JAMES COOK UNIVERSITY
AUSTRALIA

Operation Compass Internal **Evaluation**

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Operation Compass

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OPERATION COMPASS INTERNAL EVALUATION

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2020

'They're military but they're part of this community. In the past it's been community over here and we're the military. The bit I really like is the vision for things that can continue after Operation Compass is finished.' Community program implementer.

Acknowledgements

We would like to thank the Operation Compass Project Manager and Officers for sharing their knowledge and connections. Also the directors of *The Oasis Townsville* for valuable insight into local veteran and ex-ADF issues and possibilities. To participants in the Women Veterans' trip to Hughenden with Yibaay and the Cameleers, thanks for an extremely valuable opportunity to better understand veteran wellbeing. And thank you Wendy Arnold for your support and collaboration throughout this evaluation. Finally, and in particular, to the members of the Steering Committee, veterans and families who participated in interviews and cannot be named, thanks for your time and trust.

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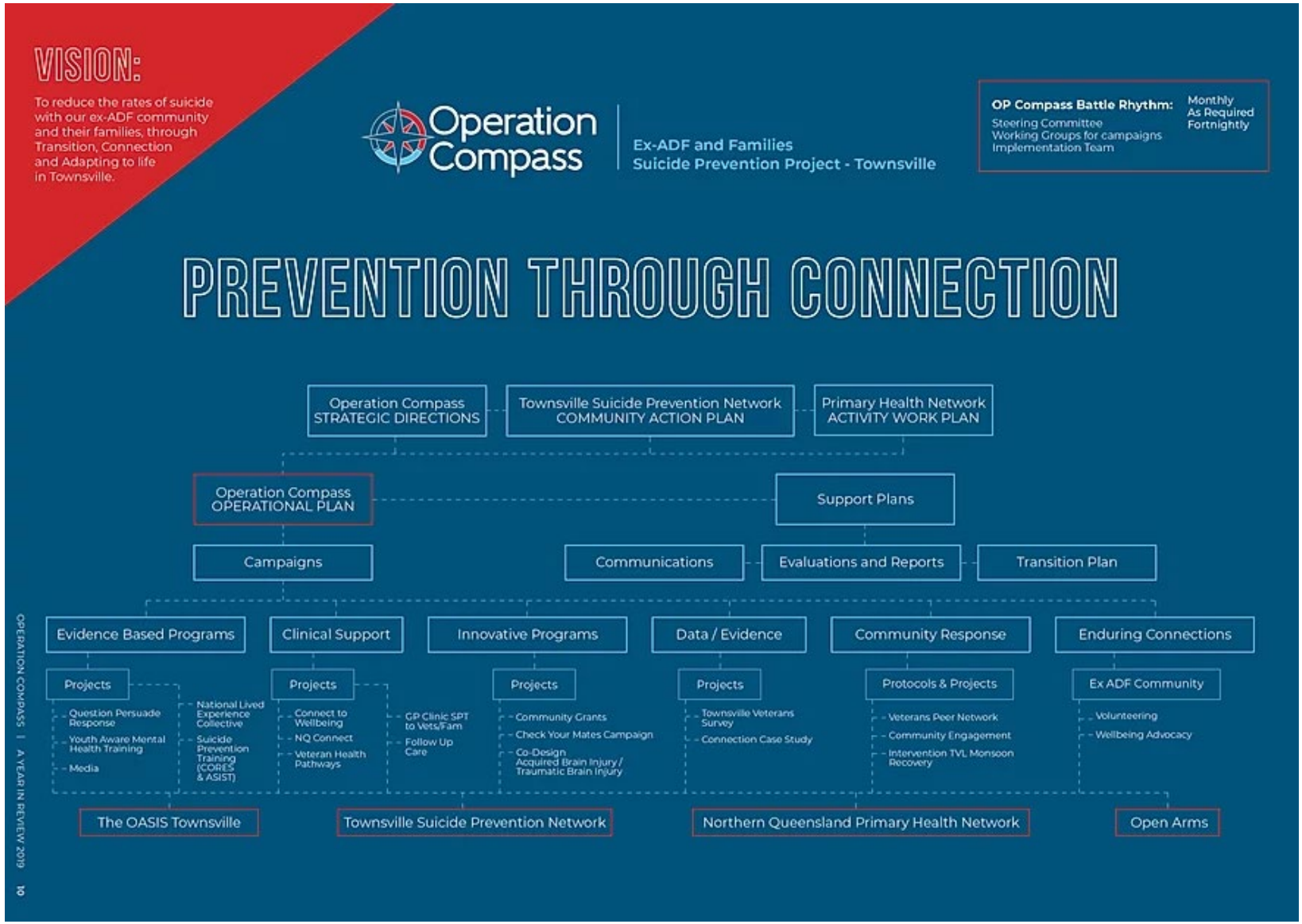
ADF	Australian Defence Force
BDI	Black Dog Institute
DVA	Department of Veterans' Affairs
EQ	Education Queensland
HHS	Hospital & Health Service
MH	Mental Health
NQPHN	Northern Queensland Primary Health Network
Operation Compass	Operation Compass
PHN	Primary Health Network
PTSD	Post-traumatic stress disorder
QFAS	Queensland Fire & Ambulance Service
QH	Queensland Health
QPS	Queensland Police Service
THHS	Townsville Hospital & Health Service

Glossary

Ex-ADF Veteran	Ex-ADF member who has deployed internationally during war, peace-keeping or humanitarian operations, or domestically to disaster zones
Clinical support	Refers to clinical care provided by a doctor, nurse, psychologist or other allied health professional
Primary care	Clinical care provided by a GP or health clinic
Primary Health Care	Frontline health services that support health maintenance through screening, health promotion in home or in the community, provided by a range of clinical and allied health services
Veteran	Can mean veteran of the military or frontline services, in this context refers to ex-military who have deployed overseas


VISION:
To reduce the rates of suicide with our ex-ADF community and their families, through Transition, Connection and Adapting to life in Townsville.
Operation Compass
Ex-ADF and Families
Suicide Prevention Project - Townsville
OP Compass Battle Rhythm:
Steering Committee
Working Groups for campaigns
Implementation Team
Monthly
As Required
Fortnightly
PREVENTION THROUGH CONNECTION
Operation Compass STRATEGIC DIRECTIONS
Townsville Suicide Prevention Network COMMUNITY ACTION PLAN
Primary Health Network ACTIVITY WORK PLAN
Operation Compass OPERATIONAL PLAN
Support Plans
Campaigns
Communications
Evaluations and Reports
Transition Plan
Evidence Based Programs
Clinical Support
Innovative Programs
Data / Evidence
Community Response
Enduring Connections
Projects
Question Persuade Response
Youth Aware Mental Health Training
Media
National Lived Experience Collective
Suicide Prevention Training (CORES & ASIST)
Projects
Connect to Wellbeing
NQ Connect
Veteran Health Pathways
GP Clinic SPT to Vets/Fam
Follow Up Care
Projects
Community Grants
Check Your Mates Campaign
Co-Design Acquired Brain Injury / Traumatic Brain Injury
Projects
Townsville Veterans Survey
Connection Case Study
Protocols & Projects
Veterans Peer Network
Community Engagement
Intervention TVL Monsoon Recovery
Ex ADF Community
Volunteering
Wellbeing Advocacy
The OASIS Townsville
Townsville Suicide Prevention Network
Northern Queensland Primary Health Network
Open Arms

EXECUTIVE SUMMARY

Ex-ADF members die by suicide at higher rates than the general population. No simple associations explain increased suicide among ex-military members internationally, but additional risk factors have been identified in early life experiences, training, service and discharge/transition out of the forces.

Operation Compass (ex-Australian Defence Force and Families Suicide Prevention Project) trialled a systems approach to suicide prevention among ex-ADF (Australian Defence Force) members in Townsville from 2017-2020. Operation Compass was one of 12 trial sites for the National Suicide Prevention Trial, which promoted use of the *LifeSpan* multilevel systems approach to suicide prevention.

This qualitative evaluation sought to understand what worked, for whom and why in the overall implementation and governance of Operation Compass. In addition to attendance records and observations of particular project activities, we sought the perspectives of 25 interview participants, including 12 members of the Steering Committee, ex-ADF program participants and service providers.

Three identified outcomes describe how Operation Compass functioned:

1. Operation Compass modelled effective governance of a multilevel systems approach to suicide prevention, promoting and benefiting from strong relationships between stakeholders from key institutions and producing lasting networks
2. Operation Compass adapted and implemented suicide prevention strategies consistent with the *LifeSpan* model's nine Priority Areas for systems-based suicide prevention, targeted to ex-ADF members and their families
3. Operation Compass promoted authentic social connection as a mechanism for ex-ADF engagement, construction of post-ADF identity, and sustained wellbeing.

Operation Compass demonstrated that suicide prevention, whether at the level of governance, implementation or engagement, occurs within the context of relationships. Operation Compass' community focus eroded barriers between ex-ADF and the broader population in Townsville, while honouring ex-ADF identity and values. Interview participants reported the importance of social engagement in addition to the Priority Areas addressed in the *LifeSpan* model for preventing and responding to crisis. After three years' work in this space, the resilient network Operation Compass established provides a foundation for continued development of effective preventative strategies, services and crisis referral pathways in this garrison city.

The 'how' and 'who' of a multi-systems approach for ex-ADF and families

Operation Compass actively promoted suicide prevention among ex-ADF members through supporting their connectedness, both with former mates and with the community. This relationships-based view of ex-ADF suicide prevention aimed to support ex-ADF identity formation as well as connection to health systems. Operation Compass, therefore, blended a systems approach to suicide prevention with a relationships-based, health promotion framework. As of July, 2020, Operation Compass transitioned its activities to *The Oasis Townsville* Veteran Wellbeing Hub in Oonoonba. Several recommendations are made to inform this transition.

The evaluation highlighted enabling governance components:

- The Steering Committee provided clear and decisive direction, enabling program activities to advance.
- Authentic local military connections in the Steering Committee were essential to ex-military engagement.
- Dense relationship networks around high-level stakeholders reflected the most active campaigns.
- The credibility built by the Steering Committee worked well in Townsville, where the military is a large proportion of the local population, but the city is small enough that personal relationships are possible between senior stakeholders.
- The foundation of community and service provider networks established during this project is ideally placed to further develop sophisticated strategies targeting disengaged ex-ADF members.
- An explicit communication strategy was facilitated by partnering with a media, public relations and marketing firm, supporting

Operation Compass to focus its message within the Steering Committee, as well as providing valuable social marketing at the community level.

Stakeholder interviews reported the following successes:

- Lived Experience Workshops (Roses in the Ocean) - early in the project supported capacity to orient conversations about suicide in a constructive manner, and therefore improve engagement and recognition of local needs. Participants placed high value on this process.
- Availability of small amounts of funding (community grants) to motivated local stakeholder groups proved a highly effective engagement strategy, with potential psycho-social benefits not available through health services – social connection and belonging; contribution to society; physical health; and reduced stress on family systems.
- *Check Your Mates,* a social media campaign to reduce stigma for help seeking and to promote wellbeing checks with friends and former colleagues, proved a successful strategy in reaching over one million people on social media, and is a promising strategy for reaching young males.
- Gatekeeper training (CORES), which aims to educate individuals to recognise, inquire about and respond to potential suicidality, was most successful if delivered face-to-face and adapted for the local context.
- The use of ex-ADF peers in service delivery, trialled with Open Arms in Townsville, facilitated ex-ADF engagement with the service, and improved outreach with the Queensland Police, a high proportion of whom are ex-ADF members.

Operation Compass produced the following prospective work towards improved primary care and primary health care for ex-ADF members:

- A draft *Veterans' HealthPathways* was developed to support appropriate screening diagnosis and referral among General Practitioners (GPs) and allied health providers, for implementation with the Queensland Health web-based portal, HealthPathways.
- Northern Australia Primary Health Ltd, funded by NQPHN, has implemented a capacity-building program supporting general practice in Townsville to better understand ex-ADF and veteran health needs, as well as to understand and access benefits available to primary care providers to support ex-ADF health, therefore improving accessibility and service delivery.
- The *Mending Military Minds* program to support veterans exposed to anti-malarial drugs is established and will continue through Open Arms.
- Social and emotional support, including the community grants strategy, will be facilitated through *The Oasis Townsville*, with their locally developed service delivery model that continues to emphasise 'A job, a team and a plan' across employment and volunteer programs consistently built around a model of fundamental human needs.

The following ongoing needs were identified:

- Stakeholder interviews consistently indicated an ongoing need to reach the most disengaged ex-ADF members in Townsville.
- Operation Compass and the Townville Suicide Prevention Network (TSPN) identified a lack of properly trained and available services to provide adequate assertive aftercare after release from emergency or acute care after suicidal crisis in Townsville. Despite efforts to acquire and implement Beyond Blue's *Wayback Service,* this gap persists.
- Operation Compass facilitated the media reporting guidelines program *Mindframe*, but uptake of its principles is likely driven by editors and publishers, rather than individual journalists. Veteran issues more broadly tend to be sympathetically reported in Townsville, but any insensitive reporting of suicide may trigger suicidality, indicating a direct overlap with broader community suicide prevention needs. Time to participate in this training may have also limited its uptake. University educators have a responsibility to influence this understanding during training, beyond the scope of our report.
- Interviews with program implementers and ex-ADF and families participants indicated

that family-based strategies are valued. Participants expressed the view that the needs of partners, children and young people are not systematically addressed during transition out of the ADF. There is, therefore, an opportunity to enhance support for ex-ADF families in Townsville.

Conclusions

Whilst the *LifeSpan* model is an excellent guideline and theoretical resource, Operation Compass emphasised the role of place-based, community engagement. For this locality, community engagement enabled partnerships and program implementation. Interviewed participants perceived and placed high value on reducing stigma seeking help for mental ill health. The impact of engagement with the wider community for the ex-ADF cohort is difficult to measure but was strongly endorsed across participants and stakeholders.

Theoretical/clinical aspects of suicide prevention will benefit from the transformational potential of leveraging off the voice of lived experience. This model promoted essential outcomes of supporting those in need, *in the right way, at the right place and in the right time.* Choice and control of the individual needing the support was viewed through a psychosocial and health determinant lens: to empower sustained wellbeing and self-determined, needs-based referral pathways.

Operation Compass has demonstrated local implementation of a multi-level systems approach to suicide prevention and veteran wellbeing that aligns with the *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23*.[1] The National Plan aims to address similar issues, therefore outcomes might be considered in the context of this three-year plan and its evaluation strategies.

Recommendations

Practice recommendations

- Develop collaboration with the organisations not already connected to Operation Compass by identifying their needs and priorities, particularly Defence Health, Queensland Health and North Queensland school / education systems.
- Lived experience workshops might be considered at least annually—expert-facilitated within the Roses in the Ocean ethos of building capacity among lived experience participants to transform their knowledge and wisdom to advocacy for suicide prevention. The TSPN is an appropriate local network to facilitate this, while The Oasis Townsville will have scope to market and engage ex-ADF and family's participation.
- The Veterans HealthPathways and GP upskilling might consider including Connect to Wellbeing in their referral pathways for ex-ADF and families.
- Connect to Wellbeing might consider identifying ex-ADF and families as a priority group on their website and marketing material.
- Clients of all health and allied health services in Townsville could be identified for ex-ADF status upon engagement.
- Targeted strategies are needed in response to an expressed need for local services that can participate in coordinated and assertive aftercare for ex-ADF and families.
- Regular and ongoing face-to-face gatekeeper training targeting the ex-ADF community at an accessible location might be facilitated at *The Oasis Townsville*.
- Ongoing delivery of gatekeeper training to community level stakeholders—public-facing professions, allied health, teachers and frontline service providers—overlaps with ex-ADF and families' needs for gatekeeper training. The TSPN and Operation Compass should continue to work together to produce effects across the community.
- There is an apparent need for explicit, proactive strategies to engage and support young people who may be traumatised, disengaged and at risk of suicide in the ex-ADF families' community.

Process recommendations

- Coordinated and assertive aftercare in Townsville remains an important gap recognised by health services, NQPHN, TSPN and others. A task group might be considered to identify relevant stakeholders and resources needed to fill this gap, including for ex-ADF members and their families.
- Embed gatekeeper strategies in standard practice at educational institutions and

workplaces. For example: i) train and fund local implementation teams; ii) incorporate training into standard work health and safety practice, particularly for public-facing organisations.

- Consider targeting editors and journalism educators to centralise responsibility for implementing media reporting standards when reporting on suicide and mental ill health.
- Identifying local providers for delivery of Media Reporting Standards training might benefit from similar mechanisms to locally adapted Gatekeeper Training, reinforced by local adaptation, relationships and accountability.
- Representation of the school systems in strategic direction may assist in development of integrated and sustainable strategies that are intentionally inclusive of young people from ex-ADF families.

Research and evaluation recommendations

- A global evaluation strategy might include assessing GP knowledge and uptake of available services, e.g. DVA benefits and access pathways; local referral pathways like Connect to Wellbeing; outpatient clinics; Ex-Service Organisations (ESOs); social programs etc.
- Future evaluation frameworks might include tracking of networks and activities over time at the level of governance, agency partnerships and program participants.
- Collate information about engagement and participation of young people from ex-ADF families engaged in the Resilience Project and the **headspace** Townsville Art Therapy Project.
- Develop and deliver a series of evaluation and design workshops to understand relevant monitoring and evaluation options that: a) are consistent with *The Oasis Townsville* current operational plan; b) complement local service provider activities supporting ex-ADF wellbeing; and c) are safe, effective and create minimal imposition on ex-ADF and families participants.

1 INTRODUCTION

Funded in 2017, the Ex-Australian Defence Force (ADF) and Families Suicide Prevention Project (Operation Compass) implemented a multi-level systems approach to suicide prevention targeting former and transitioning ADF members and families in Townsville. Housed in Northern Queensland Primary Health Network (NQPHN), Operation Compass was one of 12 sites of ***the National Suicide Prevention Trial***, which examined the applicability and impact of systems approaches to suicide prevention. The national trial advanced the Black Dog Institute's (BDI) *LifeSpan* model (Figure 1, Section 2.2) as a suitable systems approach for suicide prevention. Operation Compass started 12 months later than the 11 other sites, and it was the only one that focused on ex-ADF and families.

This internal evaluation does not aim to replicate what the national evaluation will examine. Operation Compass engaged James Cook University to report to NQPHN about Operation Compass' interaction within the local context, and make recommendations for continuation of its activities. The Outcomes evaluation includes the following sections:

1. Project Background — the issues being addressed, the *LifeSpan* model and Operation Compass' aims
2. Literature review — suicide theory, risk factors for ex-military populations and interventions
3. Evaluation aims and methodology
4. Implementation context — broader policy, institutional, community and individual
5. Operation Compass outcomes — tabulated programs and overall project outcomes
6. Conclusions — limitations, alignment with literature and potential future directions
7. Recommendations—organised by 'Practice', 'Process' and 'Research and Evaluation'

2 PROJECT BACKGROUND

2.1 SUICIDE AND VETERAN SUICIDE

Detailed in the literature review, currently serving military in Australia die by suicide at lower rates than the general population, while ex-ADF members have higher suicide rates than the general population.[2] Regardless of prior suicide risk factors, transitioning out of the military is characterised by experiences that may increase suicidality, loss of purpose and belonging, unfamiliar and less accessible health systems and potential barriers to finding housing and employment.[3] Transition will be more challenging if meaningful employment is delayed or difficult, physical or mental health disorders are present, and where social support is low.[4] At most risk are ex-ADF members who experience medical or dishonourable discharge, and those medically unfit for work or experiencing mental health issues including (but not limited to) trauma and substance misuse.[2, 5, 6]

The complexity and perceived inequity of transition processes from the military to civilian life, particularly where there are compensation claims, is an important consideration for ex-ADF suicide prevention.[7, 8] The Department of Veterans' Affairs (DVA) ***Transition and Wellbeing Research Program*** highlighted a range of issues reflected in many interviews in the current evaluation. Importantly, data about the local patterns of ex-ADF wellbeing and engagement in Townsville is not readily available. While we would not expect ex-ADF needs in Townsville to be different to those identified in the national studies, identifying local opportunities to reach the most disengaged ex-ADF members can be difficult.

> *'Can I tell you what would prevent a lot of suicides? A lot of them involve rejected claims [for compensation]… have things that have to be said before they say yay or neigh. I had a hard time as well, but I had people who [sic] I could ask questions who had been through the process.' Ex-ADF male*

Defence families are the main support for the transitioning members; however ex-ADF partners and families are also impacted by experiences in the ADF and when transitioning out, as described by this partner:

> *'When a veteran transfers, they lose their identity and social supports, but I lose mine too.' ADF partner.*

The *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23*[1] aims to address many of these issues, therefore outcomes might be considered in the context of this three-year plan and its evaluation strategies.

2.1.1 OPERATION COMPASS: 'PREVENTION THROUGH CONNECTION'

Operation Compass' operational plan systematically addressed components as recommended in the *LifeSpan* model (Section 2.2), with reference to known vulnerabilities in ex-military populations. Operation Compass, however, embedded the notion that ex-ADF personnel must remain in or regain authentic connection to former military mates and to the wider community. Social networks and determinants of wellbeing, not explicitly addressed in the *LifeSpan* model, described below, were emphasised in Operation Compass.

Project Manager, retired Colonel Ray Martin described 'prevention through connections' as follows:

> *Connection of 'mates' or the reconnection to 'mates' with shared experiences, hardships, loss, successes, intense friendships, that were a feature of service life, into and as part of the community may help prevent suicide. During shared service, the suicide rates for members of the ADF are lower compared to the national figures. The ADF pays particular attention to suicide prevention and ADF members, who are mission-focussed and with clear purpose, support each other continuously. Once leaving the service, the intense 'connection' of unique military service for many is lost. The support systems are not as apparent, and for many the ability to navigate civilian life, particularly to get support for mental health issues and more complex health needs, is a significant challenge. The key to providing support for each other, as ex-members did in service, is looking out for each other.*

Basic and advanced military training has been described as supplanting individual values with military values; the unit is placed before the individual to the extent of giving up certain individual rights and freedoms.[9] Not seen in even the most service-oriented of civilian professions, the military identity often persists long after leaving.[10]

> *'Maybe you can apply that to other jobs, but I feel like it's not quite like that. In Defence, you create a bond that's not like a normal workplace. You live with people for weeks in the [most difficult] places and you form a bond that you don't form in an office.' Ex-ADF participant, female*

Therefore, Operation Compass aimed to bridge this identity transition by supporting connections. The concept of 'veteran awareness', comparable to cross-cultural awareness,[11] is encouraged through Open Arms ***training for clinicians*** and other service providers in Australia, but uptake is not ubiquitous. A strong military identity can have favourable outcomes, and many serving members transition to healthy and fulfilling civilian lives. Nevertheless, transition will always constitute a challenging disruption to each individual's personal narrative.

Prior to Operation Compass, the planning and design of a veterans' wellbeing hub was already underway in Townsville, and ***The Oasis Townsville*** will commence operations as Operation Compass draws to a close. Summarised succinctly by retired General John Caligari, chairman of both Operation Compass' Steering Committee and the Oasis Board of Directors, *'a job, a team and a plan'* can support ex-ADF members to safely reintegrate into civilian society.

2.2 THE *LIFESPAN* MODEL OF SUICIDE PREVENTION

BDI's *LifeSpan* model is a framework for addressing suicide risk across a community.[12, 13] *LifeSpan* is comprised of nine Priority Areas, broadly categorised as Clinical, Individual and Community level (Figure 1). *LifeSpan* must be tailored to the local community:

'Multiple interventions implemented at the same time and tailored to the local community context are likely to be the most effective way of reducing the rate of suicide.' Baker et al., 2018. [13]

Priority Areas provide a broad framework, but translation of *LifeSpan*'s recommended interventions to a local system involved adapting and tailoring to the local context. To that end, BDI promotes principles by which *LifeSpan* can operate to represent the community and key stakeholders, as follows:

- Lived experience inclusion at every level
- Cultural governance and inclusion
- Community engagement
- Local ownership and adaptation
- Data-driven decision-making
- Workforce information and development

In their recommendations to Primary Health Networks, Ridani and colleagues (2016) observe that psychosocial treatment, gatekeeper training, GP capacity building and means restriction are expected

to make the most substantial impact on suicide deaths.[12] A range of secondary outcome measures were also recommended, for example: tracking medications prescribed and referrals to psychiatric or psychological services; community knowledge of suicide and school student mental health literacy; emergency call-outs and calls to crisis lines; and, monitoring the content of media reporting.

Figure 1: The Black Dog Institute's *LifeSpan* systems approach to suicide prevention

2.3 OPERATION COMPASS OBJECTIVES AND GOVERNANCE

Operation Compass named two overarching objectives:

- To reduce the rates of suicide and increase well-being within our ex-ADF community and their families, through connection to life in Townsville post ADF
- Ensure the sustainability of successful Operation Compass projects through integration into long-term local veteran support programs.

To achieve these, Operation Compass identified eight aims or intended outcomes:

1. Communicate, educate, participate and build a safety net to respond to suicidality
2. Strengthen resilience in ex-ADF members, families and carers
3. Empower help-seeking behaviours
4. Ex-ADF-aware emergency response
5. Supportive of an informed medical response
6. Health services providing the best treatment
7. Ex-ADF connected crisis care and follow up services
8. Improving safety in Townsville

Operation Compass is organised into six 'Campaigns' and three support plans (Figure 2). *The Operation Compass Plan on a Page* summarises links between Operation Compass' governance, the Campaigns and the Support Plans (detailed in Table 1).

Table 1: Explanation of Operation Compass Operational Plan

Governance / Strategic Direction	Six Campaigns	Three Support Strategies
The Steering Committee - comprised of key, senior stakeholders from a range of local agencies Townsville Suicide Prevention Network Community Action Plan - becoming established around the same time The Primary Health Network Activity Work Plan	Evidence-based programs - suicide awareness, media reporting standards and youth resilience Clinical support - opportunities to enhance assertive aftercare, veteran aware practice and accessible crisis support Innovative programs - ≤$25,000 grants for local actors with veteran wellbeing and connection ideas; co-design acquired brain injury project and social media campaign 'Check your mates' Data and evidence - advocacy for veteran identification in census Community response - peer network, monsoon recovery and other contributions Enduring connections - planning for ongoing work post-project funding	Communication across all campaigns and stakeholders Evaluation and Reporting including the current internal evaluation and project reporting Transition of the project from NQPHN-based administration and implementation to sustainable community partners

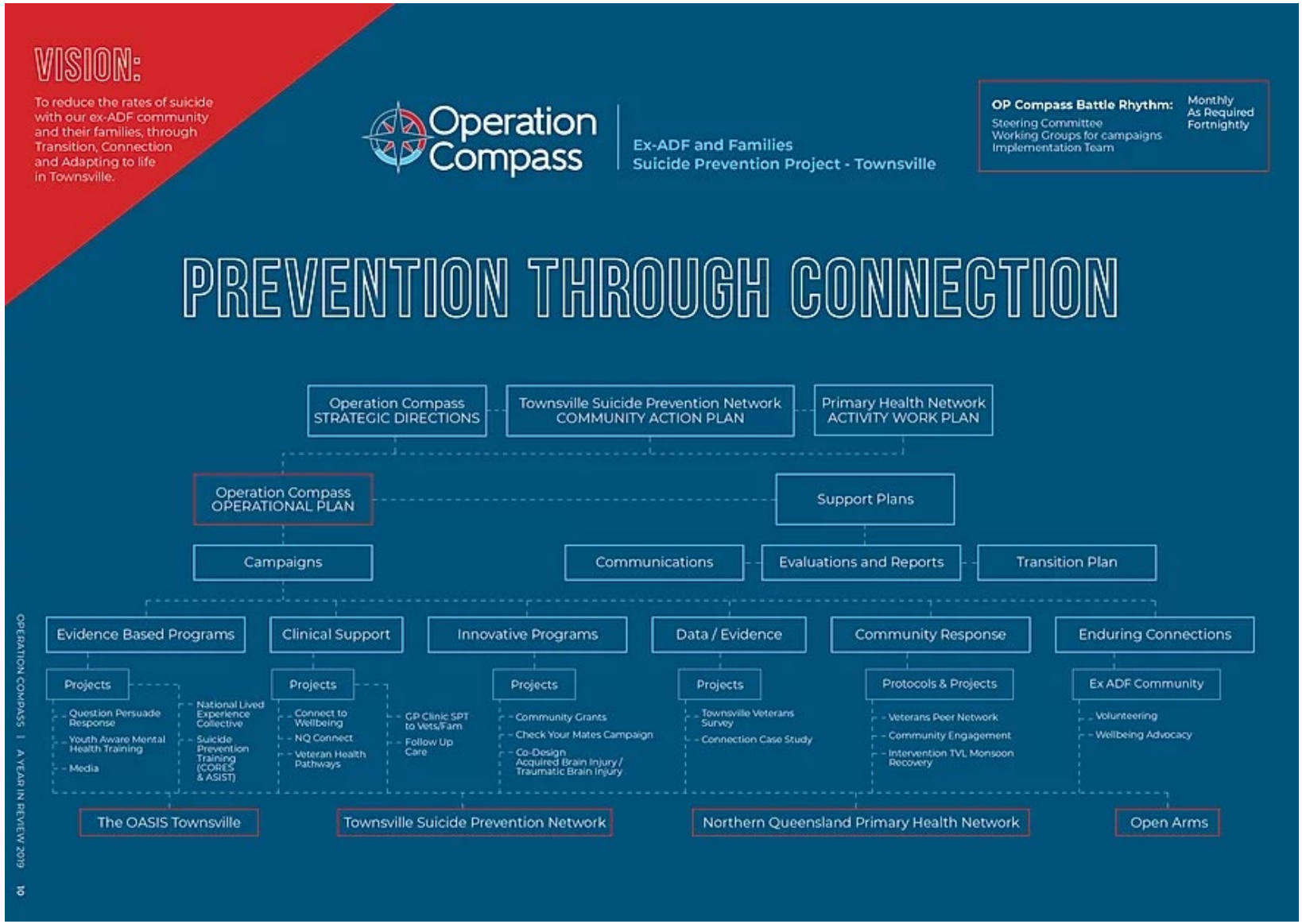


Figure 2: Operation Compass Operational Plan

3 LITERATURE REVIEW SUMMARY

The review synthesised more than 60 recent publications identified in systematic database searches (narrative synthesis), including original research published in higher impact peer-reviewed journals and high-quality reviews concerned with ex-military suicide in the international literature. More detail is included in Appendix 1, and the full narrative synthesis is available as a separate document.

3.1 EX-MILITARY SUICIDE AND SUICIDE THEORY

In Australia, ex-ADF men take their lives at a rate 18 per cent higher than that of the broader male population.[2] To our knowledge, no collated qualitative data exists on the 419 ex-ADF/ADF suicides between 2001 and 2017, or those who have taken their lives since. It is worth noting that deliberate self-harm NOT leading to death is perhaps 20-30 times the suicide rate but is hard to define and measure.[14] Factors predisposing to suicidality will be present at recruitment and may be compounded or acquired during service.

Both developmental and life-course factors are understood to contribute to suicidality, therefore family or community resources and patterns influence lifetime risk of suicide.[15] The burden of ex-military suicide directly associated with military and ex-military experience is difficult to separate from the burden due to prior experiences, including early family and developmental factors. Diagnosed biological mental health conditions, for example bipolar or post-traumatic stress disorder (PTSD), appear to play a role in 40-45 per cent of all suicide[16-19], but psychiatrists believe that undiagnosed mental health disorders likely underpin a much greater proportion of death by suicide than the data suggests, including among ex-military personnel.[20] *Joiner's interpersonal theory* of suicide proposes that those at risk of suicide will fulfil three conditions: thwarted belongingness; a sense of burdensomeness; and increased capability for suicide.[21] Current theory also focuses on identifying high-risk moments in the *LifeSpan*, for example *Fluid vulnerability Theory*.[22] Life transitions (break-up, financial distress, loss of identity) may be the precipitating factors for most suicide, regardless of mental health status.[20, 23]

3.2 SUICIDE RISK FACTORS SPECIFIC TO EX-MILITARY POPULATIONS

We categorised risk factors acquired during military service as follows:

- Involuntary discharge–whether medical or dishonourable–can lead to shame, isolation, loss of identity and loss of income.[8, 24, 25]
- Being young, male and of lower rank is associated with higher suicide risk, especially in combination with involuntary discharge. [6, 24, 25]
- Being female—female ex-military cohorts in the international literature were more likely than ex-military males or civilian females to have experienced multiple traumas in childhood and sexual trauma during military service; and females' transition experiences may carry additional risks compared to males.[26-28]
- The presence of a range of mental health conditions—notably *post-traumatic stress disorder* (PTSD) and *moral injury*—especially in combination with substance misuse, unemployment and family breakdown.[29-34]
- The presence of physical disability including chronic pain and traumatic or acquired brain injury, especially in combination with substance misuse, insomnia and socio-economic restrictions.[28, 33-35]

Transition more generally is a vulnerable time as ex-military personnel must establish a non-military identity and reintegrate into the community. In Australia at present, those transitioning lack a continuity of care from military to community medical services. While employment, financial security and social connection are known to support better mental health trajectories, participation in work, whether paid or voluntary, and even recreational activities can be dis-incentivised for fear of losing compensation.

3.3 INTERVENTIONS TO REDUCE SUICIDALITY

A range of interventions have been documented to manage out-patients at risk of suicide, with social-cognitive interventions dominating current research.[36, 37] Multilevel approaches similar to Operation Compass targeting whole populations of veterans and former military have not been tried. As for the civilian population, access to crisis services and assertive aftercare after an attempt is critical for reducing suicide death, and must focus on families to maximise effect.

4 EVALUATION METHODOLOGY

4.1 EVALUATION OBJECTIVES

The evaluation aimed to understand where and for whom Operation Compass had impact, and why or how. Specifically to:

- Describe strategies which gained traction and why. Compare them to the *LifeSpan* model to understand what seemed relevant and feasible, and what else might be needed.
- Describe Operation Compass' corporate governance structure, the role of key stakeholders and partners in implementing Operation Compass' strategies, as this is place-based, not defined in a manual.
- Consider the role of a coordinated, specialised social marketing strategy, as the Operation Compass team felt that its contribution was a critical component to seamless and effective messaging among key stakeholders and for community engagement.
- Understand what stakeholders most valued and identify gaps to make recommendations for future work.

4.2 EVALUATION APPROACH

The full methodology and interview guide are included in Appendices 2 and 3. Twenty-five stakeholders participated in 24 private interviews and one focus group between November 2019 and March 2020. Purposively recruited through non-coercive invitation to contact the evaluator, participants included: 12 Steering Committee members; five ex-ADF end-users, including one ADF transitioning member; one focus group with two service providers; and, 10 other interviews with service providers, Ex-Service Organisations (ESOs) or Community Grant recipients. Overall, 14 participants overall were male, while two males and three females were end-users of the program with no role in implementation or community partnerships. Interviews and focus groups discussed participant background and role; understanding of and perception of utility of programs in which the participant was involved; and, their recommendations for what else was needed.

Formal interview data was supplemented with meeting notes and observations. Information gathered informally was incorporated into a network diagram (using NodeXL™) and used to describe the program context, but excluded from formal qualitative outcomes analysis. The network was documented by listing individuals or organisations by their formal partnership or informal connections that were reported to be significant in enabling trust and collaboration.

The evaluator attended or participated in a number of activities, including: several Steering Committee meetings; *Check Your Mates Breakfast* at The Ville Resort Casino; one remote camp activity with female veterans hosted by *Yibaay and The Cameleers*, Community Grant recipients; and, an Evaluation Workshop for the Community Grants to enable focused discussion with grant recipients.

4.2.1 ANALYSIS

The evaluation was informed by a realist evaluation approach,[38] that aims to i) take into account the influence of the program context; and ii) understand program outcomes as stakeholder reasoning in a particular context (Appendix 2). The evaluation documented findings systematically as follows:

- Campaign overview: Working with Operation Compass' team and Campaign leads, the six campaign aims and impacts were summarised, noting:
  - Alignment with BDI's *LifeSpan* model;
  - Key successes and apparent stakeholder reasoning
  - Recommendations for further investment.
- Program context: described at multiple levels: city; program team and Steering Committee; ex-ADF members' experiences; and broader policy.
- Outcomes: described as products of participant and stakeholder reasoning in response to strategies in the specific implementation context. Stakeholders reported benefits, enablers or impediments to program success.

5 IMPLEMENTATION CONTEXT

This section will briefly overview the implementation context, with respect to ex-ADF and veteran suicide, at five levels:

- Townsville, regional garrison city
- Operation Compass' team and Steering Committee
- ex-ADF members experiences and characteristics
- ex-ADF families experiences and qualities
- Broader policy context, particularly DVA and Health.

Influential context will be described with respect to the Outcomes (Section 6).

5.1 TOWNSVILLE, GARRISON CITY

Home to ~6,000 Army and Airforce personnel at any time, Townsville is the largest garrison city in Australia, promoted as a family-friendly, well-serviced location for ADF service.[39] Approximately eight per cent of Townsville's ~174,000 residents are ADF personnel or their families.[40] If we take into account ex-ADF personnel, allowing for one 'significant other' per member, up to 20 per cent of the local population may have been part of the ADF community during their lifetime. The ADF sector is therefore influential politically and economically. Reliable and timely local data is not readily available for suicide patterns among veterans. Anecdotally, young ex-ADF members will return to their families if discharged in Townsville, while more mature members may be more likely to stay in, or move to, the regional city as a retirement or family option.

A significant proportion of Townsville's police force are ex-ADF members; and significant proportions of several schools include children and adolescents of ex- and transitioning members' families. Interview participants perceived that the ratio of the target population to the whole community impacted on:

- Visibility of suicides among the target population
- Availability of services—a full suite of services was available in contrast to smaller rural and regional centres
- Size of the service sector in relation to the size of the target population—for example waiting times might be shorter than in larger cities
- Relationships between services and various key stakeholders—can be more personal than in larger cities
- Political will can be motivated to address perceived need.

Prior to the Commonwealth Suicide Prevention Trial funding, Townsville stakeholders had already undertaken steps to develop a Veteran Wellbeing Centre, and this has since received State and Federal funding, for development of ***The Oasis Townsville***, physically based in Oonoonba. This hub will case-manage and refer people across social programs and clinical services, including: outpatient programs with local health services, veterans-aware primary care, Open Arms, mates4mates, RSL, the Volunteer Army, various social community programs, Connect to Wellbeing, accommodation and employment services.

In addition to its garrison city character, Townsville is a large industrial centre with fly-in-fly-out mine workers, a port and associated industries such as metal refineries, an abattoir, a casino-hotel, and entertainment and sporting complexes

5.2 OPERATION COMPASS TEAM AND STEERING COMMITTEE

The Project Manager was a retired colonel, while four project officers who worked in Operation Compass at any time were part of the ex-ADF community or had significant experience in ADF service provision. The Steering Committee was chaired by a retired three-star general. Operation Compass therefore benefited from leadership from two retired senior military officers, well-known in the local community. Their involvement, the importance of Defence in Townsville and the project's high profile, enabled high ranking Steering Committee participation, including Queensland Police Service (QPS) and Queensland Ambulance Service (QAS). Northern Queensland Primary Health Network (NQPHN) and Open Arms representatives and Defence Families Organisation naturally participated in the Steering Committee. The Townsville Private Clinic, which provides much of the inpatient mental health care for ex-ADF members and some outpatient programs, was represented by a senior clinician. The *Townsville Suicide Prevention Network* (TSPN) Project Manager participated in Operation Compass' Steering Committee, and an Operation Compass Project Officer participated in the TSPN. Queensland Health was represented, but not the Townsville Hospital Board or

leaders of similar status in the Townsville Hospital and Health Service.

Not represented on the Steering Committee were: schools, Defence Joint Health Command, and the Defence Community Organisation.

The Steering Committee and Project Team were advised and informed by a reference group including a range of ESOs and service providers from the local area, particularly early in the project. The reference group of up to 30 participants included: veterans, health professionals, community members, and those with lived experience of suicide.

5.3 EX-ADF MEMBERS' EXPERIENCES

Whether the individual feels their military experience was positive or negative, ex-ADF members describe a persistent, enduring military identity. The transition from military to civilian life, therefore, includes reconstructing a new, post-ADF identity. In addition, many military personnel have matured from early adulthood in the ADF system, therefore:

- health systems may be unfamiliar— use of a Medicare card, fee-for-service and filling prescriptions at a private pharmacy
- their social network may have been entirely within the confines of the base, for example it is not uncommon for sports, weekend activities and social networks to be confined almost exclusively to ADF networks
- ex-ADF members may cast themselves in predictable roles for future employment, self-limiting their opportunities to expand into new sectors
- ex-ADF members may struggle to acculturate to a less 'masculine', stereotyped civilian identity.

'I know the boys love sports, but there's an issue with playing outside Defence – you have to ask permission, it's off-putting, it's paperwork. You automatically assume you're not going to be allowed to do that… You're basically told you can't do it, because if you injure yourself outside you're not covered. There's a huge separation between being civilian and being army and that's instilled from the very beginning and there has to be something to fill that gap.' Ex-ADF member, female

Those experiencing poor mental health may:

- particularly struggle with transition documentation, especially if they have to provide proof of injury or disability
- wait long periods to access intensive psychiatric services—anecdotally, Townsville has shorter waiting periods than some major cities, but reports of waiting weeks or months to see a psychiatrist are common
- have access to few after-hours crisis services, hospital emergency departments and frontline service providers which have not systematically adopted 'veteran aware' practices.

Possible impact on ex-ADF and veteran identity might include a lost sense of purpose, and feeling lost in the system. Younger personnel experiencing sudden medical discharge may find long sought-after goals suddenly unattainable, while older personnel may face other significant transitions such as loss of health, mobility and life-partners. Ex-ADF members may experience a sense of betrayal or abandonment.

'I had a lot of backlash before the mental health issues, physical injuries and surgeries… I couldn't do my job, you get called a 'lingerer [malingerer] then they had to accommodate me.' ex-ADF female

'Went to five or six counsellors that DVA put me through. Not a fan of DVA but I've heard they've gotten a lot better.' Ex-ADF male

'Focus on ex-serving and not currently serving. Transitioning could definitely benefit from earlier contact. Focus on TPIs, and everything is run during the day. Forgetting that there's this great big group of people who are still working during the day and need access at night and on the weekend.' Transitioning officer, male

5.4 EX-ADF FAMILIES EXPERIENCES AND QUALITIES

Families of ex-ADF members may feel unsupported, particularly if the ex-ADF member of the household is unwell. Of note, families may not have any recourse during crisis after hours except police, ambulance and health services, where psychosocial services may be more appropriate for both the ex-ADF member and their family.

> *'I suggest Lifeline chat. I told her I wanted someone to be able to come to her door. I don't think there's a hotline or an organisation that does that. I didn't know what to do. She did talk to Lifeline. But I felt like it didn't help her to the level that it would have if it was some to comfort her at her house. Not everyone could have someone come to their house. If it was police and ambulance it would be a big deal, car lights, take the babies away.' Ex-ADF member, female*

The Townsville Private Clinic is accessible, with 60 beds, but their intake is only during business hours. Ill health or child development issues among other family members can also place the entire family system under great pressure. The literature reports an increased profile of intergenerational trauma is a feature of some military families, due to higher than average rates of adverse childhood experiences among recruits, as well as the risks of parents with military-related PTSD affecting their own children.

> *'Some ex-ADF really struggle with transition, particularly when they don't want to leave. It can bring up a whole heap of rejection stuff from childhood. It's a hard time to look after patients because they usually are not very well mentally and have to deal with this huge fracture. There is grief, loss, anger.' Clinician, female*

Suicide rates are higher among ex-ADF members, and suicide risk increases among those who know someone who died by suicide. Therefore, the partners and families of ex-ADF members may face risks for poor mental health and wellbeing. These, sometimes fragile, systems are the main support network for ex-ADF members at risk of suicide.

5.5 BROADER POLICY CONTEXT

In the last decade, DVA's ***Military Health Outcomes Program*** and ***Transition and Wellbeing Research Program*** focused intensely on current serving and transitioning member health and wellbeing. A series of proactive policies have been implemented in recent years to improve wellbeing or specifically address suicide risk. For example, financial support is now available while claims are being processed, recognising the stress of compensation claims involving complex legislative requirements and perceived limited support to navigate the system. A commissioner has been appointed to investigate the possible causes of suspected ex-ADF and veteran suicides. Extension of Non-Liability Health Care three years ago enables tracking of ex-ADF members, if they use their card. There has been no mechanism in place to keep track of their wellbeing or specific needs post-discharge, and veterans are not universally identified in health records and census data. Health service providers reported that continuity of care is challenging for recently discharged veterans when they abruptly switch from ADF to civilian care providers.

> *'I think we need to find a way to better transition these guys. More bridging support. We meet with the ADF every two weeks and talk about our patients, that's really good. We'll have great conversations, but two weeks later once they're discharged, they won't talk about them. The veterans can feel incredibly alone. They should have transitional GPs who'll have ongoing care for them in the community. Often all their treatment team may be in the ADF- their psychologist and psychiatrist, rehab officer, GP— then it's all gone with discharge. They're really, really vulnerable in that time.' Clinician, female*

All ex-ADF and families benefit from in-patient and out-patient health care, whether the mental illness is service-related or not. However, the concept of 'veteran aware' services is lacking in the tertiary education, work health and safety (WHS) and professional development training for health and frontline service providers. The *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23*[1] announced a range of actions over four priorities (Box 1) that promote high quality health care as well as improved supports and wellbeing across the system.

Box 1. Four key priorities of the *National Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23*

PRIORITY ONE: Facilitating high quality, evidence-based, accessible and tailored health care that responds to the unique nature of military service and its impacts on veterans and their families;

PRIORITY TWO: Supporting veterans and their families to transition well from military to civilian life;

PRIORITY THREE: Enhancing partnerships across government, communities, business, service providers, researchers and ESOs to improve mental health and wellbeing outcomes for veterans and their families

PRIORITY FOUR: Engaging, communicating and educating veterans, families and the community better and more often about the positive mental health and wellbeing support and services available.

(Source: National The Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23, page 20)

6 OP COMPASS OUTCOMES

The material in observation notes, reports from individual programs and private interviews was organised into themes describing perceived outcomes—goals attained; perceived impact; barriers; and, ongoing needs—are considered within the context described in the previous section to understand what worked for whom and how.

Discrete programs implemented under the Campaigns were considered individually in Part 2 of this report.

They are overviewed and summarised in Tables 4-9, pages 32-37, for reference in the synthesis of overall outcomes. Examining the interviews and research notes, a number of themes were apparent early in the interview process. Operation Compass was perceived as generating local opportunities with benefits across the community. Operation Compass aimed to implement strategies within *LifeSpan* priority areas, but vigorously endorsed social connection across the community.

Box 2. Operation Compass objectives

- To reduce the rates of suicide and increase well-being within our ex-ADF community and their families, through connection to life in Townsville post ADF
- Ensure the sustainability of successful Operation Compass projects through integration into long-term local veteran support programs.

To achieve these, Operation Compass identified eight aims or intended outcomes:

1. Communicate, educate, participate and build a safety net to respond to suicidality
2. Strengthen resilience in ex-ADF members, families and carers
3. Empower help-seeking behaviours
4. Ex-ADF-aware emergency response
5. Supportive of an informed medical response
6. Health services providing the best treatment
7. Ex-ADF connected crisis care and follow up services
8. Improving safety in Townsville

Operation Compass demonstrated three key outcomes across discrete Campaign strategies, governance and psychosocial objectives, as follows:

1. Operation Compass modelled effective governance of a multilevel systems approach to suicide prevention, promoting and benefiting from strong relationships between stakeholders from key institutions and producing lasting networks
2. Operation Compass developed and drove implementation of suicide prevention strategies consistent with the *LifeSpan* model, targeted to an ex-ADF and family's population
3. Operation Compass promoted authentic social connection as a mechanism for ex-ADF engagement, construction of post-ADF identity and sustained wellbeing.

6.1 OUTCOME 1: MODELLING EFFECTIVE GOVERNANCE OF A MULTILEVEL SYSTEMS APPROACH

Operation Compass modelled coherent governance of a multilevel systems approach to suicide prevention, adapted for the local community and target group. This is significant because local networks and strategic direction are place-based, depending on relationships in any given context. *LifeSpan* suggests the priority areas and principles of systems approaches, but there is no manual for how best to translate this to any given context.

Operation Compass enhanced the relationships and dialogue across ex-ADF and civilian communities. One service provider observed:

> *'[Operation Compass] opened up an insular culture. They're military but they're part of this community. In the past it's been community over here and we're the military. They bring so much credibility.' Service provider*

The size of the ADF population compared to Townsville's broader population means ex-ADF wellbeing is of immediate relevance to a range of services and sectors. High profile, mature program leaders simultaneously offered clear direction and willingness to build capacity and offer opportunities locally. The following quote described this outcome:

> *'Key to Operation Compass' success is the ability to efficiently build social capital through community-centric design and delivery. It works well because of clear leadership and Steering Committee competence and cohesion. Also, the size of the service sector compared with the size of the community target population.' Steering Committee member*

High regard and mutual respect among Steering Committee members, as well as a very strong communications and social media component enabled this outcome.

The presence of ex-ADF members in Operation Compass' leadership lent credibility among ex-ADF members. An Army veteran described this:

> *'1000% need a veteran in the [project manager] role. Wouldn't take them seriously otherwise. You know that he's been homesick, he's been scared, he's worked in the system.' ESO member*

6.1.1 OVERCOMING SERVICE SILOS AND BUILDING 'CLINICAL BRIDGES'

Relationships among high-level stakeholders help to construct relationships between organisations that can overcome service silos. At the community level 'clinical bridges' enhance access and efficiency of primary care, overcoming siloing and improving capacity to access various funding streams and opportunities to provide services.

> *'Clinical bridges by enabling organisations to access different pots of money. The resources are there but they might not know about them. Operation Compass has provided a platform for Open Arms to trial Peers and Mending Military Minds within a community network.' External stakeholder*

Some examples of collaborations promoted and enabled by the Steering Committee and partners included:

- Operation Compass role in trialling Peers in Open Arms, leading to recruitment of four Peers in Townsville, and 40 Australia-wide (Table 4).
- educating GPs and clinic managers about what is available from DVA to make primary care more accessible to ex-ADF members and families (Table 4).
- raising 'veteran awareness' among practice managers and nurses and introduction of Veteran HealthPathways to make Primary Care safer and more accessible for ex-ADF members and their families (Table 4).

With links to NQPHN and the local Hospital and Health Service, and collaboration between DVA's mental health and wellbeing arm, Open Arms, Operation Compass made ex-ADF mental health more visible across the community and supported collaboration.

> *'Mental and allied health tend to be less visible to policy makers and funders than surgery and acute care. Operation Compass makes it visible and enables trialling approaches to deliver services in a community-oriented way.' Steering Committee member*

'From a community point of view, it's given all the different agencies in town a conduit, a more collaborative approach. A lot doing same or similar work in a silo. Projects like this bring all the agencies into one spot, most importantly conduits to know the pathway.' Steering Committee members, frontline service provider

In terms of Enduring Connections (Table 9), *The Oasis Townsville* has connections to the Townsville Private Clinic that may assist in transfer of strategies for ex-ADF engagement across clinical, psychosocial treatment and social initiatives. For example, supporting patients with chronic health issues to engage in paid or volunteer work.

'At the start there was a little bit of "are you going to take my clients away?" People are no longer feeling threatened because there's more need than you're ever going to meet. The next twelve months is an opportunity to get to some of the systemic issues.' Senior stakeholder

In contrast with strong connections across the organisations mentioned, connections with the Townsville Hospital and Health Service and Defence Health were not as strong as they could have been. Collaboration with these services would likely open new avenues for transition health and crisis and assertive aftercare.

6.1.2 DURABLE STAKEHOLDER NETWORKS

Figure 3 depicts the density of networks around the Steering Committee, major stakeholders and individual programs. This represents a major achievement that the 'Enduring Connections' (Table 9) campaign aims to preserve. The Steering Committee Chair, *The Oasis Townsville* and the Project Manager form the core of the network. With a local public relations firm managing the Communications strategy, NQPHN, TSPN and Open Arms represent key pillars in the strategic governance.

Much of the allocated time has been spent finding the right team and building community trust. The following quotes demonstrate the difficulties of achieving full community engagement:

'At the end of the day it hasn't been "systemic systems change" yet. It's taken a couple of years to get the trust. As the trust comes on the funding ends.' External stakeholder

Operation Compass' Project Manager personally drove the Innovative Programs Campaign, and fostered personal relationships with key players in most campaigns, bringing important connections to the project. The individual in this position must have capacity and credibility to form constructive relationships across military and health sectors.

'[The project manager] will talk to [my participants] and gather as much feedback as possible…when he speaks to them he asks "How does it affect you? Not the [activity organiser], you're the end user, what are you getting out of it? [He's] constantly thinking, constantly trying to sort things out.' Ex-ADF member, Community Grant recipient

The local public relations firm brought valuable social capital through sustained relationships with local print and television media, as well as relationships with members of local and federal government.

Among key stakeholder organisations, *The Oasis Townsville*, NQPHN, TSPN and Open Arms were most implicated in Operation Compass campaigns. The presence of the Chief of Police was also valuable, given that a large proportion of local police are also ex-ADF in Townsville. Operation Compass lent its support to the ***Co-Responder model in Townsville***, and it was important that ex-ADF mental health was recognised in this program. This worked synergistically with Open Arms workshops for police to raise awareness of veteran issues, which benefited from the involvement of Peers, as described below:

'Training started as "what is PTSD", but using a Peer in that training, who can talk about their own experiences, transforms these sessions into destigmatising reaching out. Every session has turned around to the police asking questions relevant to themselves, rather than their clients.' Clinician, female

NQPHN enabled the Veteran HealthPathways project, and supported the TSPN and CORES separately to Operation Compass. Local CORES facilitators are TSPN Steering Committee members, making CORES a natural Operation Compass partner. Less dense connections were documented around the Townsville University Hospital and Department of Education, public or private school systems. Local representatives from two major stakeholders, Defence Health and the Defence Community Organisation, were notably absent.

6.1.3 'COMMS' SUPPORT CAMPAIGN

With health promotion and social marketing experience, the engagement of a local public relations firm enhanced the Steering Committee focus and communication with stakeholders. This is worth mentioning specifically as the 'Comms' support campaign was a key player early in the project, with a role in shaping Operation Compass' messaging and refining their goals.

The local public relations firm also drove the *Check Your Mates* strategy (Table 7). The density of local public relations organisation's connections suggests that they might also be ideally placed to implement media reporting standards training (*LifeSpan* Priority Area 8, Figure 1). A local organisation could tailor the training to local needs, reinforced by relationships with media outlets.

6.1.4 OUTCOME 1 SUMMARY

Operation Compass' Steering Committee's strength was in its capacity to engage and motivate senior representatives across several agencies. Consistent with *LifeSpan* principles of: **community engagement; and, local ownership and adaptation**, the representation and communication of the Steering Committee can greatly influence the program's capacity to deliver on its various goals.

With this in mind, engagement of the following stakeholders and agencies may assist to build on existing gains:

- Senior Queensland Health Townsville Hospital and Health Service representatives
- Defence Health
- Education systems in Queensland (e.g. Department of Education, Catholic Education Office, Independent Schools Queensland, Edmund Rice Schools).

Operation Compass' Enduring Connections campaign (Table 8) had a view to maintaining these gains from the start of the project. This will contribute to Operation Compass' second aim to: **'Ensure the sustainability of successful Operation Compass projects through integration into long-term local veteran support programs.'** Strong networks and partnerships are fundamental to achieving all eight intended Operation Compass outcomes.

Practice recommendations

Develop collaboration with the organisations not already connected to Operation Compass by identifying their needs and priorities.

Evaluation recommendations

Future evaluation frameworks might include tracking of networks and activities over time at the level of governance, agency partnerships and program participants.

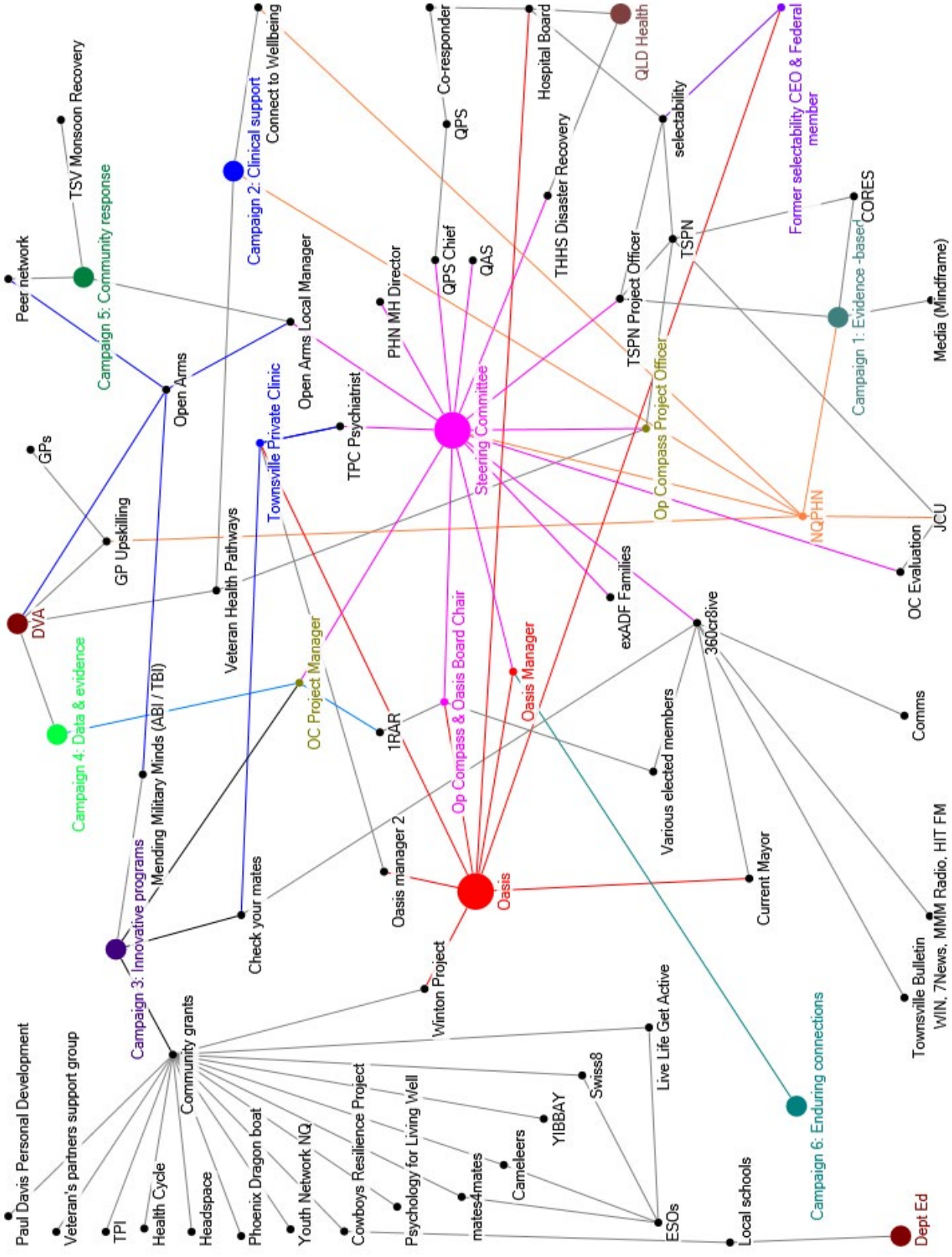


Figure 3: Network of Steering Committee and Campaign links across the community

6.2 OUTCOME 2: SUICIDE PREVENTION STRATEGIES ACHIEVED THROUGH THE SIX CAMPAIGNS

By way of its durable governance structure, Operation Compass developed and drove implementation of suicide prevention strategies consistent with the *LifeSpan* model (Figure 2), targeted to an ex-ADF and families population.

Summarised in Ridani and colleagues (2016),[12] *LifeSpan* priority areas with the most potential to impact suicide attempts and suicide deaths are:

1. Coordinated or assertive aftercare - may reduce ***attempts*** by nearly 20%, and ***deaths*** by 1.1%
2. Psychosocial treatment, may reduce ***attempts*** by 8% and ***deaths*** by nearly 6%
3. School-based programs may decrease ***attempts*** by nearly 3%
4. GP capacity building and support may reduce ***deaths*** by 6.3%
5. Gatekeeper training may reduce ***deaths*** by nearly 5%
6. Means restriction may reduce **deaths** by 4.1% and attempts by 0.5%
7. Media guidelines may reduce ***deaths*** by 1.2%
8. Public awareness may reduce ***deaths*** by 0.3%.

Accordingly, under its **Clinical Support Campaign** (Table 4) Operation Compass demonstrated focused efforts to enhance assertive aftercare via *the Wayback Service* and endorsement of Connect to Wellbeing's referral pathway after suicide attempt (Priority Area 1). Strategies to improve local health service responsiveness to ex-ADF needs, both clinical and psychosocial were addressed via GP upskilling and online services (Priority Areas 2 and 3). Accessible psychosocial treatment was promoted through the Veteran HealthPathways, endorsement of ex-ADF services within Connect to Wellbeing and trialling NQ Connect, a local online low intensity treatment referral service marketed to ex-ADF and veterans (*LifeSpan* Priority Area 2). Operation Compass supported the co-responder model between the Queensland Police Service and Queensland Health, which can minimise distress through engagement of a mental health clinician attending police call-outs related to mental health crisis, including among the substantial ex-ADF and veteran community in Townsville (addressing *LifeSpan* Priority Areas 1 and 4).

Under the **Evidence-based Programs Campaign** (Table 5) Operation Compass supported or implemented Gatekeeper Training (*LifeSpan* Priority Area 5) and delivery of the *Mindframe* training in Media Reporting Guidelines (*LifeSpan* Priority Area 8). No strategies were ultimately implemented directly by Operation Compass to support youth or schools (*LifeSpan* Priority Area 6), although at least two Community Grants (discussed in Outcome 3) did enable some youth-oriented activities through **headspace** Townsville and the Resilience Project in schools. Means restriction was not addressed.

LifeSpan Priority Area 7, Community Campaigns, was addressed throughout Operation Compass via its cohesive marketing strategy, but its true community campaigns were deeper than simply providing information. Rather, these aimed to engage the target population into social and support networks. The intensive focus on social connection constituted a third main outcome, discussed in Section 6.3.

As discussed below, persistent themes of local adaptations and accountability through strong partnerships enable any given strategy to gain traction. Across the *LifeSpan* priority areas, Operation Compass demonstrated the *LifeSpan* principles of Lived Experience Engagement, Cultural Governance and Inclusion, Workforce Information and Development and Local Adaptation.

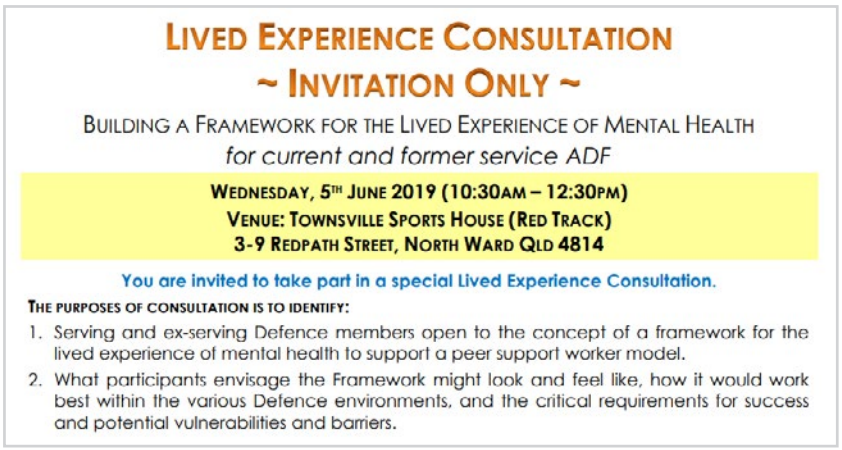
6.2.1 ENGAGING LIVED EXPERIENCE

Those who have lived experience or are bereaved bring a particularly salient perspective to crisis and bereavement support. The ***Roses in the Ocean Voices of Insight*** workshop is tailored to support people with direct lived experience of suicidal ideation, attempt or bereavement to reframe and retell their stories in a safe and impactful way. Delivery of this workshop under the Evidence Based Strategies Campaign (Table 5) and in partnership with the TSPN (Figure 4) fulfilled *LifeSpan*'s principle of involving lived experience stakeholders at all levels of multilevel systems suicide prevention. Participants, including project staff, reported benefits, and enhanced capacity to reframe their stories safely and effectively. Considered invaluable, a planned second round in 2020 was cancelled due to the COVID-19 pandemic.

In an unusual collaboration with external partners, the ADF has partnered with *Roses in the Ocean* to produce

ADF-specific Lived Experience Training. Several consultation workshops explored the possibility of veteran-specific lived experience training. The ADF determined that upskilling of Peers in their capacity to liaise with people with lived experience and draw on their own lived experience was desirable. Operation Compass participated in the consultation. It is likely that some members of either *The Oasis Townsville* staff or volunteers will have personal lived experience with suicidal ideation, attempt or bereavement and that they could also benefit from participating in the Voices of Insight workshop. Developing and embedding a workshop format that will support *The Oasis Townsville* staff and clients in reframing these challenging stories safely and effectively seems desirable.

'I've had two veteran-friendly GPs. Have trouble getting in to see [current doctor], but he's upskilling all the people that work with me on DVA processes. Let's say I go to a GP and I say I'm having trouble sleeping, I need some sleeping tablets, if I go to a GP that doesn't know me, he won't give them to me, I'd have to carry a letter around from my psychiatrist. If I go to my GP, I've got personal knowledge, trust. I can go to anyone in my clinic now.' Ex-ADF member



LIVED EXPERIENCE CONSULTATION
~ INVITATION ONLY ~

BUILDING A FRAMEWORK FOR THE LIVED EXPERIENCE OF MENTAL HEALTH
for current and former service ADF

WEDNESDAY, 5TH JUNE 2019 (10:30AM – 12:30PM)
VENUE: TOWNSVILLE SPORTS HOUSE (RED TRACK)
3-9 REDPATH STREET, NORTH WARD QLD 4814

You are invited to take part in a special Lived Experience Consultation.

THE PURPOSES OF CONSULTATION IS TO IDENTIFY:

1. Serving and ex-serving Defence members open to the concept of a framework for the lived experience of mental health to support a peer support worker model.
2. What participants envisage the Framework might look and feel like, how it would work best within the various Defence environments, and the critical requirements for success and potential vulnerabilities and barriers.

Figure 4: Invitation to the first ADF Lived Experience Consultation in 2019

6.2.2 CLINICAL SUPPORT CAMPAIGN AND *LIFESPAN* PRIORITY AREAS 1, 2 and 3

6.2.2.1 GP UPSKILLING, PRIORITY AREA 3

Under its **Clinical Support Campaign** (Table 4), Operation Compass targeted *LifeSpan* Priority Areas 1-3 (Figure 1). Operation Compass invested in GP training and support for ***both*** veteran health and wellbeing *and* suicide prevention through the Veteran HealthPathways and the NQPHN-funded GP and Practice Manager training (Table 4). With both strategies yet to be evaluated, these are expected to enhance the quality and appropriateness of ex-ADF and families experience of primary care, including recognising signs and risks of suicide. A veteran described the importance of clinic capacity to support DVA processes, and personalised treatment:

6.2.2.2 PSYCHOSOCIAL TREATMENT, *LIFSPAN* PRIORITY AREA 2

Connect to Wellbeing is a triage and referral service for low-income earners and concession card holders, funded by NQPHN and under the auspices of Neami National. For *anyone* post-suicide attempt, not just low-income earners, up to 18 sessions are available, reviewed after 12 sessions, when referred from their health provider, most often a GP. Reporting that ex-ADF represent less than five per cent of their clients, nevertheless, staff estimated about half of those expressed preference for non-DVA treatment. Others may be comfortable using DVA services, but they did not know their entitlements, particularly true of ex-ADF family and ex-ADF members who had been out of the ADF for many years. The practice of identifying ADF history was acceptable and useful, and Connect to Wellbeing adopted the practice in Cairns and Mackay as well. Operation Compass trialled a veteran-specific low intensity support telephone service, NQ Connect.

6.2.2.3 COORDINATED AND ASSERTIVE AFTERCARE, *LIFESPAN* PRIORITY AREA 1

Working collaboratively to support TSPN objectives, Operation Compass targeted Coordinated / Assertive Aftercare (*LifeSpan* Priority Area 1), advocating for Beyond Blue's ***The Way Back Support Service***. The service is being trialled in Cairns, however there are currently no plans to implement it in Townsville in the future. A report commissioned by Open Arms on the value of Peers demonstrated the Peer Network (Table 8) was particularly valuable for networking ESOs and supporting subclinical and reluctant DVA clients to access clinical care.[41] However, anecdotal reports in Townsville suggest a persistent lack of availability of highly-trained assertive aftercare services to support people in the days after a suicide attempt. Currently, standard treatment involves referral to a GP or the Community Mental Health Team, and these services may not always be culturally appropriate for the client. The Open Arms Peers seemed ideally placed to address cultural barriers, but similarly to Connect to Wellbeing, not all ex-ADF members will use DVA services. Peers also may not have the skills to support clients in crisis. A local service provider described this gap as follows:

> *'The [Open Arms] Peers aren't sufficiently trained to handle someone who has just been admitted in suicidal crisis. There needs to be a specialised service. Connect to Wellbeing is there but there really needs to be something explicit.' Service provider, civilian female.*

Peers may be more supportive in focusing on the families of those individuals. Assertive aftercare for ex-ADF and families experiencing suicidal crisis can potentially include connection to appropriate social supports, ensuring psychosocial treatment and social support. *The Oasis Townsville* may be in the best position to liaise with community mental health to link those exiting hospital after suicidal crisis to appropriate social support mechanisms at the community level.

Practice recommendations

- Lived experience workshops might be considered at least annually—expert-facilitated within the Roses in the Ocean ethos of building capacity among lived experience participants to transform their knowledge and wisdom to advocacy for suicide prevention. The TSPN is an appropriate local network to facilitate this, while The Oasis Townsville will have scope to market and engage ex-ADF and family's participation.
- The veterans HealthPathways and GP upskilling might consider including Connect to Wellbeing in their referral pathways for ex-ADF and families.
- Connect to Wellbeing might consider identifying ex-ADF and families as a priority group on their website and marketing material.
- Clients of all health and allied health services in Townsville could be identified for ex-ADF status upon engagement.
- Targeted strategies are needed in response to an expressed need for local services that can participate in coordinated and assertive aftercare for ex-ADF and families.

Process recommendations

- Coordinated and assertive aftercare in Townsville remains an important gap recognised by health services, NQPHN, the TSPN and others. A task group might be considered to identify relevant stakeholders and resources needed to fill this gap, including for ex-ADF members and their families.

Research and evaluation recommendations

- A global evaluation strategy might include assessing GP knowledge and uptake of available services, e.g. Connect to Wellbeing policies.
- Evaluation of the upcoming GP and Clinic Manager training would likely benefit from early and concurrent evaluation to capture meaningful mechanisms for participant response and sustainability.

6.2.3 GATEKEEPER TRAINING

Targeting 'gatekeeper training', Operation Compass trialled CORES, Conversations for Life and Question Persuade Refer, in partnership with the TSPN and NQPHN. CORES suicide awareness training reached 25 ex-ADF and families' stakeholders through Operation Compass, while the NQPHN-funded delivery throughout 2019-20 reached 91 community stakeholders, including frontline service providers, allied health, NGOs and interested members of the public. The CORES evaluation showed 50-60 per cent increased participant knowledge about suicide (personal communication, n.d.). Feedback indicated the course was highly acceptable, interesting and informative. CORES will adapt their content to include a one-hour lunchbox session, with *Check Your Mates* (Table 6) as a component, under development at time of writing. ***Conversations for life*** is an evaluated suicide prevention training package delivered by Australian consultants *ConNetica.* Initial delivery in Ayr and Townsville (35 participants) received positive feedback, with 50 more licences left to deliver in 2020, evaluation of this program is ongoing at time of writing. ***Question Persuade Refer*** is an online suicide awareness package used by Veterans' Affairs in the United States. Distributed via the TSPN targeted to public-facing workers, like taxi drivers or hairdressers. With hundreds of licences available, only 42 were completed. Feedback indicated that acceptability was low due to its American focus, and lack of interactivity.

Relative uptake of the three programs suggests that the advantages of face-to-face delivery far outweigh the efficiency of existing online delivery packages.

Practice recommendations

Regular and ongoing face-to-face suicide mitigation training targeting the ex-ADF community at an accessible location might be facilitated at *The Oasis Townsville.*

Ongoing delivery of training to community level stakeholders—public-facing professions, allied health, teachers and frontline service providers, overlaps with ex-ADF and families' needs for gatekeeper training, and should continue.

Process recommendations

Embed gatekeeper training in standard practice at educational institutions and workplaces. For example: i) train and fund local implementation teams; ii) incorporate training into standard work health and safety practice, particularly for public-facing organisations.

6.2.4 MEDIA REPORTING STANDARDS

Operation Compass implemented Media Training, consistent with *LifeSpan*'s Media Guidelines Priority Area. The influence of media portrayals of suicide on patterns of suicide in the population is well established.[42] Using locally relevant case studies, ***Mindframe*** builds capacity to report suicide in a sensitive and safe manner, as well as awareness in the community to maintain accountability. Thirty-five people attended three sessions in Townsville. Anecdotally, uptake by journalists has been low due to time constraints. Turnover can be high amongst cadet journalists, particularly in a regional location. It can be challenging to reduce the pressure to 'sell' a story, where sensationalism is rewarded.

Practice recommendations

Consider targeting editors and journalism educators to centralise responsibility for implementing media reporting standards.

Process recommendations

Identifying local providers for delivery of Media Reporting Standards training might benefit from similar mechanisms to locally adapted Gatekeeper Training, reinforced by local adaptation, relationships and accountability.

6.2.5 SCHOOL PROGRAMS

The Evidence Based Campaigns also included ***Youth Aware Mental Health Training*** in schools, addressing *LifeSpan* Priority Area 6, but delays in permissions and licencing prevented implementation (Table 5). Through the Community Grants, Operation Compass (Table 6) lent its support to the locally successful alternative ***Resilience Project***, which encompasses schools with high ADF and ex-ADF families enrolments. Also, **headspace** Townsville implemented a program to engage young people from ADF families and other young people at risk in art therapy within a clinically supported space. They reported profiles of intergenerational trauma, tension in mixed families, particularly during deployment of the biological parent and for LGBTQI young people in the ex-ADF community. Attention to issues affecting young people from ex-ADF families warrants concerted and intentional support.

Practice recommendations

There is an apparent need for explicit, proactive strategies to engage and support young people who may be traumatised, disengaged and at risk of suicide in the ex-ADF families community.

Process recommendations

Representation of the school / education systems in strategic direction may assist in development of integrated and sustainable strategies that are intentionally inclusive of young people from ex-ADF families.

Research and evaluation

Collate information about engagement and participation of young people from ex-ADF families engaged in the Resilience Project and the **headspace** Townsville Art Therapy Project; seek feedback about perceived gaps for young people in Townsville's ex-ADF families.

6.2.6 OUTCOME 2 SUMMARY

Most of the outcomes described in this section relate directly to Operation Compass Campaigns 1 and 2, Evidence Based Campaigns and Clinical Support. Operation Compass has produced valuable sustainable resources in the Veterans' Health Pathway and GP and Practice Manager training. It is essential to document their roll-out with a view to maximising acceptability, impact and sustainability. Assertive, culturally appropriate aftercare remains an important gap. Two feasible gatekeeper training programs with high acceptability and adaptable local content were identified.

Moreover, Operation Compass implementation was consistent with *LifeSpan*'s principles: **Lived experience engagement; workforce information and development; and, local ownership and adaptation.** These principles appear to be key resources for perceived relevance, acceptability and consequent uptake of various capacity-building strategies. Focused attention on Media Reporting Guidelines and School Programs is needed, and may benefit from similar local principles. Engagement of high-level stakeholders from local media organisations and schools seems essential.

The outcomes contribute to Operation Compass goals:

- Communicate, educate, participate and build a safety net to respond to suicidality
- Support informed medical response
- Health services providing the best treatment
- Ex-ADF connected crisis care and follow-up services.

6.3 OUTCOME 3: OPERATION COMPASS PROMOTED A PSYCHOSOCIAL AND HEALTH DETERMINANTS FOCUS ON EX-ADF AND FAMILIES WELLBEING

Operation Compass promoted authentic social connection, and psychosocial wellbeing as a mechanism for ex-ADF engagement, construction of post-ADF identity and sustained mental health. Interview participants supported Operation Compass' focus on connection with former colleagues and the community. This young veteran described her lived experience of this process, and the value of connection:

> *'I felt like I was trapped in my situation, my friends, my education. I believe that if I was able to have unrelated to army hobbies or connections then I would have felt a lot better. I wouldn't have felt like my world was crashing down because I wasn't accepted or it didn't work out for me. Maybe you can apply that to other jobs, but I feel like it's not quite like that. In Defence, you create a bond that's not like a normal workplace…When that comes crashing down it's very, very hard. Even if you've just met another army person you still have that bond.' Ex-ADF veteran, female*

Operation Compass developed a model that included tangible actions towards *LifeSpan* priority areas. However, in its strategic direction and community engagement, Operation Compass endorsed and built a community-based health promotion and social determinants approach to ex-ADF and families wellbeing. Expert clinical guidance in the Steering Committee endorsed this approach, for example:

> *'[a senior clinician] said she would not be involved if it was about fixing the crisis but was interested in working upstream, [with] innovative measures.' Steering Committee member*

Operation Compass focused on:

- 'Upstream' factors, rather than crisis
- Building local capacity
- Trust and relationships
- Ex-ADF and families within the broader community, rather than separate from it.

Prevention through connection is understood as reaching out to someone in crisis, as well as sustained social connections. Post-military identity can be developed with the support of former mates, one's own family, and the wider community. Participants reported benefits of social engagement activities including overcoming loneliness and stigma for help-seeking behaviours, gaining a sense of purpose, and reduced stress. An interesting question is how these resources can maximise access to clinical support and reaching the most disengaged and potentially unwell ex-ADF members and families.

Table 2 summarises the themes highlighted across the interviews, workshops and other activities, with example quotes.

Table 2: Perceived social and community needs of ex-ADF and their families

Ex-ADF and families' needs	Example Quotes
Veteran and ex-ADF safety and freedom to express emotions	*'Safe space for stories to be told. I'm hoping that when people see them, they'll say "oh it's real, this is happening". That it will be transformative. It is an issue in their lives. If you're not going through it yourself it's hard to relate a lot of the time.' Ex-ADF end-user* *'[Participants] just feel safe here. We've had three or four suicidal (sic) people come down here and turn it around. Middle-aged men, off drugs and living life.' Community grant recipient*
The need for non-clinical spaces for connection and support	*'How would you know, you're not a clinician.' You don't need to be a clinician sometimes, sometimes it's good that you're not, you can see what the clinicians are not seeing. Trying to get people to understand that.' Project officer* *'Operation Compass have recognised that family play a role in prevention of veteran suicide. A strong family support network is one of the most important protective factors.' Steering Committee member*
The role of, and pressures on, ex-ADF families	*'ESOs often driven by the member, almost to the exclusion of family. If kids are on holidays, what do they do? I deliberately allow them to come. Loved it, all happy, stress free and spending time together. See their mum and dad relaxed. ESOs are often member-driven with family days reduced to just symbolic.' Ex-ADF member, Community grants recipient* *'We did a range of activities – canoeing, abseiling…The food was good, accommodation was great. My daughter keeps asking when they will hold another one.' Ex-ADF member, Community grants participant* *'Defence is providing the information, but people don't care unless it's concerned with their immediate exit. People who are discharging when I tell them what's out there, once you educate them, everything changes.' ESO member*
Timeliness of support processes	*'It has been my experience that once a veteran puts his hand up for help, he needs it then and there. It can be up to six weeks wait for an appointment with a psychiatrist.' Steering Committee member* *'DVA loses contact with these guys. Also got the guys actively avoiding DVA – had a gutful of nanny-state control that ADF had over your life. DVA can be a horrible bureaucratic mess – can be some horrible, faceless person over the phone, different case workers. Caseworkers move on and nothing followed-up. Everywhere you go , it's a killer and it costs a lot.' Ex ADF member*

6.3.1 SOCIAL ENGAGEMENT BENEFITS

Employment and engagement are well-documented vital supports for veteran wellbeing and identity. Under the Innovative Programs and Community Response campaigns, Operation Compass promoted social connection and engagement. To that end, the Community Grants (Table 5) and Volunteer Army (Table 9) provided the most direct, accessible pathways to engagement.

> *'I had a call from a [ex-ADF] wife whose husband participated in Farmer Assist in Winton. The vets thought they were helping the farmers, but the farmers helped the vets as well.' Steering Committee member*

> *'Compass is focusing a lot on community stuff. If there's more physical activities that they could push their resources towards—rock climbing, abseiling, those kinds of things. A lot of guys that come out of the military enjoy that adventurous outdoor something. Physical activity and nature is good for your mind, too.' Ex-ADF, male*

> *'Thirty minute period, cycling, music, cognitively engaging. Then you come out, free coffee and a chat. Wasn't military-orientated. Military, ambulance, police, civilians. It's everyone and I'd found it hard to make friends outside Defence. I was then signed up for the free cycle pass. I attend regularly. … . The more people know that they can talk about things people won't feel so alone and the issue won't keep getting worse.' Ex-ADF, female*

> *'The food was fantastic, accommodation was good, location was great. It was just a really good weekend. My daughter always says "when [are we] having another one?" I saw that there might be other people that need to go before us.' Ex-ADF, male*

> *'I was able to smile, laugh, talk and even cry with people who I didn't feel were judging me. I didn't feel alone anymore.' Ex-ADF member and program participant, female.*

An in-depth evaluation of participant responses to programs funded under the Community Grants is being undertaken separately. However, resources valued by interview participants included:

- Social connection with other veterans, with or without clinical support
- Social connection for ex-ADF family / children, with or without clinical support
- Social connection that extended to frontline service providers and the broader community
- 'Safe space for stories to be heard'
- Physical activity with accompanying mental health benefits
- Calming sensory experiences in the form of multimedia environments, nature or art
- A sense of service.

Being evaluated independently at time of writing, *Check Your Mates* (Table 5) proved to have enormous reach on social media, and potential advantages in engaging hard-to-reach young males. This officer describes his perception that *Check Your Mates* could translate its public message to on-the-ground action through resourcing individuals for small social gatherings:

> *'If you want to make it happen then you need to go further – drag people to where they need to be. Element of overcoming the stigma – people are far less likely to randomly engage with someone about it. If it's a mate they haven't spoken to you in 20 years, they're not generally going to do that. Needs to be some way to make it happen. Classic one would be – I'll give you a BBQ pack you need to invite five of your friends – say "probably haven't spoken to you guys in a while, but we're here to speak to if you need to." Just to take it one step further.' Ex-ADF member, male*

The outcomes of the various social connections programs therefore included:

- Destigmatising help-seeking behaviours, including acknowledging and talking about mental health issues
- Relief of stress in family systems

- Opportunities to break and reframe thinking patterns
- Opportunities to reconstruct identity post-transition with a community orientation.

Operation Compass embraced the principle of local adaptation and inclusion. The depth and quality of their connections to the ex-ADF community and Townsville as a whole generated a context in which multilevel suicide prevention can happen. Services and treatments are essential for those in crisis and struggling with poor mental health. However, referral pathways are not abstract, transactional events. Rather, they occur within the context of relationships, engagement, choices and informed judgements. Clinical supports are insufficient to maintain wellbeing for those at risk of experiencing crisis. Therefore, supporting the social determinants of ex-ADF wellbeing, and their social engagement was integral to the overall project.

6.3.2 BUILDING AND ADMINISTERING PSYCHOSOCIAL SUPPORT AND BRIDGES TO CLINICAL SUPPORT

The Volunteer Army exemplifies a robust, highly-organised engagement strategy, managed by experienced former military officers, disaster recovery specialists and other relevant professionals. Program implementers therefore have a high capacity to manage recruitment, safety and response to need. The Community Grants (up to $25,000) were sought by a much wider range of local community members, including private businesses and amateur clubs (Appendix 4). This was a strength, as it enabled the grants to respond to real perceived need and local relationships. Grant writing workshops supported community groups with less experience in competitive grant writing to access funding. Perceived as the most effective engagement strategy available, the density of networks produced reflects the connectivity that this strategy achieved (Figure 3).

> *'The community grants have been priceless… give those little groups a chance to make a difference. A little bit of support builds more in the community than "handing out water bottles and balloons." People see them doing good things and then they get inspired to help out as well.' Service Provider*

Grants recipients demonstrated a range of capacities in administering safe work practices (including psychological safety and medical clearance), as well as their capacity to monitor and evaluate their activities. Discussed in greater detail in Part 2 of the report, the administrative framework around the grants needs to be tightened. The strategy will likely transfer to *The Oasis Townsville* who have the capacity and experience to create these frameworks.

A carefully considered and designed evaluation framework is also recommended, including at a minimum a set of simple questions for implementers to discuss with participants. In-depth psychometric measurements can also be used, but it is important to recognise that such questionnaires may be triggering, or perceived as 'just more paperwork'. It is advisable that these are administered in person by an individual trained to administer this type of survey, with informed consent of the individual.

Table 3 is a summary of potential benefits of the Community Grants strategy, and points to recommendations for how grants might be administered and evaluated.

Practice recommendations

In addition to grant writing, the Community Grants would benefit from support with standard forms and guidance in safety and evaluation.

Consider practical, small-scale strategies to enable *Check Your Mates* to run as physical small gatherings.

Table 3: Potential benefits of the Community Grants—administrative considerations

Potential benefits	Potential grant application and evaluation
• Small amount of funding quickly available to local groups to support the community (recreating jobs and reward system, subconsciously) • On-the-ground decisions based on knowledge of local context • Relationships-based solidifies networking • Rapid and / or seed funding for high capacity novel approach (e.g. Health Cycle; Yibaay; **headspace** Townsville; Psychology for living well; Operation Farmer Assist) • Capacity building for smaller or less experienced organisations (Cameleers; TPI; Veteran widows / wives) • Pilot data • Enhanced network and seeding formal partnerships	• Proforma and central governance of risk assessments, standard operating procedures, medical clearance requirements, demonstrated safety plans. • Formal partnerships – i.e. points for productive partnerships like private clinic making referrals to *The Oasis Townsville*. Also protects parties involved from scapegoating, misappropriation etc. Demonstration of arrangements with partners, support group. • Participant recruitment inclusion criteria AND onward referral pathways for excluded applicants • Referral pathways and continuity at end of activity / experience / program • Veteran community relevance / need / interest • Mutual benefit with other subpopulations (e.g. frontline service Veterans; Indigenous Australians; rural and remote communities; youth) • Internal evaluation mechanism o What made this experience good or easy to engage with? o What aspects were challenging or difficult? o What helped you cope with the challenging moments? o What will you do differently when you go back? o Validated scales implemented online after personal engagement o Capacity to generate pilot data for ongoing larger grants

6.3.3 GAPS IN ENGAGEMENT

A Steering Committee member observed that while the involvement of retired senior officers does lend credibility and influence, it can deter some veterans who have lost trust in institutions. Various stakeholders, including ex-ADF end-users, recommended alternative strategies to bring the needs of the most disengaged to the forefront of this work. For example, this clinical stakeholder described the challenge of reaching the most vulnerable and isolated ex-ADF members:

> *'The really sick veterans often don't get a voice. To get up and talk, attend barbeques, social events a lot of [the most unwell] won't tolerate that. They're flat out leaving the house.' Steering Committee member, clinician*

Ex-ADF members themselves recommended low-key strategies to communicate with hard-to-reach members, as well as linking to DVA processes. For example:

> *'I get a bit annoyed, we sit there for an hour every year – social engagement, being aware of cues that you need to be attuned to. You need to take it one step further and facilitate that social engagement – but in a way that it's not just 'compulsory fun'. Do what the information campaign is telling you to do rather than seeing it on a screen.' Ex-ADF member, male*

> *'Need more people willing to step up and fill [DVA and service provider] positions from [veteran] background. In collaboration with the people that have professional skills.' ex-ADF member*

Operation Compass highlighted a range of wellbeing needs felt through lived experience of ex-ADF members and families themselves. This process may ultimately reduce stigma associated with seeking help for poor mental health.

Process recommendations

Develop explicit collaborations with high needs providers (e.g. The Townsville Private Clinic, **headspace** Townsville) to create bridges and referral pathways to and from social and employment programs.

6.3.4 YOUNG PEOPLE IMPACTED BY EX-ADF ISSUES

Impact on families of ex-ADF mental health can be profound. One veteran described the impact on his wife and daughter:

> *'My condition has impacted on my wife more than my daughter. But my daughter has seen me drink really heavy…She has said to my wife, "I don't like dad when he's different." My wife has questioned her own sanity and asked herself if it's a good idea to stay. She's now suffering from secondary PTSD.' Ex-ADF member, male*

Young people in ex-ADF families may be exposed to risks of intergenerational trauma. Operation Compass supported The Resilience Project, and funded an art therapy program through **headspace** Townsville in the Community Grants. One grant also offered families a weekend retreat, offering opportunities for families to connect with reduced levels of stress and psychological support available. A focus on young people and intergenerational trauma, emotional regulation and family relationships is needed in Townsville's ex-ADF community.

> *'There is so much intergenerational trauma among the ex-ADF community, and there really is nothing for the kids. Adults have a choice, they can choose to get treatment, but the kids they really don't have any choice and if they're at home with a parent with PTSD they can miss out on a lot.' Service provider, female*

6.3.5 SUMMARY OUTCOME 3

The feedback from ex-ADF men and women who participated in social connection strategies demonstrated Operation Compass' Prevention through Connection theme more than any other outcome. Ex-ADF members consistently related their sense of belonging with other former ADF members. The social strategies expanded the network at a grassroots level in ways that are accessible across the spectrum of mental health. Participants engaged with these strategies to feel connected, reduce stress and feel a sense of contribution or purpose.

Strategies driving social connection potentially align with *LifeSpan* principles of: **lived experience inclusion; cultural governance and inclusion; community engagement; and, local ownership and adaptation.** Arts, sports and volunteering activities all work relatively easily. For these types of strategies, a key recommendation is to ensure that psychological safety is bolstered by managing medical clearances and ensuring that program implementers have attended gatekeeper training.

Intensive efforts also appear to be needed to support families with interventions that reduce stress on family systems. Families also need to be engaged in supporting ex-ADF members with their mental health burden, especially in terms of aftercare following suicidal crisis. There is also an unmet need for support for children and young people in ex-ADF families, specifically recognising the stress resulting from ex-ADF status in particular. There may be potential for this to significantly overlap with current serving families.

Intensive resources might be directed towards strategies to engage hard-to-reach ex-ADF members in collaboration with service providers. Strong partnerships will support collaborative efforts in this regard. *The Oasis Townsville* and **headspace** Townsville have provided examples of how social connection and contribution can be enabled within a clinically supported framework.

Projects	*LifeSpan* Priority Area	Findings	Recommendation
GP and clinic training in veteran support	3—GP capacity buildingand support	Funded by NQPHN, NAPHL developed a program expected to reach 180 GPs and Practice Managers and nurses in the NQPHN catchment to raise capacity to support veterans, and access relevant entitlements.	**Evaluation recommendations:** An evaluation framework developed ahead of delivery might identify how it will measure impact, e.g. access to item numbers; practitioner and client perceptions, 3-6 months post-training.
Veteran HealthPathways		Veteran HealthPathways database is being trialled and reviewed for release on the national HealthPathways system. This includes a comprehensive review of content by clinical and ADF staff, as well as two-yearly review on the national system.	**Evaluation recommendations:** Include questions regarding utility and uptake of veteran HealthPathways in surveys inviting GP participation.
Connect to Wellbeing	2—Psychosocial treatments	Connect to Wellbeing is a NQPHN online triage service for low income earners, increasing accessibility to mental health services. Policies were introduced to enable any suicidal person access to mental health referrals, and 12 sessions for ex-ADF members, double the usual allocation.	**Practice recommendations:** Connect to Wellbeing webpage might clearly indicate a veteran portal. **Evaluation recommendations:** Compare uptake of this service among veterans with uptake of other online referral systems (Open Arms).
NQ Connect		NQ Connect provided a low-intensity service, branded, local telephone and online support service, with streamlined options for veterans but not affiliated with DVA. Uptake was limited, suggesting that existing need is satisfied e.g. Open Arms helpline	**Practice recommendations:** Limited uptake of this service suggests that it is redundant and might be discontinued.
Follow-up care	1-Aftercare and crisis care	NQPHN engaged the *Wayback Service*, but it will be delivered in Cairns.	**Practice recommendations:** Aftercare needs, post-attempt and bereavement, have been identified in the broader Townsville community. Focused efforts, e.g. a working group or taskforce, might drive efforts to establish solutions. *The Oasis Townsville* might consider working with Stakeholders to identify referral pathways to support ex-ADF clients post-attempt or bereaved due to suicide.

Projects	LifeSpan Priority Area	Findings	Recommendation
Suicide Prevention Training (CORES, ASIST, QPR)	**4—Gatekeeper training**	Face-to-face localised training (CORES) was more effective and acceptable than online packages (QPR).	**Practice recommendation:** CORES delivery targeted to ex-ADF members and families might continue through *The Oasis Townsville* and RSL.
Media guidelines training (Mindframe)	**8—Media guidelines**	Mindframe is an effective package, if individual publications uphold standards. Limitations in context include: time-poor journalists; turn-over of young journalists; editorial cooperation. Local publications are generally positive towards ex-ADF personnel and sympathetic towards suicide in this group, but suicide reporting more generally may, nevertheless, affect ex-ADF members.	**Practice recommendation:** Consider online delivery of Mindframe training. **Process recommendation:** Acknowledge significant overlap with broader community needs and establish agreements on suicide and mental health reporting with editorial teams to ensure application. **Evaluation recommendation:** A survey of local and national media reporting of suicide, and ADF / ex-ADF suicide to make recommendations relevant to local implementation of training, including at two North Queensland universities.
National Lived Experience Collective	***LifeSpan* key principle – involve lived experience**	*Voices of insight* supported people with direct lived experience of suicide ideation, attempt or bereavement to retell traumatic stories. The component is considered essential for program implementers. Operation Compass is working with Roses in the Ocean to continue this through TSPN.	**Practice Recommendation:** Continued delivery and sourcing of participants may be facilitated through the TSPN. *The Oasis Townsville* could identify ex-ADF members and families for referral. **Process recommendations:** Explicit recognition and engagement of this group is essential to community-based programs addressing health and social determinants of suicide risk.

Projects	LifeSpan Priority Area	Findings	Recommendation
Community Grants	7—Community campaigns 2— Psychosocial support	Small grants (up to $25,000) enabled local needs and knowledge to be expressed in accessible programs. Both a strong engagement strategy and practical, the grants emphasised integration of ex-ADF members with the community. Three main benefits cited were: sense of belonging; a sense contribution; and physical engagement. All aimed to enhance psychosocial wellbeing; some included clinical support.	Practice recommendation: • Community Grants might be offered through *The Oasis Townsville*, administered by NQPHN. • Detailed safety, scoring and evaluation criteria should be developed. • Support for grant applicants might be facilitated through *The Oasis Townsville* to ensure that the grants are accountable, safe and also accessible.
Check Your Mates	7—Community campaigns	The 'Check Your Mates' social media campaign encouraged ex-ADF members to check-in on their own wellbeing and that of five other mates. The campaign achieved unprecedented reach among the general population and particularly in the hard-to-reach demographic, young men. In-depth evaluation of views, sharing and subsequent contact with former colleagues is ongoing.	**Practice recommendation:** Consider strategies to capitalise on the reach to disseminate information gathering and promotional material. For example, specific needs ex-ADF needs by geographic location. **Evaluation recommendation:** Develop evaluation criteria that indicate action on the strategy, in addition to reach. Include parameters such as timing, demographic and reasoning.
Co-design Acquired and Traumatic Brain Injury	2—Psychosocial and Pharmacotherapy treatments	Operation Compass participated in the consultation, helping to recruit consultation participants. *Mending Military Minds* will be delivered through *Open Arms*, trialled in Townsville.	**Practice recommendation:** ABI / TBI veterans might be considered as a priority groups for targeted psychosocial and community support through the ongoing community level programs.

Projects	LifeSpan Priority Area	Findings	Recommendation
Townsville Veterans Survey	Not *LifeSpan* – Screening and referral at the community level	The rationale for this strategy was to document the relationships, referral pathways and suicide specific initiatives which provide a foundation to develop the veterans' survey for use as a triage and referral mechanisms during transition.	**Practice recommendations:** An ongoing survey that will capture transitioning members to inform referral and support engagement in the two years after transition and beyond remains relevant. Negotiation between key stakeholders as to the appropriate lead agency or organisation may assist to move this forward. **Process recommendations:** Partnership between *The Oasis Townsville* and 3 Brigade will support this. **Evaluation recommendations:** A cohort study design that follows-up individuals over 3-5 years can be built into the study design, situated within *The Oasis Townsville* evaluation
Connection Case Study	Not *LifeSpan* – addressing social determinants	Aimed to demonstrate the relationship between connection and wellbeing and the distinctive impacts to the ex-ADF cohort when connection is missing. Operation Compass demonstrated the importance of connection through ex-ADF identity, family and through community are crucial to addressing the social determinants of ex-ADF suicide.	**Practice recommendations:** Continue to support social and psychosocial wellbeing for ex-ADF and families through structures that enable authentic connection, e.g. the Community Grants. **Evaluation recommendations:** Explicitly identify social and psychosocial outcomes in future grant application, monitoring and evaluation frameworks.

Projects	LifeSpan Priority Area	Findings	Recommendation
Veterans Peer Network	2-Psychosocial treatment 7—Community campaigns	Engagement of Peers within the Open Arms service improved engagement into therapeutic services, as well as supporting clients psychosocially to perform day-to-day activities as they transitioned through therapy. Four peers are now employed in Townsville, and 40 across the country. Peers were effective engaging ex-ADF members in other sectors (e.g. QPS) and met TSPN goals of developing stronger social networks, in-turn developing gatekeeper capacity.	**Practice recommendation:** Continue to support the Open Arms Peer program. *The Oasis Townsville* should consider a mentoring program with similar mechanisms. Consider appropriate training of *The Oasis Townsville* personnel to account for mental health burden in client load, especially gatekeeper training (e.g. COREs) but possibly also mental health first aid.
Community engagement	7—Community campaigns	The most important impact of this strategy identified was stigma reduction for help-seeking behaviour. Operation Compass produced a range of community engagement, marketing, publicity and communication campaigns, including social networking local newspaper and printed marketing material. Where the Chairman's high profile was used initially, over time, younger veteran faces and stories were foregrounded, and engagement reached a younger demographic.	**Practice recommendations:** Continue to engage an explicit marketing strategy to reduce stigma for help seeking behaviour and encourage people to come forward. **Process recommendations:** Integration of a local publicity firm with strong relationships across media and high-level stakeholders, in addition to public health social marketing expertise was an effective mix. **Evaluation recommendations:** Include the impact of stigma reduction and shame associated with discussing and seeking help for mental health issues in future evaluation frameworks.
Townsville Monsoon Recovery	7 – Community campaigns	The mental health taskforce invited local stakeholders to veteran representation on the taskforce – opened up all the programs to the community	**No further action required.**

Projects	LifeSpan Priority Area	Findings	Recommendation
Volunteering	7—Community campaigns	The Volunteer Army was an initiative of *The Oasis Townsville*, which Operation Compass provided capacity-building training to coordinators to manage the volunteers. Through the Community Grants, *The Oasis Townsville* demonstrated the psychosocial benefits of helping and belonging with 'Farmer Assist' and 'Townsville Assist'. *The Oasis Townsville* will refer ex-ADF members to these strategies from the veterans' survey.	**Practice recommendations:** Use the safety, triage and selection criteria applied in these programs as a model for Community Grants. Produce a range of levels of engagement, to support participation for those with lower physical or health capacity. **Evaluation recommendations:** Capture the psychosocial benefits and ongoing relationships enabled through this strategy. Consider a social network analysis approach.
Wellbeing advocacy	2—Psychosocial treatment 7—Community campaigns	*The Oasis Townsville* service model includes wellbeing advocacy through a comprehensive social determinants model.	**Practice recommendations:** Consider the skills and personal characteristics of advocates that ensure rapport, reduce stigma for help seeking and produce authentic engagement. **Evaluation recommendations:** Explicitly recognise the roles of a social determinants approach impacting on factors that increase statistical risk for suicide. Consider including an outpatient cohort in partnership with the Townsville Private Clinic.

7 CONCLUSIONS

Operation Compass successfully stimulated constructive discussion about ex-ADF wellbeing and suicide, highlighting that ex-ADF needs are embedded within a wider community. The *LifeSpan* model proved useful in identifying the kinds of strategies needed. However, implementing those strategies within a community system is inescapably dependent on relationships and capacity across the services involved, as well as the population targeted. Like other cohorts at high risk of suicide, the ex-ADF community present challenges of high trauma loads, stigma associated with acknowledging mental health issues or seeking help, and in some cases disengagement from support systems for some time. Strong military identity and training poses additional challenges for many. Operation Compass presented the strong bond, training and value of service as an opportunity for our ex-ADF community to connect, contribute and remain engaged; therefore, within reach and with access to a variety of health and wellbeing supports.

The outcomes documented here demonstrate that Operation Compass:

1. Developed and drove implementation of suicide prevention strategies consistent with the *LifeSpan* model, targeted to an ex-ADF and family's population
2. Modelled effective governance of a multilevel systems approach to suicide prevention, promoting and benefiting from strong relationships between stakeholders from key institutions and producing lasting networks
3. Promoted authentic social connection as a mechanism for ex-ADF engagement, construction of post-ADF identity and sustained wellbeing.

These align with Operation Compass' aims and intended project outcomes (Box 3) in building community responsiveness, capacity and awareness. Concrete steps were taken to ensure that health services deliver the best care. Furthermore, Operation Compass' approach aligned particularly well with *LifeSpan*'s principles of:

- Lived experience inclusion at every level
- Cultural governance and inclusion
- Community engagement
- Local ownership and adaptation
- Workforce information and development.

LifeSpan also recommends a data driven approach, which Operation Compass has supported and which may be developed further. In reality, high-level collaboration between health systems is necessary to drive availability of sensitive data related to suicide deaths and non-fatal attempts, of interest to all suicide prevention strategies currently funded by PHNs nationally.

Discrete, measurable improvements in safety will be more difficult to demonstrate. A number of strong programs and processes highlighted in this report contribute to the second aim, sustainable integration of long-term strategies. Clear and consistent evaluation and monitoring will assist in the design, development, implementation and ultimate demonstration of effectiveness of ongoing strategies. It seems essential that Townsville, as a community, addresses the perceived gap in Assertive Aftercare.

Box 3. Operation Compass aims and intended outcomes

- To reduce the rates of suicide and increase well-being within our ex-ADF community and their families, through connection to life in Townsville post ADF
- Ensure the sustainability of successful Operation Compass projects through integration into long-term local veteran support programs.

The mechanisms identified in this evaluation are intermediate steps relevant to Operation Compass' eight key project outcomes:

1. Communicate, educate, participate and build a safety net to respond to suicidality
2. Strengthen resilience in ex-ADF members, families and carers
3. Empower help-seeking behaviours
4. Ex-ADF aware emergency response
5. Supportive and informed medical response
6. Health services providing the best treatment
7. Ex-ADF connected crisis care and follow up services
8. Improving safety in Townsville

7.1 ADDRESSING LIFESPAN PRIORITY AREAS

Operation Compass demonstrated that GP training and capacity building is practical and achievable. Thorough evaluation will ensure the sustainability of these strategies. In particular, how the GP and Practice Manager upskilling can be translated to other communities and systems. In terms of Gatekeeper and other formal training, Operation Compass demonstrated the value of local relationships between agencies. A prime example is the perceived acceptability of the CORES program across multiple cohorts through their relationship with the TSPN, NQPHN and Operation Compass. Integration of a professional, local public relations and social marketing team proved invaluable, partly because of the health promotion skills offered, but also because of the local public relation firm's strong relationships across a wide range of agencies. The mechanism of local adaptation, involving multiple stakeholders can be usefully applied to other formal training packages—media guidelines, GP upskilling, further gatekeeper training.

In terms of psychosocial treatment and clinical services, aligning with Priority Areas 1 and 2 of the *LifeSpan* model, Operation Compass' work concentrated on accessibility. The project revealed avenues for creating pathways to those services through social networks:

- First, service silos are widely acknowledged, and it takes time to build trust and synergy between clinical services and a multi-systems governance strategy like Operation Compass. It is essential that the network built since 2017 is preserved and further developed. The TSPN, Open Arms and the Queensland Police have worked productively together. At the same time, Queensland Health, Joint Health Command, the Defence Community Organisation and educational systems have not demonstrated strong engagement with Operation Compass.
- Second, promotion and publicity drive the accessibility of services, including among families and support people, as well as reducing the stigma of help seeking behaviour. Therefore, networks and community strategies form an essential part of access to services. Existing partnerships should be documented and nurtured, and potential clinical bridges from social strategies to clinical and psychosocial treatment might be made more explicit.

7.2 ONGOING CHALLENGES FOR EX-ADF SUICIDE PREVENTION IN TOWNSVILLE

One of the biggest challenges for Operation Compass is identifying and protecting disengaged veterans at risk of suicide. Promising interventions in the international literature aim to engage reluctant, harder to reach groups, or to recognise those at risk when they are in contact with the system for other reasons. Recruitment strategies for mental health and social interventions with ex-military personnel often describe mechanisms to explicitly recognise this status, coupled with highly personalised and authentic relationships which leverage participants into a therapeutic or social setting that supports healing, transition or identity reconstruction.

Operation Compass enabled or reinforced a variety of programs which demonstrated or embraced these mechanisms. Participants reported benefits of reduced barriers to connection and restored self-worth—for example, The Monsoon Recovery, various Community Grants and the Volunteer Army. Closer collaboration with health services seems critical to improve reach of these types of activities to disengaged ex-ADF and families. Collaboration between the ADF, DVA and local initiatives to reach all who transition may assist in preventing disengagement. Bearing in mind that not all ex-ADF will want to remain engaged, evaluation of such strategies is essential. This challenge was observed by this ex-ADF member:

> *'Everything dependent on your ability to contact people. Once a guy discharges only way to contact is if they rock up to the DVA – surely we can do better that – like keeping your next of kin register updated at work. DVA loses contact with these guys. Also got the guys actively avoiding DVA…Must be an easier way, maybe download an app. An app to tap on, also show them the benefit of doing that. Some things, mates4mates in some places. Focus on ex-serving and not currently serving. Transitioning could definitely benefit from earlier contact [sic].' Ex-ADF member, male*

The context of a 'garrison city' is important here, because in the years preceding the suicide prevention trial, a range of local stakeholders were already engaged in developing a Veteran Wellbeing Hub in Townsville, leading to establishment of the *The Oasis Townsville*. The quote below demonstrates:

> *'In 2017 [the Federal Member for Herbert] used to have about ten or fifteen ESOs at a defence reference group. She wanted to know from the Townsville community, how could she advocate in parliament…we were all heavily involved with the hub concept, which produced Oasis [The Oasis Townsville]. It's been on the drawing board for 10 or 12 years. The dream of a "one stop shop" instead of a range of [disconnected] ESOs.' Steering Committee member*

There are opportunities for *The Oasis Townsville* to develop nuanced connections through transition services and local health services, in-line with the *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-23*.[1]

7.3 LIMITATIONS

The main limitations to evaluation scope included truncated time for data collection and participation in events due to COVID lock-down. This also limited opportunity to collect data that could be assessed via statistical methods. As a new, whole of systems approach, the qualitative aspects are more meaningful at this stage, but the findings lend themselves to more focused evaluation strategies of individual components in the future.

7.4 FUTURE EVALUATION AND MONITORING

With the implementation of the *National Action Plan*[1], evaluation and monitoring of Operation Compass and related activities in Townsville might broadly align to policy priorities therein (Box 1, p 12): tailored, evidence-based health services; supported transition for ex-ADF and families; enhancing interagency and cross-sector partnerships; and, raising the profile of mental health services through community education and health promotion activities. In addition to discrete, survey-based and concurrent evaluation strategies, local evaluation should benefit from access to national data collected under the plan.

More comprehensive network analysis may provide useful information about how change occurs in the local community. For example, it can be used

at different stages of program development: 1) exploration or needs assessment; 2) adoption or program design; 3) program implementation; and 4) sustainability and monitoring.[43] Temporality and direction of relationships can demonstrate key influencers in the system, including the impact of new partners on the density of networks as well as discrete project activities. This may be useful in documenting sustainable and valued elements in the governance network. Network analysis has further potential applications in understanding how social networks within the target population influence health behaviours, that might be considered for future evaluation strategies.[44, 45]

Research and evaluation recommendations

Develop and deliver a series of evaluation and design workshops to understand relevant monitoring and evaluation options that a) are consistent with *The Oasis Townsville* current operational plan; b) complement local service provider activities supporting ex-ADF wellbeing; and c) are safe, effective and create minimal imposition on ex-ADF and families participants.

8 RECOMMENDATIONS

Practice recommendations

- Develop collaboration with the organisations not already connected to Operation Compass by identifying their needs and priorities, particularly Defence Health, Queensland Health and the North Queensland school / education systems.
- Lived experience workshops might be considered at least annually—expert-facilitated within the Roses in the Ocean ethos of building capacity among lived experience participants to transform their knowledge and wisdom to advocacy for suicide prevention. The TSPN is an appropriate local network to facilitate this, while The Oasis Townsville will have scope to market and engage ex-ADF and family's participation.
- The Veterans HealthPathways and GP upskilling might consider including Connect to Wellbeing in their referral pathways for ex-ADF and families.
- Connect to Wellbeing might consider identifying ex-ADF and families as a priority group on their website and marketing material.
- Clients of all health and allied health services in Townsville could be identified for ex-ADF status upon engagement.
- Targeted strategies are needed in response to an expressed need for local services that can participate in coordinated and assertive aftercare for ex-ADF and families.
- Regular and ongoing face-to-face suicide mitigation training targeting the ex-ADF community at an accessible location might be facilitated at the *The Oasis Townsville*.
- Ongoing delivery of training to community level stakeholders—public-facing professions, allied health, teachers and frontline service providers, overlaps with ex-ADF and families' needs for gatekeeper training, continuing to work together to produce effects across the community are desirable.
- There is an apparent need for explicit, proactive strategies to engage and support young people who may be traumatised, disengaged and at risk of suicide in the ex-ADF families' community.

Process recommendations

- Coordinated and assertive aftercare in Townsville remains an important gap recognised by health services, NQPHN, the TSPN and others. A task group might be considered to identify relevant stakeholders and resources needed to fill this gap, including for ex-ADF members and their families.

- Embed gatekeeper strategies in standard practice at educational institutions and workplaces. For example: i) train and fund local implementation teams; ii) incorporate training into standard work health and safety practice, particularly for public-facing organisations.
- Consider targeting editors and journalism educators to centralise responsibility for implementing media reporting standards.
- Identifying local providers for delivery of Media Reporting Standards training might benefit from similar mechanisms to locally adapted Gatekeeper Training, reinforced by local adaptation, relationships and accountability.
- Representation of the school/education systems in strategic direction may assist in development of integrated and sustainable strategies that are intentionally inclusive of young people from ex-ADF families.

Research and evaluation recommendations

- A global evaluation strategy might include assessing GP knowledge and uptake of available services, e.g. Connect to Wellbeing policies.
- Future evaluation frameworks might include tracking of networks and activities over time at the level of governance, agency partnerships and program participants.
- Develop and deliver a series of evaluation and design workshops to understand relevant monitoring and evaluation options that: a) are consistent with *The Oasis Townsville* current operational plan; b) complement local service provider activities supporting ex-ADF wellbeing; and c) are safe, effective and create minimal imposition on ex-ADF and families participants.

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10 APPENDICES

Appendix 1: Brief literature review

A narrative synthesis captured the current high impact research and high quality reviews concerning: current theory for suicide ideation to action and clinical intervention; Australian ex-ADF suicide; international 'veteran' or 'ex-military' suicide, with a particular focus on the USA and Commonwealth countries; and, promising interventions focused on ex-military suicide prevention. Peer-reviewed articles published in English, with a focus on veteran or ex-service suicide risk and prevention in Commonwealth countries or developed economies, both original research and high-quality reviews published since 2015 were included. Background documents that inform current theories of suicide risk and prevention inform the general introduction. Statistical data informing local Australian veteran suicide patterns were obtained from Australian Institute of Health and Welfare (AIHW) publications and productivity commission submissions.

Across developed English-speaking countries, and despite differing health and social security systems, serving military tend to be at lower risk for suicide than the general population, while veterans tend to have higher suicide rates than the general population.[2, 24, 46, 47] The Australian Institute of Health and Welfare reports that 419 serving, reserve and ex-serving Australian Defence Force (ADF) members took their own lives between 2001 and 2017.[2] While the age-adjusted suicide rates among currently serving personnel was 48 per cent lower than national averages for the same period, suicide rates among ex-serving members was higher than among Australians of matched age and gender.[2] Decreased suicide risk during active service is noted in the international[48] and Australian[2] data. For ex-serving Australian men, the suicide rate was 18 per cent higher than for the broader male population.[2] To our knowledge, no collated qualitative data exists on the cohort of ex-ADF members who took their lives in this time or since.

Developmental vulnerabilities in families or communities and biological traits account for a proportion of suicide; for example, measures of national social capital associate with suicide rates,[15] and childhood trauma associates strongly with suicide.[18, 49] These lenses can explain suicidal ideation and display an association with suicide rate, but they do not provide a causal mechanism to understand or predict suicide attempt and death.[50] Diagnosed biological mental health conditions, for example bipolar or post-traumatic stress disorder (PTSD), appear to play a role in 40-45 per cent of all suicide[16-19], but psychiatrists believe that undiagnosed mental health disorders likely underpin a much greater proportion of death by suicide than the data suggests.[20] Developmental factors such as attachment, adverse childhood experiences (ACEs) and stressful life transitions (break-up, financial distress, loss of identity) may underpin the majority of the suicide burden, regardless of mental health status.[18, 19, 49]

Current theory as to *why* and *when* people carrying

elevated lifetime risk for suicide will move from ideation to action.[50] What are the life events and experiences that signal risk for imminent transition from ideation and non-suicidal self-harm to the action of killing oneself? *Joiner's interpersonal theory of suicide* (ITPS) conceptualises suicidality as a combination of thwarted belongingness; a sense of burdensomeness; and, increased capability for suicide.[51] Fluid Vulnerability Theory[22] or the motivational-volitional model, incorporates interpersonal concepts of thwarted belongingness and burdensomeness with individual triggers that vary in time.[21] The *Three Step Theory* or *Ideation to Action Framework* conceptualises hopelessness and psychological pain as underpinning suicidal ideation. In this construct, social connectedness mediates away from suicidal action, while available means and increased capability facilitate suicidal action.[52]

Among ex-military samples internationally, there is little or no longitudinal data demonstrating associations between suicidality and exposure to risk factors during and after service. Factors predisposing to suicidality will be present at recruitment and may be compounded or acquired during service. Risk factors acquired during service fall into at least the following categories:

- Involuntary discharge–whether medical or dishonourable–can lead to shame, isolation, loss of identity and loss of income.
- Being young, male and of lower rank is associated with higher suicide risk, especially in combination with involuntary discharge.
- Being female is associated with high rates of suicide across the *LifeSpan* of ex-serving military women compared to community rates, possibly associated with the higher likelihood of females to be exposed to multiple trauma in childhood as well as sexual trauma during military service and particular factors affecting female ex-military personnel transitioning back to civilian life compared to males.
- The presence of a range of mental health conditions, notably *post-traumatic stress disorder* (PTSD) and *moral injury*, and especially in combination with substance misuse and socio-economic restrictions including unemployment and family breakdown.
- The presence of physical disability including chronic pain and traumatic or acquired brain injury, especially in combination with substance misuse, insomnia and socio-economic restrictions.

Transition more generally is a vulnerable time as ex-military must establish a non-military identity and reintegrate into the community. In addition to purpose and mateship, the military identity is developed through intensive, utilitarian enculturation including essential loss of certain civilian rights during service, and restricted opportunities to participate in civilian life whilst in service.[9] For example, currently serving members may not participate in community sports under normal circumstances. Transition is therefore a vulnerable time which is more dangerous for those carrying the risks listed above, and particularly if they are also burdened with complex administrative processes associated with proving permanent disability or injury compensation.[7] In Australia at present, transitions lack a continuity of care from military to community medical services. While employment, financial security and social connection are known to support better mental health trajectories, participation in work, whether paid or voluntary and even recreational activities is dis-incentivised for fear of losing compensation.

Local data is not available for suicide patterns among veterans. Townsville's proportionally large ex-ADF population, includes members who discharged elsewhere and moved here, while a proportion of people who are discharged in Townsville will move away. Anecdotally, young people will return to their families, while more mature members may be more likely to stay in the regional city as a retirement or family option. The ex-ADF and family's community in Townsville and indeed the whole NQPHN catchment is significant, up to 20 per cent of Townsville residents and possibly one-seventh of the North Queensland population.

Appendix 2 Evaluation methodology

Evaluation Questions

1. What outcomes (reasoning, attitudes, awareness, behaviour, actions, measurable variables like attendance or psychometric variables) were sought for the various strategies implemented by Operation

Compass, and did they achieve the intended outcomes? Key outcomes considered for the overall program as follows:

   a. Stigma reduction for discussing poor mental health and suicidal ideation
   b. Increased help-seeking
   c. Increased reaching out
   d. Increased collaboration and networking
   e. Changed practice
   f. Access to isolated individuals

2. For a given strategy and outcome, describe the *stakeholder reasoning* in response to the program *resources* (both material and intangible) to propose *program mechanisms.*
3. Describe the *context (individual; organisational; community; actor relationships; and broader policy,* history and culture) influencing the outcomes and what is needed to promote sustainability of Operation Compass' strategies.

Ethics

Permission to conduct and store de-identified interviews and focus groups with signed consent was given under JCU Human Research Ethics Committee Category 3 (approval#7892).

Campaigns overview

Part A of the two-part evaluation – Document implementation and outcomes of six campaigns

Loosely scripted, semi-structured discussions with Campaign leads and Operation Compass staff documented:

- assumptions about how the specific strategy should work, including:
   a. indicators of success; and
   b. barriers and enablers for the strategy working as intended (including the role of a local public relations firm);
- occasions when, where, how often the strategy or activity was implemented;
- personal narratives about how they have interacted with, responded to, benefited from or not benefited from the strategy.

Each strategy, program or activity was described in terms of how, why and for whom it was intended to work and, if appropriate, how it could be improved.

Outcomes evaluation

Part B of the two-part evaluation was to document the overall outcomes of Operation Compass. Part B synthesised the overall program in relation to the hypothesis that connection among ex-ADF and families with each other and their communities will reduce suicidal ideation and action.

A realist-informed qualitative methodology (see for example Westhorpe et al, 2015) identified program outcomes first. Through a series of iterative processes described explicit and implicit program resources, how stakeholders responded to them to produce outcomes. The outcomes were then assessed against the initial hypothesis of 'Prevention through Connection'.

Network mapping

The proposed methodology aimed to capture the stakeholder network, including attendance at events, participation in one or more strategies and reach of online strategies, documented and updated as part of the quarterly reporting.[53] However, the evaluation began in the final quarter of Operation Compass' third year, therefore documenting the network over time and directionality between relationships was infeasible. A qualitative network map was produced that informs the density of relationships around particular key stakeholders using NodeXL™.

Appendix 3: Interview guide

Participant # / #s:

Date:

SC= Steering Committee P= participant F/M = male or female 19xxxx = date year month day

Place: Event (if applicable):

Male ☐ Female ☐

Age bracket: 18-24 ☐ 25-29 ☐ 30-35 ☐ 36-39 ☐ 40-45 ☐ 46-49 ☐ 50-55 ☐ 56-60 ☐ 61+ ☐

Veteran status, branch, years of service and rank: _____
or Civilian ☐

1. Questions relating to the participants individual circumstances and to establish rapport

   i) Did you or a loved one serve in the ADF? Which service and when was that?

   ii) May I ask what was your highest level of formal education?

   iii) Are you a Townsville local? How many years?

   iv) Do you have family or extended family in or around Townsville?

2. Participant describes their personal role and understanding of Operation Compass:

   i) Can you tell me your role on the Operation Compass Steering Committee

   ii) Can you tell me why and how Operation Compass got started?

   iii) What do you feel makes it work? What have been the main gains of this strategy overall?

   iv) Operation Compass has proposed a core theory of 'Prevention through connection'. Can you tell me in your own words what that means?

3. Discuss specific strategies for which the stakeholder is responsible

What are the specific strategies or programs which you were responsible for initiating? Can you tell me about each of them?

   i) Service / activity/ strategy / program 2

      a. What are the strengths of this service, in terms of reaching ex-ADF members and their families?

      b. Are there any particular strategies employed through this service to help reach the harder-to-reach groups in the ex-ADF community?

      c. Is this service likely to continue after 2020? Why or why not?

4. Broader context

   i) What is it about being ex-ADF that makes this program work the way that it does?

   ii) In your experience, what are some of the broader policy issues that impact on vulnerability to isolation and suicide among ex-ADF members?

   iii) What features of the Townsville context influence the way that Operation Compass works here?

   iv) What have been the biggest challenges? Can you tell me about how some of these were overcome?

   v) What do you feel are the key resources that will sustain the program after 2020?

   vi) Localisation appears to be an important aspect of Operation Compass. From your policy and funding perspective, what approaches enable localisation of strategies?

5. *LifeSpan* model and suicide prevention evidence

i) The NHMRC recommends prioritisation of particular strategies in the *LifeSpan* model – particularly coordinated or assertive aftercare, psychosocial treatments, GP Capacity Building and Support and gatekeeper training. Can you tell me how the suite of strategies offered within Operation Compass aligns to this advice?

ii) Would you recommend any other suicide prevention theories that the evaluation report could draw on?

6. Coming back to the program theory, 'Prevention through connection', can we sum this up by stating the key resources that the Operation Compass offers, and how our local context enables or constrains this overarching goal?

Appendix 4: List of Community Grant recipients

Up to $25,000 was awarded to the following local groups and providers, in two rounds.

Round 1 2018

Organisation Name	Key Activity	Outcome
Totally and Permanently Disabled Ex Servicepersons Association (Townsville) Inc (Ex Service Organisation)	To deliver the Association monthly newsletter 'The Bugle' in person to members who are over 80 years old and to those that are disabled and socially and physically isolated.	The visits are an opportunity to aid in improving wellness, mental wellbeing and general connection, providing regular social interaction to those isolated and lonely.
The Cameleers (Community Based veteran Organisation)	To conduct up to five field trips of about 10 days each, over a 12-month period for veterans taking part in field support for archaeological digs, mapping and excavation within the NQPHN region.	Allowing ex-ADF member's time out from their regular routine, learning new skills, improving physical and mental health and providing social interaction with the group.
Cowboys Rugby League Football Limited (Not for Profit Community Organisation)	The NQ Cowboys will assist in the coordination of the Resilience Project in Townsville and across North Queensland, a school-based program targeting ex-ADF students and families providing positive strategies to build resilience and happiness via a combination of presentations, wellbeing journals, school curriculum, teacher diaries and an App. Funding also includes a presentation of TRP for Defence, ex-ADF and families and first responders that will take place in August 2019.	The focus on the project is on acting in a preventative space as well as providing intervention for those struggling. Participants will develop behaviours focusing on strengths instead of weakness, building on the good in life, instead of focusing on the bad, taking the lives of people experiencing reasonable mental health up to 'great'.
NQ Phoenix Dragon Boat Club Inc (Not for Profit Community Organisation)	Commencing a veteran only dragon boating crew, training 3 times weekly on the Ross River, Townsville. Age range from 13 years and older.	Current and ex-serving ADF members and families will be part of a competitive team that will drive and inspire individuals to train hard, find new challenges, encourage, support, inspire, motivate and empower each other.
The Youth Network NQ Inc (Not for Profit Community Organisation)	Weekly art workshops running for six months that will create works that be displayed at local art shows and installed at *The Oasis Townsville* on opening as permanent public art pieces	Participants will develop new skills, make connections with the community and create public artwork, improving social connectedness, mental health and general wellbeing.

Appendix 4: List of Community Grant recipients (cont.)

Up to $25,000 was awarded to the following local groups and providers, in two rounds.

Round 1 2018

Organisation Name	Key Activity	Outcome
Veterans Partners Support Group (Partner Group)	Carers respite A four-day activity for six members to Malanda, in the Atherton Tablelands.	Providing respite after years of caring for veteran partners, improving relationship bonding with carers and improving mental health.
Psychology for Living Well Pty Ltd (Small Psychology Business)	A three-day camping/teamwork/ adventure experience on Magnetic Island for veterans and families, with a three month follow up with families to enquire about changes within the group.	Enhancing positive outcomes for relationship bonding. Addressing issues/barriers that the families may be facing and enabling improvements to physical health, mental health, family connectedness and social connectedness with other families.
***The Oasis Townsville* Limited (veterans Organisation)**	3 x 1 week activities to Winton, Queensland for ex-ADF members assisting with labouring tasks and general repairs on properties that have been drought effected.	Targeting isolated ex-ADF members of the community, promoting social and physical activities to provide purpose and connection and to improve mental health outcomes
Paul Davis Personal Development (Small Business-Personal Training)	12 week personal training course, consisting of 3 Personal Training sessions weekly, health consultation, group psychology education sessions, Suicide Prevention training, mental health screening and nutrition planning advice.	Using a holistic approach, employing motivational techniques including psychology, aiming to enhance health, fitness, lifestyle, finance, mateship, suicide prevention, mental health and resilience
Ashvins (Sports Organisation)	Run over 12 months, through group physical training. Three veteran Cycle Spin classes will occur followed by a group session at the end of each class to discuss veteran issues with Lived Experience Ambassadors.	The group discussions will promote social inclusion and interaction, whilst the physical aspect will improve physical and mental health.

Appendix 4: List of Community Grant recipients (cont.)

Up to $25,000 was awarded to the following local groups and providers, in two rounds.

Round 2 2019

Organisation Name	Key Activity	Outcome
The Cameleers	To replace equipment that was damaged during the floods in Townsville in 2019 to enable The Cameleers to continue to offer field trips to veterans.	Allowing ex-ADF member's time out from their regular routine, learning new skills, improving physical and mental health and providing social interaction with the group.
HealthCycle	Continue the group physical training sessions from Round 1 and provide access for the veterans to the new MenTellHealth app.	An interactive cycle fitness program that also promotes social inclusion and interaction to help improve physical and mental health. Access and education on how to use the MenTellHealth app that has been designed to complement the health and fitness program offered by HealthCycle.
Live Life Get Active	Provide free daily fun activity camps and providing seminars on three Saturdays, tailored to the Ex-ADF community about issues such as obesity, diabetes and poor mental health.	Creating healthier, happier communities by providing valuable tools to improve and manage changes in behaviour and attitude.
Mates 4 Mates	A non-verbal form of art therapy program available to Mates4Mates registered members and their families. The project will target 15-74-year-old members to help provide social connection opportunities, build self-esteem and a sense of achievement and ownership.	No-verbal therapeutic benefits that uses different forms of art and creative expression to improve physical, mental and emotional wellbeing in a safe and supportive environment.
Northern Australia Primary Health Limited (NAPHL) - headspace Townsville	An art program that will be primarily aimed at the children of Ex-ADF or young Ex-ADF personnel to engage in a creative form of self-expression and will conclude with an Art Exhibition and creation of a series of wellbeing postcards at the end of the program. Aims of the program include: • Emotional expression through arts • Community connectedness • Raise awareness and reduce stigma for help seeking	An art program that aims to improve mental health and wellbeing of Townsville's young people to engage in meaningful activities and develop a sense of belonging and community connectedness.

Appendix 4: List of Community Grant recipients (cont.)

Up to $25,000 was awarded to the following local groups and providers, in two rounds.

Round 2 2019

Organisation Name	Key Activity	Outcome
NQ Phoenix (Dragonboats)	Continue offering opportunities to current serving ADF, veterans and their families to be a part of the Townsville Purple Warrior Dragon Boating Team from Round 1 and purchase fittings for a trailer to help with the transportation of the boat and equipment for community events and travelling to competitions.	Improving social connectedness, emotional communication and resilience to help improve the general wellness of veterans and their families.
Swiss 8	To provide a veteran pilot to assist overcoming Adjustment Disorder, Anxiety and Depression, in turn reducing suicide risk.	Teach veterans how to build routine around 8 pillars of health and lifestyle. Promotes the ability to engage with other veterans using the App with the aim of reducing social isolation.
The Youth Network	Continue to provide weekly art workshops from Round 1 for the Ex-ADF community and their families. Participants will develop skills, make connections with the community and create a public artwork. The artwork which will depict significant badges and medals and will be installed at *The Oasis Townsville* as a permanent public art piece.	Participants will develop new skills and improve their social connectedness, mental health and wellbeing while producing art that will be displayed in *The Oasis Townsville* centre upon its completion.
Totally and Permanently Disabled Ex-Servicepersons Association	To purchase camping equipment so the TPI Association can help reduce social and physical isolation of veterans. Camping is an alternative option in allowing their members to seek refuge and social interaction outside their normal everyday surroundings.	The visits are an opportunity to aid in improving wellness, mental wellbeing and general connection, providing regular social interaction to those isolated and lonely.
Yibaay Aboriginal Consulting	The project will engage veterans (targeted cohort specifically Indigenous veterans) to participate in field deployments and on-country heritage activities (in conjunction with The Cameleers). Workshops to create a post-ADF support framework that will contain core principles and programs. University partners, Yibaay Aboriginal Consulting Pty Ltd and The Cameleers will publish a series of papers from the implementation of the project and will include outcomes and outputs of the project.	The development of a post Australian Defence Force Support Framework.

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