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**Black Dog
Institute**

Prevention through connection: supporting veterans to thrive when their service ends

A report on the National Suicide Prevention Trial





Transition | Connection | Integration

Acknowledgements

Black Dog Institute

Black Dog Institute would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community and pay our respects to Elders past and present. We are committed to making a positive contribution to the mental health and wellbeing of Aboriginal and Torres Strait Islander people across Australia.

Operation Compass and The Oasis Townsville

We acknowledge all veterans and their families connected with Operation Compass and The Oasis Townsville. We acknowledge and pay respect to the past, present and emerging Traditional Custodians and Elders of this nation. We also acknowledge those Aboriginal and Torres Strait Islander people who serve and have served in the Australian Defence Force.

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Veterans Health Pathways Launch

“Years ago we would have said, ‘There’s not much we can do here.’ We were being defeated through this issue, suicide prevention ... What has changed in the last few years is using a systems approach [that’s] veteran led [and includes] people with lived experience. There’s a difference we can make here ... That, to me, is a pretty important message to get across.”

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CAFE

AUSTRALIA

Serving Army Corporal Tom Cafe – Encouraging his mates to Check 5

Setting the scene

This document explores the experiences, challenges and opportunities of delivering suicide prevention activities for Australian Defence Force Australian Defence Force veterans and families during the National Suicide Prevention Trials (NSPT). Specifically, it aims to capture the journeys and learnings of Operation Compass, the only veteran-specific suicide prevention program to be delivered through the NSPT.

The following content draws together the reflections of seven in-depth interviews facilitated by the Black Dog Institute. Five interviews explored the experiences of the Operation Compass project team – retired Lieutenant General John Caligari AO, DSC, who heads up the Operation Compass Steering Committee; retired Colonel Ray Martin, the Operation Compass, Suicide Prevention Trial Project Manager; and Ms Leith Milton, the Suicide Prevention Project Officer – who devised and implemented local NSPT interventions in the Townsville community.

Two additional interviews sought to incorporate the perspectives of Mr Adriel Burley, head of the Townsville Suicide Prevention Network, which has delivered suicide prevention services in Townsville since 2015; and Dr Stephanie Hodson, the National Manager of Open Arms, a mental health assessment and counselling service for active and retired military service people, veterans and their families within the Department of Veterans Affairs. Both the Townsville Suicide Prevention Network and Open Arms were heavily involved in Operation Compass, providing valuable perspectives that helped shape project and service delivery.

While it's impossible to capture more than 200 pages of interview transcripts in a single document, this publication aims to identify key learnings from the Operation Compass trial and present them for consideration by other suicide prevention professionals, as well as by leaders and funders of suicide prevention and other mental health programs who are grappling with how best to serve this unique demographic.

Talking about veterans

The term 'veteran' means different things to different people; however, this report uses the word to mean any person who has served in the Australian Defence Force (ADF) for at least one day, regardless of whether they have been deployed. While Operation Compass was initially focused on ex-serving veterans (that is, those who have been discharged from the ADF), its reach eventually grew to incorporate serving veterans, as well as the friends and family members who make up the broader veteran community.

Terminology

The term 'interviewees' refers collectively to the participants of the Black Dog Institute-led interviews that underpin this document. Quotes that appear in italics have been taken directly from the interview transcripts. While these quotes capture the essence of many of the key conversations and perspectives, for reasons of privacy, they have not been allocated to specific individuals.

What we know about veteran suicide

ADF personnel experience starkly different suicide risks based on whether they are currently serving or have been discharged (that is, are ex-serving veterans). Age-adjusted rates of suicide for serving ADF members are significantly lower than the general population¹; however, the same cannot be said for ex-serving veterans.

Various reports from the Australian Institute of Health and Welfare^{2,3} and the Productivity Commission⁴ show that ex-serving veterans have significantly higher age-adjusted rates of suicide than the general Australian population. According to the AIHW's Final Report to the Independent Review of Past Defence and Veteran Suicides, in a study cohort of 261,640 living and deceased ADF members who served at least one day in the ADF between 2001 and 2018, the age-adjusted rate of suicide was 22% higher for ex-serving male veterans and 127% higher for ex-serving female veterans when compared to the general population.⁵

Further, the transition period – that is, the period immediately before and after leaving active service – is critically important in terms of shaping long-term veteran wellbeing⁶. However, significant gaps in transition support between the ADF and the Department of Veterans Affairs (DVA) may leave some ex-serving veterans at risk of poor mental health and long periods of unemployment⁷, which can contribute to suicide risk.

While what we know about ex-serving veterans suicide risks and completed suicides is becoming increasingly comprehensive, other data gaps remain, including a lack of information on suicide attempts. One key issue is that the number of veterans in Australia is unknown. The DVA estimates that as of 30 June 2018, there were approximately 641,000

living veterans who had ever served in the Australian Defence Force. While data is available for current serving veterans and DVA clients, the true number of ex-serving veterans is unclear.⁸ Without knowing who and where ex-serving veterans are, delivering targeted suicide prevention interventions to this demographic remains a challenge.

Some of these data gaps will be addressed in the next 12–18 months. The addition of a new question in the 2021 Census, 'Has the person ever served in the Australian Defence Force?', is expected to deliver a more comprehensive picture of Australia's veteran population. Further, evaluations of the National Suicide Prevention Trials, including a site-specific evaluation of Operation Compass, have been published in 2021, and the Royal Commission into Defence and Veteran Suicide is scheduled to deliver an interim report in August 2022. There is now considerable opportunity to prepare for the next step – transforming that data into meaningful action that has a direct impact on suicide rates and attempts within the veteran community – before these initiatives are completed.

“There’s an opportunity in the next 24 months to move the agenda or lose the agenda ... [The question will be] ‘And then what?’ We can actually have that answer ready before [the question] comes.”

1. [A profile of Australia's veterans](#), Australian Institute of Health and Welfare, 2018

2. [National suicide monitoring of serving and ex-serving Australian Defence Force Personnel](#), Australian Institute of Health and Welfare, 2020

3. [Final report to the Independent Review of Past Defence and Veteran Suicides](#), Australian Institute of Health and Welfare, 2021

4. [A Better Way to Support Veterans](#), Productivity Commission and Inquiry Report, Overview and Recommendations, 2019

5. [Final report to the Independent Review of Past Defence and Veteran Suicides](#), Australian Institute of Health and Welfare, 2021

6. [A Better Way to Support Veterans](#), Productivity Commission and Inquiry Report, Overview and Recommendations, 2019

7. Ibid.

8. [A profile of Australia's veterans](#), Australian Institute of Health and Welfare, 2018



Serving Australian Defence Force mates



Operation Compass – the journey

“So right up front ... we had a vision of this thing ... [which was] to reduce the rate of suicide within our ex-ADF community and their families through transition, connection, and adapting to life in Townsville.”

Operation Compass and the National Suicide Prevention Trial

In 2016, the National Suicide Prevention Trial (NSPT) was launched at 12 sites across Australia. Funded by the Commonwealth Department of Health and led by 10 Primary Health Networks, the trial sought to make an important contribution to the evidence base underpinning suicide prevention activity in Australia.

The trial sites were tasked with delivering suicide prevention activities within their local regions. Each site served one or more priority populations considered to be at increased risk of suicide. Operation Compass, delivered via the Northern Queensland Primary Health Network (NQPHN), was the only NSPT site to deliver targeted interventions for ex-serving veterans and their families (while the trial was initially focused on ex-serving veterans, over time it expanded to support serving veterans as well). This focus was a reflection of the trial site’s location in Townsville, Australia’s largest garrison city, where the veteran community (both serving and ex-serving) makes up an estimated 20 per cent of the local population.

A systems approach to suicide prevention

Activity at each NSPT site was guided by a systems approach to suicide prevention. A systems approach delivers multiple, simultaneous suicide prevention interventions that are tailored to the specific needs of the local region or community and coordinated across multiple sectors. Evidence from overseas has identified the benefits of multi-component systems approaches to suicide prevention.⁹

The Operation Compass team chose to work with LifeSpan, a pioneering systems approach to suicide prevention developed by the Black Dog Institute in 2015. LifeSpan, which draws together nine evidence-based strategies to prevent suicide at the individual and population levels (see figure 1 on page 8), has been the focus of numerous suicide prevention trials in Australia over the last six years.



9. [An Evidence-Based Systems Approach to Suicide Prevention](#), Black Dog Institute, 2016, page 7.

Bringing Operation Compass to life

From the outset, the Operation Compass team was focused on responding to the needs and characteristics of the veteran community. The program's name was a deliberate attempt to appeal to the program's target audience. In its very early days, it was called Ex-Australian Defence Force and Families Suicide Prevention Trial, Townsville; however, not only was the original title a mouthful, but the team quickly realised that the use of the word 'suicide' was a strong deterrent for the veteran community.

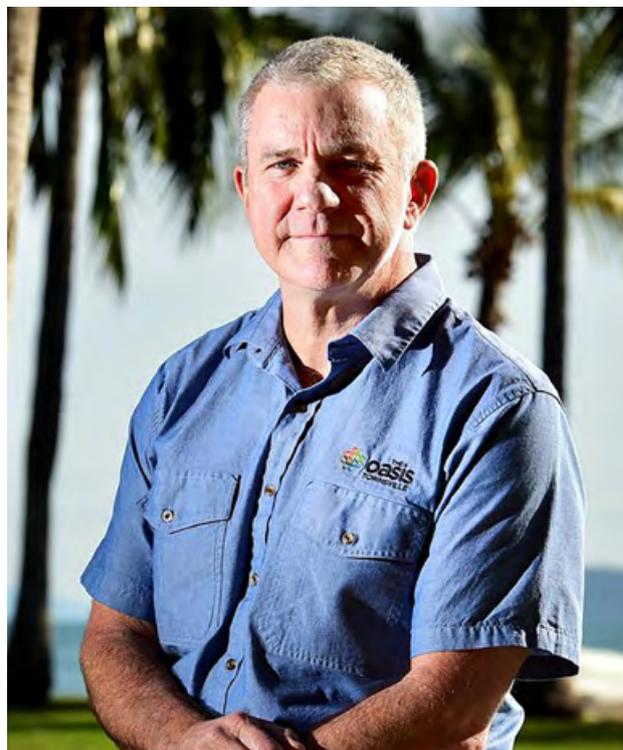
"I can tell you, veterans don't want to talk about suicide."

In response, the team renamed the project Operation Compass. The new title had military connotations, referencing a significant military campaign during World War II, but it also had symbolic value that the team believed would resonate with their target demographic:

"Compass was about navigating from a safe base ... out [into the world] and [learning how to] navigate back into a home base."

A four-step process

Getting Operation Compass up and running required a robust establishment process. For the Operation Compass team, led by Lieutenant General John Caligari, this four-step process was essential to laying strong foundations that would support the delivery of targeted, effective suicide prevention interventions over the life of the trial.



Lieutenant General John Caligari AO, DSC, Chairman Operation Compass



1. Getting governance right

“You need a strong leadership team [you need] the buy-in of the leadership in the community. So, people like the local police ... the local ambulance representative, the hospital, the city council, Open Arms, just the local leadership in the community ... ”

The first step was to establish a robust governance structure. A Steering Committee and an Advisory Group were both appointed in the early days of the project. The Steering Committee, which provided strategic oversight of Compass and all its activities, was comprised of high-profile veterans and ADF service people, including the base chaplain; mental health specialists and other suicide prevention stakeholders from the local area, including senior hospital staff, senior police and other emergency services workers; and representatives from Open Arms and the Townsville Suicide Prevention Network. The Northern Queensland representative of Defence Families Australia, who was also the partner of a serving veteran, was invited to help keep the project focused on veterans and their families rather than solely on the ex-serving veteran experience.

The Advisory Group was designed to incorporate veteran lived experience into Operation Compass activities. The group was open to anyone with an

interest in veteran suicide prevention. In the early days, the Advisory Group was largely populated by family members with lived experience of mental illness or suicide; veterans, with reluctance to talk about suicide, were initially less likely to get involved:

“Now that was quite tough at first because you don’t get a lot of people, in particular, veterans themselves, who are keen to come along and talk about suicide in any sort of a group session.”

However, this changed as Operation Compass progressed; by late 2017, ex-serving veterans made up a significant proportion of the group. Both the Steering Committee and the Advisory Group were essential to capturing lived experience expertise in the design and delivery of Operation Compass and bringing it to life. By engaging high-profile and respected community members and everyday veterans and their families, this governance structure incorporated the perspectives of those who would benefit from Compass activities and built relationships with the people in the community who had the capacity to shape suicide prevention responses in crucial sectors and organisations.

“The Advisory Group was the breeding ground for ideas big and small. The Steering Committee shaped them into workable campaigns, assigned responsibilities and monitored progress.”



Figure. 1 Black Dog Institute LifeSpan Wheel



Figure. 2 Operation Compass Campaign Wheel

2. Adapting the LifeSpan model

“A systems approach works for everything.”

Once the governance structure had been established, the Compass team turned their attention to the LifeSpan model, the systems approach to suicide prevention that would guide their activities during the NSPT. Understanding how to use the model was a critical first step:

“[Between us, the Compass team had] a lot of military experience ... but we didn’t know much about suicide prevention, really ... The Black Dog Institute, they were our subject matter experts around suicide prevention, around the [LifeSpan] model.”

Next, the team adapted the model for use in the Townsville context, transforming the nine-point LifeSpan wheel into an eight-point compass (see figure 2).

This approach was largely symbolic, designed to present the LifeSpan systems approach in a format that spoke to the veteran community and that was aligned with the Operation Compass brand. Team members agreed that they needed a strategic and methodical approach to guide their suicide prevention work and that LifeSpan was a useful starting point. The model gave them a rapid introduction to the evidence base underpinning effective suicide prevention activity; however, once the campaigns were designed and the trial was up and running, they referred back to it only infrequently.



Operation Compass Check Your Mates Community 2018

3. Co-designing suicide prevention

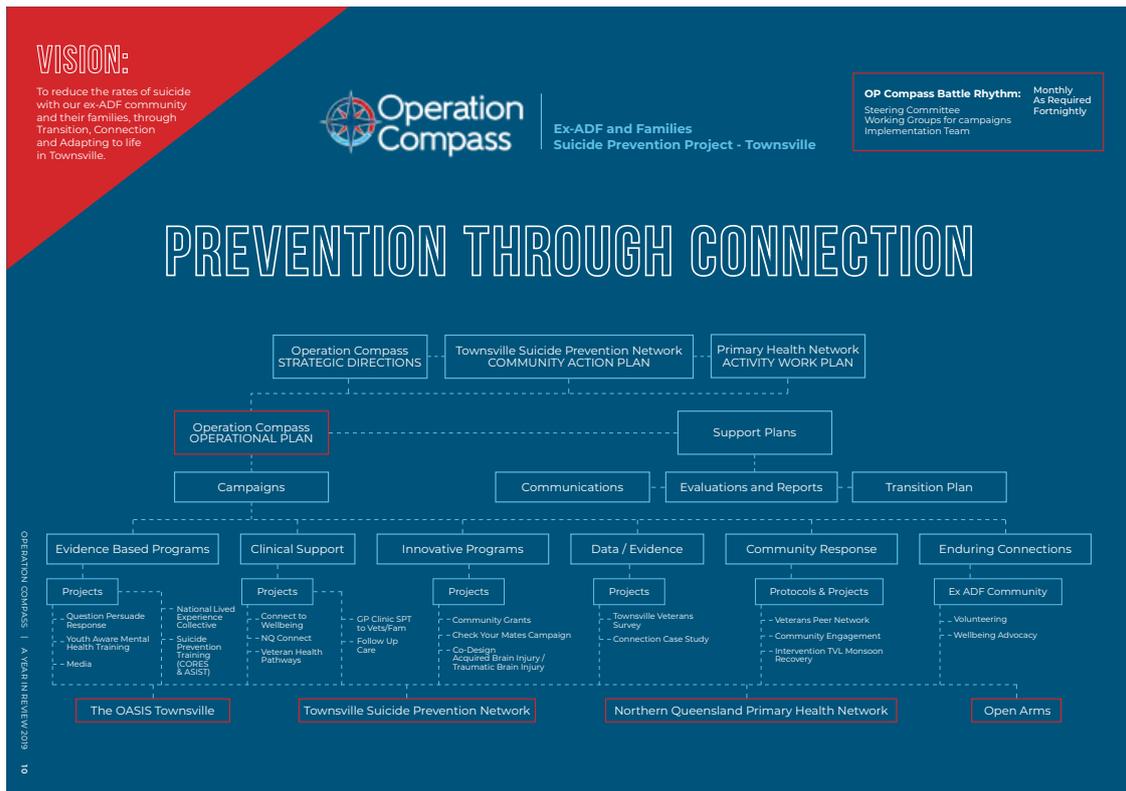
“We can help each other. We can support each other. And to do that most effectively entails the whole community being involved.”

Operation Compass was eventually comprised of more than 20 projects across six campaigns, the result of an extensive co-design process conducted in partnership with the Advisory Group and Steering Committee over a nine-month period. This process was crucial to building connections and establishing trust within the often-insular veteran community, as well as to embedding veteran lived experience at the heart of Compass activities. A series of brainstorming sessions with the Advisory Group resulted in hundreds of ideas informed by lived experience, all of which were categorised under the eight points of the adapted LifeSpan compass to ensure their relevance within a systems approach. Similar or complementary ideas were grouped into rough themes.

“We got them all in a room and what we were after was to come up with all these good ideas. So who’s got an idea? ... We went round the Black Dog Institute model and said, ‘Here are the themes, but we’re not expecting every idea to fall in on one point of the compass. We’re expecting that you might have an idea that crosses several or includes several.”

From there, the list was further consolidated into actionable projects that could feasibly be delivered within the NSPT timeframe and split into six ‘campaigns’, or themes, that would guide all future activity. Each campaign was then overseen by a member of the Operation Compass Steering Committee. Fittingly, the approach had clear military roots:

“It was about putting people in charge of what boiled down to six campaigns. So we went into campaign thinking mode. That’s what we do in the ADF We think about campaigns. We think about wars. We think about tasks, objectives. We think about deliverables.”



Operation Compass – Operational “Plan on a Page”

4. Developing the Plan on a Page

“[It] has really been the driving force behind everything we’ve done.”

The Plan on a Page was the operational action plan for Operation Compass, capturing the list of projects and campaigns that emerged from the co-design process and laying out the structure, aspirations and approach of all Operation Compass activities.

“If we were to identify ... the delivery model ... that Operation Compass used, I think it would be fair to say that it was the Plan on a Page, but it was underpinned by the model of the Lifespan framework.”

The plan’s simplicity was a deliberate attempt to bring clarity to what otherwise might feel like an overwhelming task.

“You could Gantt chart yourself til you were blue in the face, really, and what’s that going to achieve? ... If you can’t put something on a page and clearly describe what it is you want to do, you’ve got problems.”

The plan outlined the internal and external strategies that informed the Operation Compass approach, the program’s three support plans (communications, evaluations and reports, and the transition plan), and – eventually – the campaigns and individual projects that the Operation Compass team would deliver. Originally an internal document, the Plan on a Page has become a central component of the project’s public communications strategy. “The Plan on a Page ... was so critical to [our] success and really the driver and the major reference point of all of the interventions and activities that Operation Compass was based on.”



Case study: #CheckYourMates

“One call, a connection at a tough time, can save your life. It saved mine.”

It all started with an Operation Compass barbecue down on the Townsville Strand.

After a tough year of veteran suicides around the country, a handful of Townsville’s ex-service men and women gathered for a bite to eat. Christmas – a tough time for many veterans and their families – was looming on the horizon.

Ray Martin, the Suicide Prevention Project Manager for Operation Compass, took a moment to share a few words:

“If we do nothing else over Christmas, we need to check in on our mates. We do that often, but now, let’s ritually check in.”

That simple act – of calling a mate, of making sure they were okay – may have been a small gesture, but it quickly took hold. By the following ANZAC Day, it had become **#CheckYourMates**, one of the most successful projects to come out of Operation Compass.

#CheckYourMates encourages veterans to check in with five friends or family members in three simple steps: Connect to others, Yarn to listen and Motivate to act. The campaign is built on the concept of community connection – that checking in with loved ones can help people at risk of suicide start reaching out for help.

“We know that statistically four out of the five are going to be doing well. If you’re doing well, you have the ability to check in on others, connect with them, have a yarn,” says Martin.

That **#CheckYourMates** came from humble beginnings has been key to its success. It may not have been designed in a boardroom or supported by a literature review, but it tapped into something crucial within the veteran community: the need for connection among a group of people bound by a shared experience.

And it’s paying off. As the idea continued to grow, the Operation Compass team put together a marketing campaign to spread the word even further. The initiative, along with 50 short videos from veterans, has reached 3.5 million people on social media, with an additional reach of nearly 1.3 million emerging from **#CheckYourMates**-inspired campaigns. Feedback from veterans and key community groups in Townsville has also been extremely positive.

The project shows particular promise among young men, one of the hardest-to-reach demographics in the veteran community. It’s also been adopted by the Department of Veterans Affairs, which rebranded and relaunched it as the Check Five campaign.

But for the Compass team, the real proof of the program’s success is in the stories they hear from the local community.

Says Martin:

“We have had people stopping us in the street saying, do you know this has saved my life?”



Getting it right: lessons from Operation Compass

During the seven interviews conducted for this report, participants reflected on the experience of designing and delivering more than 20 suicide prevention interventions across six campaign areas (see Appendix A). The following content draws together the themes, learnings and advice that emerged most strongly from these conversations, from what worked and what didn't and what could be done differently in future.

Build enduring connections

Connection with community sat at the foundation of all Operation Compass activities. "There's a real sense of connection with veterans wherever they are." In large part, this sense of connection is the result of shared experience that forms a significant part of many veterans' identities: the unique nature of military service, in which service people know they may be called upon to give their own lives or take the lives of other human beings, binds many veterans to one another.

"Our culture is important to us ... I've been out of the military for 20 years... but I see myself as a veteran. It's interesting, culturally; it's a significant part of what we are."

Leveraging that sense of connection was crucial to gaining trust. The fact that the project team was led by veterans and others with strong ties to the veteran community; that projects were co-designed with veterans and their families; and that Operation Compass emphasised place-based, grassroots initiatives that encouraged veterans to maintain and grow their community connections were all important factors in achieving community buy in.

"Veterans trust other veterans ... that's the way you break into the cohort ... It's really a personal connection, and that's where you'll not only gain the trust but also create interaction and be able to bring people in."

Emphasise cultural competency

Understanding this sense of connection and the broader veteran culture was key to delivering successful suicide prevention projects. Numerous interviewees described the need for "cultural competency" in the delivery of services and programs. This term refers to understanding veteran culture through the lens of lived experience and delivering outputs that reflected the unique characteristics of this community. Initiatives that didn't adequately consider veteran culture were unlikely to gain traction, even if they came with a substantial evidence base behind them. Numerous interviewees pointed to the Question, Persuade, Response (QPR) program, a suicide prevention training program recommended to trial site teams for use during the NSPT, as an example of an evidence-based intervention that failed to connect with veterans. QPR was established in America and was designed for a general audience; as such, interviewees said,

"the content didn't resonate with the people doing the training ... it just goes to show the difference between people [who identify] with the content and people who [don't]."

Instead, place-based, community-led suicide prevention work was considered much more likely to succeed.

"You cannot implement anything in a service system unless you co-design the entry points. You can have the best evidence-based approach, but if you haven't put the cultural lens across it, [it's unlikely to work]."



Everyminds training day

Leverage the helper ethos

Understanding the veteran identity also meant understanding how veterans see themselves. After a career grounded in the concept of service, many ex-serving veterans perceive themselves as people who help others, and therefore struggle to seek help themselves. Leveraging this mindset – that is, designing suicide prevention initiatives that position veterans as help-givers – was found to be a useful approach.

“When you ask a service person or a retired service person, ‘We need a hand helping others’, that’s not a difficult ask for them.”

The community grants program was a particularly successful example of this: a number of the small grants were designed to bring groups of veterans together to deliver aid to others. These included Operation FARMER ASSIST, an initiative to engage ex-serving and serving veterans in providing physical support (general labouring, repairs, fencing etc.) to local farmers. As this project showed, the act of collaborating with their peers in order to perform a service was often its own form of indirect help for those involved with the program.



Community Grants – Veteran and community art pop up display

Get the message out

From early in the trial, the Compass team made the decision to invest heavily in communications, committing 10 per cent of their overall program budget to get the word out about their work and encourage veterans to engage. This funding was used to secure the services of a local communication consultancy to develop a website and create a broad suite of videos targeting different segments of the veteran community. These videos featured a diversity of real veterans from Townsville – men, women, police officers and people of all different age groups – enabling audiences to recognise themselves in the people they saw on screen.

“If we can have someone on a video for two or three minutes, speaking from the heart ... we’ve got more chance of having an impact and getting our message out doing that.”

Fully integrated marketing and communications campaigns were also developed as part of specific Operation Compass projects, resulting in strong engagement and positive feedback from the local community and beyond. The communication strategy also helped to position Operation Compass as more than ‘just’ a suicide prevention program:

“By the time we got about six months into it, what we realised was [that] Operation Compass itself was a significant health promotion campaign.”

Invest in staffing

One of the biggest challenges of using LifeSpan was that systems approaches to suicide prevention recommend simultaneous delivery of multiple interventions. For the Operation Compass team, which was limited to a full-time program manager and initially a part-time project officer, small staff numbers made simultaneous delivery impossible.

“We ended up running 20-odd projects ... all of those needed a person to run them or more, [but] we didn’t have the people ... [We were] trying to synchronise ... community elements and steering committee members and all that without any formal agreements. [It was] very challenging.”

While Operation Compass was supported by numerous volunteers, the frequent turnover of these positions frequently hampered the program’s momentum. On reflection, the trial site team agreed that an initial hesitation to spend money on staffing compounded the challenges of delivering a systems approach; building the paid Compass workforce early in the life of the trial would have helped drive the production of greater numbers of projects in a shorter period of time, thereby achieving a more effective and timelier outcome.

Trial innovation

From the outset, the Compass team embraced the concept of working in a trial environment – that is, a space in which to test, learn and experiment, rather than to focus on getting everything ‘right’.

“Everyone accepted that it was okay to fail with different projects. That was the point; it was a trial.”

More than one interviewee pointed to the importance of just getting in and doing the work rather than agonising over how to time interventions for optimal delivery:

“People spend too much time going down a rabbit hole ... ‘Oh, is this the right time? When should I do that? How long should I do that for? Should I do it over here?’ ... Just do it ... You will get the feedback.”

The relative lack of suicide prevention expertise among the Compass team’s main members was seen as a double-edged sword. One interviewee believed that had the team had access to more senior expertise, they could have leveraged the existing suicide prevention evidence base more effectively rather than constantly “trying to reinvent the wheel”.

However, another pointed out that high-level expertise was available from the Black Dog Institute; instead, what the Compass team brought was an essential grassroots understanding of the community they were trying to serve.

“[Australia] has been doing suicide prevention for 20 years or more and the suicide rates keep going up. Why are we only going to trial these programs that [already exist]? ... We quickly came to the view that we needed to do innovative things that would work for our cohort.”

Operation Compass Steering Committee, 2019



Include families

Supporting veterans went hand-in-hand with engaging and supporting veterans' families. Family members were an important part of Operation Compass and their lived experience of living with and caring for veterans was seen as highly valuable.

"The knowledge of why the veterans can be in distress needs to include veterans and veterans' families ... biological or not ... and their collective grief. That is their unique lived experience that has a touch of moral injury in it as well."

Similarly, supporting connection with family members was seen as crucial to improving ex-serving veterans' mental health.

"The last deployment is actually the family and the caregivers when this is all over ... that is your first peer group."

Family members were a significant part of the project's Advisory Group, and the previously described appointment of the Northern Queensland representative of the Defence Families of Australia was a deliberate effort to make sure that family interests were represented in the development of Compass initiatives.

"So she's talking to all the partners ... Then she's coming back and bringing us real life stories that we're not reaching because we're sitting up in a cloud. She's one of the people reaching into the community."

Begin with the end in mind

The future of Operation Compass was a key consideration from the moment the project began: at the outset, transition planning was included in the Plan on a Page as one of the three support plans that sat alongside Compass's operational activities. Throughout the NSPT, the team was committed to identifying successful projects that had the potential for longevity and making plans for their eventual transition to one of four Compass partner organisations: the Townsville Suicide Prevention Network, Open Arms, the NQPHN and the Oasis Townsville. This commitment to serving the community after the NSPT was also evident in the naming of the Operation Compass program: the deliberate omission of the word 'trial' was an announcement of the team's intentions to deliver long-term outcomes that would continue on in the community after Compass concluded.

"We always began with the end in mind. The [idea] was, how do we continue with what's going to work well? It was never two years and end."





Operation
Compass
Ex-ADF and Families
Suicide Prevention Project - Townsville
Community Grants
OFFICIAL LAUNCHER
George
Koulakis
Specialist in
the community

Operation
Compass
Ex-ADF and Families
Suicide Prevention Project - Townsville
Community Grants Funding
AWARDED TO
The Cameleers
THOMAS COOPER
JANE MARTIN
opcompass.org.au

Operation
Compass
Ex-ADF and Families
Suicide Prevention Project - Townsville
YouthMates

Case study: Community Grants Scheme

Building relationships within the veteran community comes down to one thing: trust. And there are few people who veterans trust more than other veterans. Leveraging this trust was at the heart of the Community Grants Scheme, one of the major projects delivered through Operation Compass.

“One of the challenges in the early days of Operation Compass was engaging the veteran community to even talk about suicide prevention,” says Lieutenant General John Caligari, Chair of the Operation Compass Steering Committee.

“This was true for most groups within the cohort, but particularly younger veterans. How could we both better engage with our community and harness some good ideas that would contribute to the Operation Compass vision?”

The grants scheme was a seed funding initiative that supported small-scale veteran organisations and trusted community groups to deliver wellbeing and resilience projects for ex-serving veterans in Townsville. The aim was to build enduring connections through acts of service, creativity and adventure, helping participants establish a community of trusted mates after leaving active service.

Over three years, the scheme provided funding for 27 projects, all with a strong emphasis on wellbeing, connection and resilience – the ‘upstream’ of suicide prevention – rather than necessarily focusing on crisis support.

Projects included:

- Ashvin’s Health Cycle, a static bicycle training program that emphasised social inclusion and physical and mental health through the provision of ‘social prescriptions’ from local pharmacy partners.
- The Cameleers, a group of veterans who partnered with local Indigenous communities to run field trips and archaeological digs.
- Shed 3, a local not-for-profit organisation that ran weekly art workshops.
- BrothersNBooks, a reading initiative that encouraged veterans to read books, share their stories and reduce stigma around mental ill health.

The Community Grants Scheme also provided a pathway for veterans to engage with other Operation Compass activities, including volunteering and suicide prevention training. The projects reached almost 500 participants in the Townsville community and were well received by their intended audience.

“I think just being around other soldiers and having an opportunity like this just brings out the best in yourself and your peers,” one participant said.

“It has been an opportunity for every single one of us to put behind us our issues and our problems and concentrate on the task at hand. That’s what every single veteran needs.”



Principles of suicide prevention for the veteran community

Operation Compass was launched at a time when many in the veteran community were struggling with a sense of helplessness driven by years of loss and grief. The project, with its whole-of-community approach to veteran suicide prevention, brought with it a sense of hope.

The resulting Operation Compass campaigns offered local solutions that, over time, reached further and further into the veteran community and made a significant contribution to the suicide prevention evidence base in Australia. Through the use of strategic communications and social media health promotion activities, what began as a local journey expanded to veteran communities in the regions, across the state of Queensland, and then slowly across Australia and overseas.

The experiences of the Operation Compass team and the learnings that emerged through their work led to the development of a series of suicide prevention principles to empower suicide prevention professionals, communities and individuals working with veteran communities. These principles are intended to be freely available and accessible to anybody working in this space and can be adapted for use in a wide range of national and international contexts.

The principles

1

We must recognise and acknowledge the national impact of suicide across the community and within the veteran community.

2

Suicide is often preventable and requires much more than a focus on intervention at the point of crisis. We need to focus on upstream wellbeing support and connection.

3

Community collaboration and inter-agency support and cooperation at the local level is paramount.

4

A holistic community led approach, non-clinical and clinical, supported by all is needed to combat suicide.

5

We need to empower and equip veterans and their families to help and support each other. We are the first line of defence.

6

The input, knowledge and wisdom of veterans and families with the lived experience of suicide is critical.

7

A holistic community-based suicide prevention strategy, supported by the entire community, is needed to reduce suicide.

8

Having a trained community to help prevent suicide and assist during postvention is vital.

9

If tragedy strikes, we need to better support the families and mates of those affected.



Community grant winners. 27 grants engaged over 500 veterans and community members

Where to from here? Life after Operation Compass

The Operation Compass transition plan is focused on integrating successful suicide prevention activities back into the Townsville community, ensuring their longevity beyond the life of the NSPT.

Specifically, successful Operation Compass initiatives are intended to be absorbed by:

- the Townsville Suicide Prevention Network and Open Arms, both key Compass partners
- the NQPHN, which commissioned the Compass trial
- the Oasis Townsville, a new entity established by ex-serving veterans seeking to deliver initiatives beyond the scope of the other organisations.

As evaluation data emerges from both Operation Compass and the broader NSPT, transition partners will have the opportunity to further strengthen these activities in response to the evidence. Further, this growing evidence base will deliver important insights to other PHNs and other suicide prevention services seeking to deliver targeted interventions for veteran populations.

The Oasis Townsville: a team, a job, a plan

The Oasis Townsville is an important part of the transition plan for Operation Compass. Established in a facility that was jointly funded by the Federal and Queensland Governments, this veteran wellbeing centre was set up to continue projects from Operation Compass's Enduring Connections campaign. "There'll be no misconception that Operation Compass sits at the base of everything that the Oasis is about." In addition to continuing the work of Operation Compass, the centre facilitates social connections, offers comprehensive wellbeing support both before and after transition from the ADF, and provides access to employment services and volunteering opportunities.

A safe journey into civilian life

One of The Oasis Townsville's key areas of focus is supporting veterans as they move from full-time service into the unknown of civilian life.

"They have been trained, most of them from being a teenager to be a soldier, to be a digger, but they've not been trained to be a civilian."

This is a period of high risk for many veterans whose identity is tied up in their ADF service and who may have spent many years in the highly structured, connected and supportive environment of the military.

"They are looked after in service, but feel they are on their own ... when outside the ADF."

The Oasis Townsville seeks to fill this gap by operating as a community 'home base' that connects ex-serving veterans to community, work opportunities and the support services they need to thrive after ADF service – or, in the words of the Operation Compass team, giving them *"someone to love, something to do and something to look forward to ... in military terms, that's a team, a job and a plan."*

This approach delivers on the Compass team's stated principle of the importance of delivering upstream wellbeing support and connection, rather than responding at the point of crisis. "Upstream can solve downstream problems earlier rather than later." Importantly, that feeling of safety is enhanced by giving veterans and their families a sense that they are not on the transition journey on their own.

While supporting veterans during the transition to civilian life is key to The Oasis Townsville's remit, like Operation Compass the centre has rapidly expanded to become a hub for community connection that welcomes the entire veteran community: serving and ex-serving personnel, as well as family and friends.

"My philosophy on the Oasis is that we're a home base for, all veterans and their families ... You want to feel safe, you want to be among friends, whether you just want a brew or you're looking for a bit of support ... then you can come to The Oasis Townsville and you might also find an opportunity to help a mate."

Future recommendations

Operation Compass provides an important viewpoint into the successful delivery of suicide prevention for veteran communities. The experiences that emerged from the interviews conducted for this report can be translated into a series of recommendations for consideration by decision-makers and other professionals tasked with funding, supporting and delivering veteran suicide prevention interventions now and into the future.

1

Incentivise wellbeing

The current support system for ex-serving veterans often relies on the demonstration of poor health and mental health outcomes in order for individuals to access help. Incentivising wellbeing – that is, giving ex-serving veterans access to services that emphasise wellness, as well as giving them a reason to engage with and support others as part of their own recovery – has the potential to build stronger connections between this community and upstream supports. Building the evidence base for ‘social prescription’ – that is, making engagement with the veteran community part of the process of recovery – and making it part of veteran health services could help build pathways towards stronger community connections. *“The current paradigm is based on the chronic, on the disabled, not on the recovered and the rectified ... the system is set up to only [give] support the more you can prove you’re chronic.”*

2

Maintain momentum:

Organisations tasked with delivering funding for suicide prevention initiatives should be wary of in-house bureaucratic processes that have the potential to hamper progress. At the Townsville NSPT site, administrative challenges around governance and staffing meant that Operation Compass didn’t get underway for more than 12 months – a major impediment in a suicide prevention trial that was originally slated to run for three years. Part of this was a lag between the announcement of the trial and the appointment of key staff. *‘This was a [three]-year trial, the first year of which we’d lost because [the head of the Steering Committee] wasn’t appointed until nine months after the trial began. By the time we got [the Project Manager in] ... we were already 15 months past the start date.’* Creating realistic establishing, commissioning and reporting processes that support rather than limit action is key to maintaining momentum and delivering meaningful outputs. *“You need to make it easy, you need to make it quick and you need to be able to roll out the projects, because otherwise you’ll lose the buy-in of people, your stakeholders, the project staff, and it will just become harder than Ben Hur.”*



3

Invest in local lived experience and peer support

For funders, the lack of a robust evidence base to support lived experience inclusion in suicide prevention activities means that future initiatives for veterans are likely to continue being funded and delivered using a hierarchical, top-down approach, rather than being co-designed by their intended end-users. The current model often requires quantitative evidence, demonstrated experience and an understanding of complex and often bureaucratic application processes. Adjusting commissioning processes to acknowledge the value of lived experience evidence, the importance of veteran-to-veteran trust and the need for simplicity over bureaucracy would increase opportunities for community-led initiatives to secure funding. Lived experience engagement could also support the development and delivery of peer-led spaces, such as safe havens and aftercare services (currently lacking in Townsville). The evidence base for peer-led suicide prevention support is growing rapidly and is an area that funders should strongly consider in the future. *“I think if we’re going to put money into suicide prevention ... where’s the best effect? ... It’s going to be in local communities where people know their communities, know their people and can have an impact with them and with each other.”*

4

Empower PHNs

Many PHNs do excellent work serving priority populations, but veterans are rarely recognised as being an at-risk group, even in network areas with high proportions of veteran residents. Data emerging from the new Census question about ADF service will give PHNs a clearer picture of the number of veterans within their local area, those with substantial veteran populations should consider building linkages and referral pathways with and between local, state and federal veteran support organisations in order to connect their veteran communities with the most appropriate services. One such example to emerge during Operation Compass was the interaction between the NQPHN and Open Arms, resulting in a collaborative relationship that enabled the rapid expansion of the Open Arms Peer Network program: *“What Townsville gave us is being involved at a community level and hearing the community voice has meant that as we’ve gone to do some bigger campaigns [where] we bring that voice back in.”* Taking a similar approach to building relationships between PHNs and other veteran-focused organisations will enable the provision of targeted, evidence-based suicide prevention services. It will also deliver flow-on effects to national organisations seeking greater reach and regional expertise.



Prevention through connection. Veterans and community members supporting each other

5

Commit to longer-term funding

The NSPT was initially launched as a three-year project; however, a series of one-year funding extensions have seen the trial timeline gradually expand to its current duration of five years. While the additional funding has been gratefully received, short-term funding for suicide prevention frequently has a negative impact on progress. Delivering meaningful, integrated programs and services that can be transitioned back into the community requires a strategic approach and long-term planning in order to maximise success. Further, short-term funding drastically impacts staff turnover – without job security, highly skilled and experienced people will move on to other roles, taking vast troves of on-the-ground and organisational knowledge with them. Committing to longer-term funding approaches for suicide prevention activity could therefore have a significant impact on the quality, quantity and sustainability of outcomes. *“Certainly, funding these things a year at a time is useless ... if you do things in piecemeal, you get defeated in piecemeal.”*

Supporting organisations

Black Dog Institute

The [Black Dog Institute](#) is a recognised leader in mental health and suicide prevention research and practice in Australia and a supporter of veterans. As the creators of the LifeSpan systems approach to suicide prevention, the Institute was appointed to support the NSPT in an advisory capacity, delivering crucial support services to NSPT trial site teams.

In 2020, the Black Dog Institute released the highly acclaimed white paper, *What can be done to decrease suicidal behaviour in Australia? A call to action*, which drew together established and emerging evidence to guide future suicide prevention initiatives. In early 2021, the Institute launched a [Suicide Prevention Network \(SPN\)](#) that will continue to grow and foster the relationships and collaborations that emerged from the NSPT. With the NSPT drawing to a close in mid-2022, the Institute will use the findings from the trials and outcomes from the SPN to continue building on the evidence outlined in the white paper to progress and embed effective suicide prevention work.

The Northern Queensland PHN

The [NQPHN](#) works to improve health outcomes for residents of Northern Queensland through collaborative partnerships with the primary health sector, local governments, local hospitals, health services and other health organisations, and the wider Northern Queensland community. As the funder and facilitator of Operation Compass, the NQPHN is making an important contribution to veteran suicide prevention in Australia.

The Townsville Suicide Prevention Network

The Townsville Suicide Prevention Network plays a key role in coordinating suicide prevention initiatives within the Townsville area and has been working with the Black Dog Institute's LifeSpan model since 2015. The Network is comprised of people with lived experience of suicide, government and non-government organisations, community groups, sporting clubs, students, academics, mental health professionals, small and large businesses, and other people with an interest in suicide prevention, including veterans. During the NSPT, the Network made a valuable contribution to the Operation Compass Steering Committee, delivering important knowledge of the local suicide prevention landscape, insights into the needs of the Townsville community, and an in-depth understanding of the opportunities and challenges facing suicide prevention in the region.

Open Arms

[Open Arms](#) – Veterans & Family Counselling is a mental health assessment and counselling service for ADF personnel, veterans and their families delivered by the Department of Veterans Affairs. Originally founded by Australia's Vietnam veterans, the service is now open to all ADF personnel and veterans and their families. During the NSPT, Operation Compass partnered with Open Arms to deliver a Peer Network program that now spans about 70 peer workers across the country.

Appendix A: Operation Compass projects

Evidence-based programs

Question, Persuade, Response (QPR)	
Description	An online suicide prevention module that equips participants with the knowledge and skills to identify suicide warning signs, initiate conversations about suicide, and connect at-risk people with care.
Partners/providers	QPR
Youth Aware Mental Health Training (YAM)	
Description	Exploring the implementation of YAM throughout Townsville schools to increase students' mental health literacy through roleplay and interactive discussions.
Partners/providers	Black Dog Institute
Mindframe Plus Media Training	
Description	Supporting local media outlets to deliver proactive suicide prevention communications that minimise risk of harm.
Partners/providers	Mindframe
National Lived Experience Collective (& Lived Experience Training)	
Description	Lived experience training and advice; consultation for the Defence Lived Experience Framework Project Report 2019.
Partners/providers	Roses in the Ocean
Suicide Prevention Training (CORES)	
Description	Gatekeeper training to support individuals to identify and respond to suicide risk.
Partners/providers	Townsville Suicide Prevention Network supported by CORES Queensland

Clinical support

Connect to Wellbeing	
Description	A stepped care mental health intake, assessment, triage and referral service for the North Queensland region.
Partners/providers	Connect to Wellbeing

NQ Connect	
Description	A phone and online counselling service for veterans and their families in North Queensland.
Partners/providers	On the Line

Veterans' Health Pathways	
Description	A draft referral service designed for primary health care providers, supporting them to connect veteran patients to relevant health and mental health services.
Partners/providers	QLD Health

GP Clinic Prevention Training	
Description	Advanced Veteran Health and DVA Literacy training for GPs who provide care to veteran patients. This includes understanding ADF personnel and veteran health needs and improving accessibility and service delivery.
Partners/providers	Northern Australia Primary Health Limited

Follow-up care activities	
Description	Planning to establish follow-up care services after suicide attempts.
Partners/providers	NQPHN

Innovative programs

Community Grants Scheme	
Description	A funding scheme for community-led projects designed to improve wellness, resilience and better health outcomes in the veteran community.
Partners/providers	27 local veteran and community groups

#CheckYourMates	
Description	A suicide prevention social media campaign that encourages veterans to reach out to five mates. #CheckYourMates aims to build community connections in three simple steps: connect, yarn and motivate to act.
Partners/providers	Operation Compass

Mending Military Minds	
Description	A project to support veterans and their families affected by acquired brain injury and traumatic brain injury, including those impacted by the anti-malaria drugs mefloquine and tafenoquine.
Partners/providers	Operation Compass; Open Arms; ADF members, families & clinicians

Community response

Veterans Peer Network	
Description	A peer network in the Townsville region with a specific focus on the current and ex-serving ADF community. The project started with two DVA peers and now spans more than 70 peers nationally.
Partners/providers	Open Arms

Community engagement activities	
Description	<p>A community engagement campaign to raise awareness of Operation Compass among the veteran and wider Townsville community.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Bowling for Townsville • Quarters Coffee Catch-ups • Speeches and patronage to ceremonial or commemoration events.
Partners/providers	Local veterans and the wider Townsville Community

Intervention Townsville Monsoon Recovery	
Description	Volunteer support for Townsville's local disaster management group and Mental Health Recovery Taskforce in the aftermath of the Townsville monsoon.
Partners/providers	Multiple Townsville City Council

Enduring connections

Veteran Wellbeing Navigators and Compensation Advocates

Description	Wellbeing navigation support to help veterans access services; establishment of a community of practice for compensation advocates.
Partners/providers	The Oasis Townsville

Volunteers

Description	Volunteer support for veterans and families, particularly in times of need.
Partners/providers	The Oasis Townsville

Transition Pilot Program

Description	A co-designed program to assist veterans and their families during the transition to civilian life based on the 10 social determinants of health.
Partners/providers	The Oasis Townsville 3 Brigade Royal Australia Air Force Townsville (RAAF)

Resource kit

Description	A toolkit for veteran wellbeing hubs based on the lessons and resources of Operation Compass. To be rolled out for national use.
Partners/providers	The Oasis Townsville 3 Brigade RAAF Townsville Department of Defence



#CHECKYOURMATES



An Initiative of
 Operation
Compass

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