## **National Suicide Prevention Implementation Strategy**

## Proposed areas of focus and priority actions for the first three years of the Strategy

Suicide is one of the greatest preventable public health and social challenges of our time. Community support to prevent suicides is strong, especially from people that have a lived experience of suicide. All governments have made suicide prevention a priority, committing significant funding towards reducing suicide rates. As one part of making suicide prevention a priority, all governments have committed to drafting a new national suicide prevention strategy for Australia – the National Suicide Prevention Implementation Strategy. This Strategy will embody the collective aspiration of all governments that fewer lives are lost to suicide and will be supported by every Health Minister in Australia.

Your feedback is sought as to whether the 21 priority actions proposed for implementation over the first three years of this new strategy are the right ones. These are summarised below and in more detail at https://www2.health.vic.gov.au/suicide-prevention-strategy. This feedback will help shape the drafting of the Strategy. Please provide your feedback by 1 May 2019.

· Health Ministers and their departments are enabled to work

• Health Ministers are supported to lead Australia's suicide

activities across Australia

together to increase the collective impact of suicide prevention

prevention efforts, in partnership with their Ministerial colleagues

• The suicide prevention sector is better connected, with clearer

roles and responsibilities to build areas of expertise, maximise

investments and the rapid transfer of knowledge and evidence

## **Proposed** Suggested Priority Actions<sup>1</sup> What positive change will implementation achieve? **Priority Areas** 1. Continuing to fund awareness raising campaigns to improve Australians' · More Australians will understand the warning signs for suicide, understanding of the warning signs for suicide, how to help and how to seek help know how to start a positive conversation with someone who 2. Using the workplace as a setting for suicide prevention is struggling and how to access help · More community members, including Indigenous Elders and 3. Training more community gatekeepers, including Indigenous Building individu-Elders and community leaders, to support individuals and communities al and community community leaders, will be trained and supported to have conversations with people at risk or experiencing suicidal behaviours resilience and support them to seek help 4. Improving access to services to better prevent suicidal behaviours and, when · More Australians will be able to access evidence-informed help, they do occur, providing effective care treatment and care to prevent and address suicidal behaviours 4.1 Increasing access to high-quality mental health services When Australians do present at Emergency Departments for help, 4.2 Strengthening the support and care provided by suicide crisis helplines they will be treated compassionately and be provided with 4.3 Supporting general practitioners to provide assessment, treatment and timely evidence-informed assessment, care and referral Supporting people in • For Australians that do not need immediate medical attention suicidal distress to 4.4 Strengthening the assessment and care of people who present to emergency but need help to prevent or address suicidal behaviours, there will be access the care they departments in suicidal distress by training every emergency department clinician safe, evidence-informed alternatives to the Emergency Department need 5. Establishing a range of options to support people in suicidal distress · When people are being cared for in a hospital, they will be kept safe 6. Digital technology that enables suicide prevention 7. Preventing the suicides of people receiving treatment from a public health service 8. Making evidence-informed, person-centred aftercare following a suicide attempt • Every person that attempts suicide and is in contact with the health system will be offered evidence-informed aftercare to assist them to universally available **Enabling recovery** 9. Increasing the coverage of postvention bereavement services to support recover through post-crisis individuals and communities to recover · More individuals, families and communities will be offered evidence aftercare and informed postvention services following a suicide postvention 10. A new national plan for Aboriginal and Torres Strait Islander Suicide Prevention · There will be a dedicated focus on reducing suicides rates 11. Culturally safe post suicide attempt aftercare services amongst Aboriginal and Torres Strait Islander people through a 12. A culturally appropriate risk assessment tool for assessing risk of suicide in new National Plan which will set the direction and coordinate action Community-driven Indigenous people The assessment and care pathways for Aboriginal and Torres Aboriginal and Strait Islander people experiencing suicidal behaviours will be **Torres Strait** strengthened and when a suicide attempt does occur, culturally Islander safe aftercare programs will be available **Suicide Prevention Proposed** Suggested Priority Actions<sup>1</sup> What positive change will implementation achieve? Priority Enablers 13. Building suicide prevention competency throughout peoples' careers: • Throughout their career, clinicians and health professionals will be 13.1 High-quality suicide prevention curricula in tertiary education better supported to provide effective, compassionate care for people 13.2 Leveraging continuing professional development programs with suicidal behaviours 13.3 Promoting existing professional development opportunities Primary Health Networks will be better supported to undertake their **Building and** important role in commissioning local suicide prevention activities, 13.4 Supporting the alcohol and other drugs workforce maintaining 14. Supporting Primary Health Networks to commission effective suicide prevention meaning that more Australians will receive effective help a competent, • The role that people with a lived experience of suicide can have compassionate 15. Co-designing and delivering with people with a lived experience of suicide in working alongside others to co-design and co-deliver suicide workforce prevention activities will be legitimised and valued and included in workforce · We will know more than ever about suicidal behaviour in Australia 16. Strengthening research and evaluation to guide efforts to reduce suicides and what is working to prevent and reduce it, as well as having 17. Establishing a national monitoring system for suicides and suicide attempts 18. When a death occurs, using the data to ensure we learn from it: good systems in place to understand changes overtime and track 18.1 Improving suicide registers as key data sources for understanding suicides progress in reducing suicide rates 18.2 Learning from the suicides of mental health clients in the community · Investments in research and evaluation will be focused and 18.3 Improving care by linking data to understand how people that took their own lives coordinated around agreed priorities, with different forms of Better use of evidence valued, including lived experience sought help from the health system data, information 19. Harnessing data to better understand suicidal behaviour and target investments: Access to existing data and how it is used to improve prevention, and evidence 19.1 Using population health surveys to understand directly from Australians early intervention and treatment efforts will be strengthened, as well to improve as new data collected and reported to increase our understanding 19.2 Publicly reporting suicide attempts outcomes of suicidal behaviours 19.3 Using localised data on suicidal behaviours to better target investments 19.4 Using data to understand suicidal behaviours seen in primary care settings

1 Note that the suggested Priority Actions are not meant to comprehensively capture everything that should be done to reduce suicide rates under each Priority Area and Priority Enabler.

Rather they focus on high priority actions that are best progressed through the remit of this Strategy, in the context of this strategy being only one part of the suicide prevention effort in Australia.

20. Establishing the structures needed to strengthen Australia's suicide prevention

20.2 Strengthening partnerships across the many sectors that have a role to play

21. Establishing a suicide prevention digital gateway to centrally capture research

and evidence, best practice programs and innovation

to share knowledge, foster collaboration and accelerate best practice and

20.3 Bringing health departments together with the suicide prevention sector,

20.1 Strengthening partnerships between health ministers to achieve more

Government

leadership that

drives structures

and partnerships

to deliver better

outcomes