items 701, 703, 705, 707	<ul style="list-style-type: none"> • www.at-ease.dva.gov.au/professionals/assessment-treatment/veteran-health-check
3. Prior financial approval	<p>Approval can be requested for treatment that is not provided through DVA contractual arrangements. Prior approval is required:</p> <ul style="list-style-type: none"> • When the service being provided has NOT been assigned an item number under the Medicare Schedule of benefits • When the fee to be charged for the service being provided is ABOVE the fee stated in the relevant DVA Schedule of Fees • When the service being claimed is highlighted with shading in the relevant Schedule of Fees 	<ul style="list-style-type: none"> • www.dva.gov.au/providers/services-requiring-prior-approval
4. Veterans' MATES program	Provides information for health professionals to assist their patients in managing their medical conditions and medications	<ul style="list-style-type: none"> • www.dva.gov.au/providers/provider-programs
5. Pharmaceutical advice: Veterans Affairs Pharmaceutical Advisory Centre	24/7 advice from expert pharmacists relating to medications, supplements, wound care, etc.	<ul style="list-style-type: none"> • www.dva.gov.au/providers/dva-provider-news/veterans-affairs-pharmaceutical-advisory-centre-vapac Phone: 1800 552 580
6. Professional development resources offered through DVA to improve your understanding of the veteran experience and common mental health issues	<p>eLearning</p> <p>Courses/training programs</p> <p>Webinars</p>	<ul style="list-style-type: none"> • www.dva.gov.au/providers/online-training-health-providers • www.at-ease.dva.gov.au/professionals/professional-development • www.at-ease.dva.gov.au/professionals/professional-development/dva-webinars
7. Professional development resources offered through Phoenix Australia and the Centenary of ANZAC Centre	<p>Resources/training</p> <p>Professional consultation and advice, including <u>free</u> consultations through Phoenix/Anzac Centre</p>	<ul style="list-style-type: none"> • www.phoenixaustralia.org/for-practitioners/ • www.anzaccentre.org.au/practitioner-support-service/

APPENDIX C

Quick reference: Self-help resources for DVA/ex-military patients

(Note that these programs are evidence-based, however not all are designed/funded by DVA or targeted to a veteran population)

Need	Service/Resource	Veteran specific?	Description	Further information
1. General on-line resources	<ul style="list-style-type: none"> High Res 	Yes	<ul style="list-style-type: none"> Online “tools” to help veterans with issues relating to sleep, relaxation, social connections, anger, and negative thoughts 	<ul style="list-style-type: none"> https://highres.dva.gov.au/highres/
	<ul style="list-style-type: none"> Department of Health mental health resources links 	No	<ul style="list-style-type: none"> Links to apps, websites, forums for a wide variety of mental health and social problems/issues 	<ul style="list-style-type: none"> www.headtohealth.gov.au
2. Sleep	<ul style="list-style-type: none"> High Res 	Yes	<ul style="list-style-type: none"> See above for ‘High Res’ 	<ul style="list-style-type: none"> https://highres.dva.gov.au/highres/#!/tools/healthy-sleeping
	<ul style="list-style-type: none"> Department of Health mental health resources links 	No	<ul style="list-style-type: none"> Links to apps, websites, forums for a wide variety of mental health and social problems/issues. Includes various apps on sleep 	<ul style="list-style-type: none"> www.headtohealth.gov.au/
3. PTSD	<ul style="list-style-type: none"> PTSD Coach 	Yes	<ul style="list-style-type: none"> Mobile app to help monitor and manage PTSD symptoms, in conjunction with psychological therapy 	<ul style="list-style-type: none"> www.at-ease.dva.gov.au/veterans/resource-library/mobile-apps/ptsd-coach-australia
	<ul style="list-style-type: none"> Department of Health mental health resources links 	No	<ul style="list-style-type: none"> Links to apps, websites, forums for a wide variety of mental health and social problems/issues. Includes various apps relating to PTSD management 	<ul style="list-style-type: none"> www.headtohealth.gov.au
4. Depression/ anxiety	<ul style="list-style-type: none"> High Res ‘At Ease’ website 	Yes	<ul style="list-style-type: none"> At Ease website provides information to help recognise the symptoms of poor mental health, provides self-help tools and advice, and helps veterans access professional support and learn about treatment options 	<ul style="list-style-type: none"> https://highres.dva.gov.au/highres/ www.at-ease.dva.gov.au/veterans/
	<ul style="list-style-type: none"> Department of Health mental health resources links 	No	<ul style="list-style-type: none"> Links to apps, websites, forums for a wide variety of mental health and social problems/issues. Includes various apps on depression, anxiety, and stress. 	<ul style="list-style-type: none"> www.headtohealth.gov.au/

Quick reference: Self-help resources for DVA/ex-military patients continued . . .

Need	Service/Resource	Veteran specific?	Description	Further information
5. Substance abuse	• The Right Mix	Yes	• Tips, tools, and strategies to help manage alcohol use	• www.therightmix.gov.au/
	• Department of Health mental health resources links	No	• Links to apps, websites, forums for a wide variety of mental health and social problems/issues. Includes various apps on problematic drug and alcohol use, and smoking cessation	• www.headtohealth.gov.au/
	• In-patient drug and alcohol treatment	Yes	• Approved community providers who provide treatment and programs for drug and alcohol problems	• www.dva.gov.au/factsheet-hsv140-alcohol-and-other-substance-treatment-services
6. Chronic pain	• Department of Health mental health resources links	No	• Links to apps, websites, forums for a wide variety of mental health and social problems/issues. Includes various apps on managing pain	• www.headtohealth.gov.au/
7. Suicide Prevention	• Operation Life	Yes	<ul style="list-style-type: none"> • Raises awareness about and is designed to help prevent suicide in the veteran community. Along with useful contacts and resources, this site offers learning tools, case study videos, and a quiz to reaffirm learning • The app provides access to emergency and professional support and self-help tools to help users regain control, keep calm, and take action to stay safe 	<ul style="list-style-type: none"> • www.at-ease.dva.gov.au/suicideprevention • www.at-ease.dva.gov.au/veterans/resource-library/mobile-apps/op-life-app



Australian Government
Department of Veterans' Affairs

Mental Health and the Military Experience

> WEBINAR PANEL



Speaker biographies:

Suicide Prevention and Safety Planning for the Veteran Community



Professor Barbara Stanley

Dr Stanley is a Professor of Medical Psychology in the Department of Psychiatry at Columbia University and Director of the Suicide

Prevention Training, Implementation and Evaluation (SP-TIE) program in the Centre for Practice Innovations at New York State Psychiatric Institute. She is also a Research Scientist in the Division of Molecular Imaging and Neuropathology at New York State Psychiatric Institute where she is the Principal Investigator/co-Investigator on several NIMH, American Foundation for Suicide Prevention and the US Department of Veterans Affairs.

Her research focuses on all aspects of suicidal behaviour, non-suicidal self-injury and borderline personality disorder including assessment and intervention with suicidal individuals, clinical factors relevant to suicidal behaviour and self-injury and neurobiological and biobehavioral influences on suicidal behaviour.

With her colleague, Dr Gregory Brown, she developed the Safety Planning Intervention that is used throughout the US Department of Veterans Affairs and on crisis hotlines across the United States. Dr. Stanley served as a consultant to NIMH in developing guidelines to investigators considering including suicidal patients in treatment trials and was appointed to the American Psychological Association Presidential Task Force on IRBs and Social Science Research. She was a standing member of the NIH Centre for Scientific Research Adult

Psychopathology and Disorders of Aging Study Section.

She is on the Executive Committee of the International Academy of Suicide Research and editor in chief of their official journal, the Archives of Suicide Research. She also serves on several journal editorial boards. She is the author of over two hundred publications, several edited and co-written books and has received several awards for her research and leadership in the field.



Dr Jenny Firman

Dr Jenny Firman completed her medical degree at University of Melbourne and while a student joined the Royal Australian Navy.

Over the next 22 years Jenny was posted to a range of positions in Navy and the ADF including sea time, involvement in underwater medicine, general practice and later development of strategic and operational health policy for the ADF.

She left full time Service in 2002 and transitioned to the Reserve. At that time she was appointed as the first Chief Medical Officer for the Defence Force Recruiting Organisation where she remained until 2007 when she moved to the Department of Health where she worked as the Principal Medical Adviser in the Office of Health Protection. In this role she was responsible for the provision of medical and

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Suicide Prevention and Safety Planning for the Veteran Community

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scientific advice to assist in the work of the Department and the Australian Government in communicable disease control and health emergencies. Additionally, throughout her career, she has continued to regularly work part-time in general practice.

In 2008 she was appointed as Director General - Navy Health Reserve and performed that role until 2012. In February 2015 she was promoted to Rear Admiral and appointed as Surgeon General Australian Defence Force Reserve. She was appointed as the Chief Health Officer, Principal Medical Adviser in DVA in February 2019.



Facilitator:

Associate Professor Glenn Melvin

Glenn is an Associate Professor and clinical psychologist at the School of Psychology at Deakin University and an honorary Associate Professor at the University of Warwick, UK.

For the last five years, Glenn has worked with colleagues at Beyond Blue on the development and evaluation of BeyondNow Suicide Prevention Smartphone application. He led the first clinical trial evaluating the BeyondNow which showed high levels of user satisfaction and improvements in capacity to cope with suicidal thoughts. Recently he has been undertaking research into what BeyondNow users put into their safety plans.

He has an interest in suicide risk assessment and contributed to the evaluation of the Columbia Suicide Severity Rating Scale while working with Professor Stanley at Columbia University/New York State Psychiatric Institute.