

Theme 4: Health Care for Serving and Ex-Serving Members

Update on Defence's implementation of the **Australian Government Response** to the Final Report of the Royal Commission into Defence and Veteran Suicide

Factsheet Themes

Defence has produced six theme-based factsheets outlining the key milestones and reforms delivered as part of the Government's response to the Royal Commission into Defence and Veteran Suicide:

1. Serving the Nation
2. Misconduct, Complaints and Military Justice
3. Governance and Accountability
4. **Health Care for Serving and Ex-Serving Members**
5. Transition and Support for Ex-Serving Members
6. Matters of Importance to the Whole Defence and Veteran Ecosystem

Defence Priority Reforms:

The Department of Defence is implementing the Australian Government's response to the Royal Commission into Defence and Veteran Suicide, related to the theme of **Health Care for Serving and Ex-Serving Members**. This factsheet highlights key reform on recommendations for which Defence has primary or shared responsibility.

The recommendations align with five priority areas defined by the Royal Commission — referred to as the 'lines of effort' — supported by enabling actions to reduce suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members.

These lines of effort are to:

- prevent harm
- intervene early
- improve communication, coordination and collaboration
- build capability and capacity
- strengthen oversight and accountability.

Support Information:

Visit www.defence.gov.au/adf-members-families/crisis-support/helplines for information on support available internal and external to Defence.

Key Impacts:

- Defence **strengthened** clinical governance and brain-injury management, including establishing the Brain Injury Steering Group and updating the Defence Health Manual to align with national standards.
- New blast-exposure **restrictions** were introduced in 2025, with further controls for lower exposures being designed for implementation in 2026
- Privacy and consent protections were **enhanced**, including new *Privacy in Practice* training and planned updates across Defence health policies and forms.
- An organisation-wide injury-monitoring system has been prioritised that standardises how data is recorded, analysed and used to **identify** risks across the organisation.
- Mental health screening and prevention were significantly strengthened, with new **evidence-based** screening items.
- Moral injury support matured, with updated **resources**, and integration of moral-injury tools into clinical care.



1) Health System Improvement & Clinical Quality

Recommendations 61, 62, 67 & 68

- Defence established the Brain Injury Steering Group, to strengthen prevention, detection and treatment for brain injuries. In conjunction with the Department of Veterans' Affairs, an Expert Advisory Panel was established to provide advice regarding management of brain injury for Defence members and veterans.
- Interim blast exposure restrictions above 4psi were implemented on 1 October 2025, with additional controls (2–4psi) under development for 2026.
- Defence updated the Defence Health Manual in May 2025, aligning clinical governance with the National Model Clinical Governance Framework.
- Review into Defence Clinical Governance, *Project Best*, completed phases 1–3 and provided an interim report in July 2025 outlining immediate clinical governance actions. Phase 4, which targets solution co-design and implementation is in progress.



2) Improving Member Experience & Work Culture

Recommendations 63 & 66

- The *Defence Regulation 2016* was amended on 11 December 2025 by the *Defence Amendment (RCDVS Implementation) Regulations 2025*. These changes took effect on 13 December 2025 and replace the term 'termination' with 'early end of service' or similar de-stigmatised language.
- Further work is underway to remove the term "malingering" from the *Defence Force Disciplinary Act*. The term *malingering* implies a person is faking or exaggerating illness, which may have historically stopped members from reporting physical or psychological health concerns. Removing it signals that Defence is no longer framing help-seeking as misconduct.



3) Proactive Health Assessment & Prevention

Recommendations 64 & 65

- Defence is developing a consistent, non-clinical approach to collecting and analysing physical and psychological injury information across the organisation. This work will inform the development of an enterprise-wide approach to injury prevention enhancing the physical and psychological health of ADF members.
- Defence completed research into a dedicated Military Sexual Trauma screening tool in April 2025, and reviewed the overall mental health screening framework in June 2025, ensuring that screening reforms were grounded in evidence.



4) Suicide Prevention, Crisis Response & Postvention

Recommendations 69, 70 & 76-78

- The Defence Suicide Awareness course achieved over 91,000 completions between 1 Jan–31 Dec 2025, strengthening baseline suicide awareness.
- Updated *Keep Your Mates Safe – Suicide Prevention* training incorporated lived experience content.
- Military and Emergency Services Health Australia (MESHHA) progressed development of a co-designed Defence–Department of Veterans' Affairs (DVA) postvention model throughout 2025, ensuring Defence has a best-practice framework to support families, peers and units after a death by suicide.
- Open Arms — a free, confidential counselling and mental-health support service for current and former ADF members and their families — integrated moral injury into its clinical model, adopting validated tools such as the Moral Injury Outcome Scale. *Moral injury* is when a person is deeply troubled because they were involved in, witnessed, or were affected by something that goes against their core values or sense of right and wrong.

This document was last updated on 4th March 2026.