South Australian Suicide Prevention Plan 2017 – 2021

Draft for consultation
Seeking help

Help is available.

If you or someone you know, are having thoughts of suicide please seek help.

Your General Practitioner

Emergency Services 000
South Australian 24 hr Mental Health Triage 18 years + 131465
Women’s and Children’s Hospital under 18 years 8161 7000
Lifeline 13 11 14
Kids Help Line 1800 551 800
Mental Illness Fellowship of South Australia 8378 4100
Mensline Australia 1300 789 978
beyondblue info line 1300 224 636
Relationships Australia 1300 364 277
Suicide Call Back Service 1300 659 467
SANE Helpline 1800 187 263
PANDA (Postnatal and Antenatal Depression Association) 1300 726 306

If you are bereaved by suicide and need help the following services are able to provide assistance.

Standby Response South 0437 752 458
Standby Response North 0438 728 644
Living Beyond Suicide 1300 761 193
Lifeline 13 11 14
Bereaved Through Suicide 0468 440 287
Healthdirect Australia 1800 022 222
MOSH (Minimisation of Suicide Harm) 8377 0091
Suicide Call Back Service 1300 659 467
The purpose of the Draft Plan

The South Australian Suicide Prevention Plan 2017 – 2021 (Plan) will build on the solid foundation laid by The South Australian Suicide Prevention Strategy 2012-2016: Every life is worth living (Strategy).

The concepts of the draft plan were discussed in the community through various consultation methods with members of the South Australian Suicide Prevention Networks, NGOs and those working across the sector. All have had the opportunity to respond to the initial online survey.

Our approach to community engagement can be thought of as a continuum of activities ranging from informing to consulting to involving our Suicide Prevention Networks and their communities. The voice of lived experience has been highly valued. The experience of suicide affects many South Australians. We have listened in order to understand this experience and focus our actions in areas of greatest need for change.

South Australians are now being asked to comment on this draft plan, which will be further developed from the comments received.

The draft Plan builds on the work of the Strategy and provides us with elements that have been proven to be effective in suicide prevention. The actions we propose target specific areas and are able to be measured for effectiveness.

The Priority Actions chosen include:

> Making people the priority
> Empowering the community
> Translating evidence into practice

These actions also align to a global movement that seeks reduce suicide. The World Health Organisation’s Preventing suicide - a global imperative outlines the most effective measures to be taken. It is important that South Australia adopt these measures but also ensures it is tailored to the national context and South Australian community.

People are encouraged to have a say on what they would like to see included in the plan by completing an online survey. It is vitally important the draft Plan is shaped by South Australians for South Australians. The Plan must be both measurable and achievable.

Visit www.sahealth.sa.gov.au/suicideprevention for information on the plan and to provide feedback.
The South Australian Suicide Prevention Plan 2017 - 2021

1. Executive Summary

Every suicide is a tragedy; for the years of life lost and the complex grief experienced by so many people who are left behind.

Suicide is the 13th leading cause of death in Australia making it a significant social issue. The South Australian Government is deeply concerned by the upward trend in national rates of suicide and the number of South Australian lives lost each year and is dedicated to reducing these numbers.

The Plan will continue the work of the Strategy. The Strategy focused on the social determinants of health and took a very broad approach. The Plan takes a targeted approach focusing on the elements we know will make a difference to the suicidal person.

The Plan recognises the importance of an evidence-informed approach to suicide prevention, aligning to the best practice recommendations of the National peak body Suicide Prevention Australia and the Australian National Health and Medical Research Council, Centre of Research Excellence in Suicide Prevention along with the proposed 5th National Mental Health Plan.

Both the Strategy and the Plan have resulted from wide consultation throughout South Australia and both recognise the importance of the whole of community and whole of government responsibility in tackling suicide.

Suicide Prevention in the context of this Plan is all encompassing of awareness, prevention, intervention and postvention.

The Plan has three Priority Actions

1. Making people the priority
2. Empowering the community
3. Translating evidence into practice

Within the action areas are a range of activities that are known to increase life-saving conversations, interventions and strategies to address suicide in our community.

2. Understanding the problem

Australia is facing the highest rate of suicide since the previous peak in 1997 despite our best efforts, increased funding and resources. The data urges us to look at the problem differently.
In 2015, sadly 3,027 Australians died by suicide, equating to an average of 8.3 deaths each day. Nationally, males (2,292 deaths) were three times more likely to die by suicide than females (735 deaths). This ratio was consistent across all states, including South Australia, where 174 male and 64 female South Australians were lost to suicide for a combined total of 236 deaths.

Across all ages, Aboriginal and Torres Strait Islander people are approximately twice as likely to die by suicide as non-indigenous people. In 2015, there were 152 Aboriginal and Torres Strait Islander people who died by suicide in Australia, at a rate of 25.5 deaths per 100,000 people. The rates become even more concerning when compared by age group, with the suicide rate for 15-24 and 25-34 age groups for Aboriginal and Torres Strait Islander people approximately four times that of non-Indigenous Australians.

Whilst the age-specific rates are lower than the 1997 peak in some age groups this is not the case for men within the 40 - 60 years old bracket, with rates reaching or passing their 1997 peaks.

Nationally, the highest age-specific suicide rate for males in 2015 was observed in the 85+ age group (39.3 deaths per 100,000 people). This rate was considerably higher than the age-specific suicide rates for other age groups.
rate observed in all other age groups, with the next highest age-specific suicide rate being in the 35-44 and 45–54 year age groups (29.0 and 31.0 deaths per 100,000 people respectively). The lowest age-specific suicide rate for males was in the 0-14 year age group (0.3 deaths per 100,000 people).

The highest age-specific suicide rate for females in 2015 was observed in the 45–54 age group (9.9 deaths per 100,000 people), followed by the 35–44 age group (8.5 deaths per 100,000 people). The lowest age-specific suicide rate for females was observed in the 0-14 age group (0.4 deaths per 100,000 people) followed by the 65-74 age group (5.3 deaths per 100,000 people).

Suicide remains the leading cause of death for Australians aged between 15 and 44 years. For males aged 20-24, 37.9% of all deaths recorded were due to suicide, whilst 33.9% of all deaths for females aged 15-19 were due to suicide.

Suicide remains a concern for young South Australians, with the highest proportion of total deaths being attributable to suicide for females with 33.9% of all deaths occurring in the 15-19 year age group. For males this peak occurred in the 20-24 years age group with 37.9% of all deaths being suicide.

The Suicide rate for South Australia was 13.4 deaths per 100,000 people. South Australia is the only state where the country rate and metropolitan rate per 100,000 people are approximately similar at 13.4 and 13.5 deaths respectively. Further, South Australia is the only State in which there has been a decline in rates from the previous year with the metropolitan rate dropping from 13.8 to 13.5 deaths.
and the country rate reducing to 13.4 from 14.6 per 100,000 people. Overall, the rate per 100,000 people for the State went from 14.2 in 2014 to 13.4 deaths in 2015.

The reasons for the differences between recent South Australian rates and the National trend are not entirely understood and it should be noted that the difference between 2014 and 2015 for the Country rates was the result of four fewer deaths in 2015.

Finally, it is important to note that the statistics relating to suicide must be viewed with caution for a number of reasons. Comparisons over time and between states are difficult due to variance in reporting and recording methods and recent statistics are more liable to change as delays in coronial findings change official causes of death. Further, in groups or regions with low population numbers, a small number of deaths can have a significant impact upon the standardised rate.

What the data indicates is that there is significant distress in many groups of Australians, including Aboriginal and Torres Strait Islander people, males and females of varying ages, old and young alike. It represents a call to action for all sectors of the community in working together to reduce this tragic and preventable loss of life.

More specific data for South Australia is not available for many of the categories such as age demographics, gender identity and cultural status. A suicide registry will help us to understand what the South Australian data represents and the impact that the initiatives detailed in this Plan may have on saving lives.
3. The emerging policy environment

The Plan will not sit in isolation. It will be informed and supported by National Plans, government policy, peak body recommendations, research and the lived experience of the bereaved and suicide survivors.

The 5th National Mental Health Plan focuses on achievable and measurable improvements across seven targeted priority areas of which suicide prevention, Aboriginal and Torres Strait Islander mental health and suicide prevention are two priorities. In the last 5 years beyondblue has made suicide prevention a priority as part of its National Depression initiative, elevating suicide prevention into the national conversation. beyondblue’s significant contributions include increased community awareness and innovations such as the BeyondNow app designed to assist people in creating a structured safety plan using a mobile device for times when they may be experiencing suicidal thoughts, in distress or immediate crisis.

We acknowledge the work of Suicide Prevention Australia who provides national leadership for the suicide prevention sector in Australia. As the lead agency of the National Coalition for Suicide Prevention, Suicide Prevention Australia builds and facilitates partnerships to change behaviours and attitudes to suicide prevention, and is a strong advocate for amplifying the voices of people with lived experience of suicide.

The National Coalition for Suicide Prevention calls Australia to action in promoting the World Health Organisation best practice recommendations and calling on all governments to work together for collective impact.

Within the National arena there is a consistent focus on suicide prevention activities that align to the World Health Organisation 10 point framework.

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<th>World Health Organisation 10 point framework</th>
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<tr>
<td>Strategy oversight and coordination</td>
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<td>Data Surveillance</td>
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These ten points relate to many areas of the community and remain a whole of community, whole of government responsibility.

Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention have been influential in changing the way that Australia will address
the increasing suicide numbers.

Black Dog Institute researchers have developed a suicide prevention program called Lifespan that involves nine evidence-based strategies being implemented together and tailored to local community need.

This program is being rolled out in NSW and forms the basis of suicide prevention activities nationally.

The Plan takes into account these recommendations and many other recommendations from leading authorities in the suicide prevention field.
4. What has been happening in South Australia

The Strategy provided a whole of government, whole of community response to suicide with a comprehensive implementation plan that spoke to the social determinants of health.

The Strategy provided strong local ownership, giving voice to those with a lived experience, and internationally recognised attention to postvention services and resources available. It has provided a strong foundation upon which to progress this Plan with many of the initiatives of the Strategy now embedded in the practices of government departments.

We will build on the achievements of the Strategy and strengthen the presence of these activities in our Plan.

4.1.1 Suicide Prevention Networks

The establishment of Suicide Prevention Networks linked to local government regions have provided a way of empowering the local community to act against suicide. SPNs work to breakdown stigma, raise awareness, facilitate education and training opportunities and link support for those bereaved by suicide. They link people to services and start life-saving conversations in our community.

Twenty seven SPNs are connected to the South Australian Suicide Prevention Network Community. Our goal is to continue to establish and support SPNs in every local government area.

Treasuring Life is an Aboriginal specific Suicide Prevention Network in the South East and more are planned for other Aboriginal communities in South Australia. These networks empower Aboriginal Communities to change their community, easing the grief, breaking down the stigma and starting life-saving conversations with community members.

4.1.2 Government Departments embedding best practice

South Australian Government Departments have utilised the Strategy to improve services with best practice in suicide prevention and these changes have been embedded into current practice. For example practical follow-up and support occurs in communities following times of natural disasters such as floods, fire and drought to ensure people have the best opportunity to recover.

4.1.3 Government Departments working together

The Strategy called for a coordinated approach to suicide prevention and we sought to work with Commonwealth, State and Local Government to achieve collective impact in the community. Successful collaborations between Commonwealth and state Governments included:
• **Statewide Postvention Services**

We were able to influence the establishment of Statewide Postvention Services by working with the Commonwealth to develop a working relationship with Bereaved by Suicide and Standby Response to ensure that all parts of the state were covered by a postvention service. Living Beyond Suicide provide services for greater metropolitan Adelaide and Standby Response formed Standby North and South which together cover all regional areas of the state. Together these services provide a community-based, coordinated response of support and assistance for people who have been bereaved through suicide.

• **Suicide Prevention measures to the Noarlunga Railway line**

SA Health and the Department of Transport and Infrastructure received a grant for $2.5 million from the National Suicide Hotspot funding to:

> Restrict access to the railway line by the general public reducing the possibility of a rail suicide.
> Increase the ability to monitor the stations for suicidal behaviour and the ability to activate emergency measures such as slowing all trains in the vicinity until the person is removed from danger and taken into care.
> Provide signage that encourages help-seeking behaviour in people experiencing emotional distress

• **Mates in Construction SA**

Mates in Construction SA (MIC SA), was another initiative brought to South Australia through Commonwealth funding. MIC SA has also been engaged by the State Government to provide an Industry based Wellbeing and support program in ARRIUM Steelworks and related industries in Whyalla.

‘The MATES in Construction program is based on the simple idea that “suicide is everyone’s business” and that if the building and construction industry in Australia is to improve the mental health and wellbeing of workers and to reduce suicide then it cannot be left to the mental health professionals, but rather everyone in the industry must play their part’.

The MIC program provides three categories of training; general awareness training for everyone on the construction site, as well as Connector and ASIST training for people wanting to know and help more. The training increases suicide prevention literacy in the workplace making it easier to recognise people in need and ensuring the help offered is practical, professional and appropriate. Trained field officers provide onsite support to workers in an ongoing presence until construction at the site is complete. This includes case management for workers in need of support, who are then connected to appropriate services for further help.

**Connecting with people**
Connecting with People – Emotional Resilience and Suicide Response Training is an evidence-based training in suicide, self-harm mitigation and emotional resilience developed in collaboration with the leading practitioners and academics in the UK.

SA Health engaged Connecting with People Trainers to provide the Train the Trainer program to 10 clinicians from across the sector. The Train the Trainer program involved clinicians from SA Health, the Adelaide Primary Health Network and the University of South Australia to engage the wider sector in the development of a common language and approach, which will promote a more consistent and integrated response across mental health services, NGOs and communities.

The trainers are working collaboratively to provide training across the sector in order to, increase empathy, reduce stigma and enhance participants’ ability to compassionately respond to someone who has suicidal thoughts or following self-harm.

Lifeline Adelaide and Lifeline South East

SA Health provided funding to Lifeline Adelaide and Lifeline South East to train more people to answer the phone lines in South Australia.
5. Looking to the future

In looking to the future the Plan will follow on from the Strategy.

Suicide prevention is complex and requires a multi-pronged approach of proven effective initiatives. This Plan will build on the achievements and strengths of the Strategy whilst introducing new initiatives that have been proven internationally to work, so that we might realise a reduction in the number of South Australians lost to suicide.

The proposed initiatives have been endorsed by the World Health Organisation, the Black Dog Institute, Beyond Blue and Suicide Prevention Australia and all jurisdictions in Australia are progressing to Plans with measurable outcomes.

The Plan will require close collaboration with the Commonwealth Government, State Government departments, Local government, Primary Health Networks and the NGO sector around suicide prevention initiatives. Initiatives need to be implemented simultaneously to have the greatest impact, thus engaging all sectors is important.

The Plan will recognise the importance of the person, their family and loved ones; after care for people leaving Emergency Departments, access to high quality treatments (CBT, DBT MCBT), crisis call out teams, e-health options for people in crisis and/or have limited access to services and training of all key people responding to the person in crisis.

It also recognises the importance of research and translating the findings into improved policy decisions and practices.

The Plan also continues to focus attention on the most at risk groups such as Country regions, Aboriginal and Torres Strait Islander communities, CALD communities and the LGBTIQ community.
TAKING ACTION

1. Making people the priority

Our mission

People will be at the centre of all evidence-based approaches. We will work to support people at risk of suicide and those who have been impacted by it.

Why is this important?

A consistent message from people with lived experience of suicide is the feeling that a sense of connectedness and self-worth is vital in reducing the risk of suicide; for this reason it is important that we place people at the centre of our plan.

When people feel connected, confident and able to seek help then a significant barrier to ongoing wellbeing and long term recovery is removed. Providing clinicians with training and support to engage with people in a meaningful way will improve the opportunities for people at risk of suicide to receive the caring support they need regardless of who they turn to. Sensitivity to people from Aboriginal and Torres Strait Islander, CALD and LGBTI communities is included.

Raising the awareness of the general community will increase the avenues of support for people in distress. First responders, GPs, psychologists and hospital staff should engage people at risk in a warm, compassionate and collaborative way that is informed by the current evidence on best practice and the stories of those with a lived experience of suicide, and involves that person’s support network of family and friends.

Many people who died by suicide had recent contact with a health care professional. It is important that we utilise these help seeking activities to engage with the person in assertive follow-up.

What we want to do:

We acknowledge that within our community there are people and groups who are at higher risk of suicide, for many reasons. We will listen and work with people in these groups to provide supports in welcoming, safe and inclusive ways that meet their defined needs. Particular attention will be paid to the needs of Aboriginal and Torres Strait Islander communities, CALD communities and the LGBTIQ community.

We will work to provide training and support that increases the capacity of our health care professionals to engage with people at risk of suicide and their family and friends.

We will do this through the Connecting with People Emotional Resilience and Suicide Response Training which is an evidence-based training in suicide and self-harm mitigation and emotional resilience for healthcare professionals.

We will take a systems approach, working with all levels of service providers to achieve joined up high quality treatments and supports.

We will also collaborate with organisations to provide education to members of the community to equip them with training to recognise and respond to early warning signs of suicide in helping people they are worried about, to find professional help.
Consultation will continue as we work with individuals and groups to gain a greater understanding of their needs to develop targeted strategies together. We will be respectful of cultural differences and support service providers to provide care and support in ways that are respectful and meaningful to the people they are responding to.

What we want your views on:

1. High quality treatment and continuing care after discharge
   - Increasing the number of trained allied health practitioners in best practice treatments such as Cognitive Behaviour Therapy, Dialectic Behaviour Therapy and Mindfulness Based Cognitive Therapy.
   - Training clinicians in SA Health, the Primary Health Networks and Private Practice in ‘Connecting with People’ to provide a universal approach across the state.
   - Providing assertive follow-up to people who have experienced suicidal ideation or attempt. This will include the development of protocols for discharge and referral to appropriate services.
   - Providing follow-up for families and loved ones of those who have made an attempt.

2. Skills based GP capacity building and education
   - Increasing the capacity of GPs to screen for suicide and depression, and provide immediate risk mitigation and referral to psychological support through the ‘Connecting with People’ program.

3. Evidence-based postvention practice
   - Providing support for people, their families, loved ones and communities following a suicide attempt or death.
   - Linking people bereaved by suicide with support in their local community to foster healing.

4. Gatekeeper and early identification/intervention training and education
   - Providing ‘Connecting with People’ education and training to first responder staff (SAAS, SAPOL etc.), health professionals (psychiatrists, psychologists, nurses, social workers) families, community organisations, local business according to their skills and need.

5. Identification and support for vulnerable groups and people
   - Continuing to work to identifying people and groups for whom suicide is a greater risk and work in collaboration with these communities to develop strategies for reducing suicide.
   - Working with Aboriginal and Torres Strait Islander people to find safe ways of working with vulnerable people in their community and work with them to provide cultural competency training for people delivering services to them.
   - Working to identify ways in which we can reduce the risk of suicide for Lesbian, Gay, Bi, Transgender, Intersex, Queer/Questioning people, including the introduction of support programs. The impact of a suicide in rural communities can be devastating to the community and we will continue to be mindful to support rural communities in their grief.
   - Supporting initiatives that encourage help-seeking from all high risk and vulnerable groups.

6. School-based support
   - Continuing to provide school-based supports including mental health literacy and gatekeeper training for all levels of school staff
   - Continuing to review of suicide prevention and postvention policies and procedures.
2. Empowering communities

Our Mission

Communities will be empowered and capable of taking local action to tackle the issue of suicide.

Why is this important?

Suicide prevention requires a whole of government, whole of community response to effectively provide the level of support and service that is appropriate to each unique community in South Australia.

It important that communities are prepared and resourced to respond appropriately to a person in distress as well as the family and community following a death by suicide.

Communities that are prepared in advance to respond to critical incidents show greater resilience in the face of crisis. The development of community-specific suicide postvention guidelines and response plans assist with the community to respond in a measured way that can address any emerging issues risk whilst providing a roadmap toward community recovery.

What we want to do:

The social determinants which have a causative factor in suicide are numerous. We will work together to bring improvements across the state where suicide is a possible outcome of inaction. Sexual abuse and domestic violence are areas that require vigilance through mandated reporting and follow-up by all government and non-government departments.

We will continue to develop the best practice activities that have been imbedded into practice in our government departments to promote mental health and wellbeing for clients and workplace employees.

We will continue to grow the number of Suicide Prevention Networks throughout South Australia to develop the communities capacity to identify and respond to the specific need of their communities. Networks will be established within, and closely link with, local government regions.

Important collaborations will occur between the Primary Health Networks, Local Health Networks, Non-government agencies, education, primary and allied health, families SA and Emergency Services to provide gap-free support and care for people in distress and crisis.

We will work with the media to use the Mindframe guidelines in reporting suicide and related incidents which may cause people to acknowledge their own distress, ensuring articles which may cause people to become distressed are appropriate in language and are include appropriate avenues of assistance.

We will foster local innovation by providing Suicide Prevention Community Grants of up the $10,000 for suicide awareness, prevention, intervention and postvention community projects.

We will identify any hotspots in South Australia and seek to have these addressed through means restriction or legislation where appropriate.

What we want your views on:

1. Suicide Prevention Networks
   - The establishment of Suicide Prevention Networks linked to every Local Government in South Australia, raise awareness and breakdown stigma, start life-saving
conversations in the community; bring education and training to the community and link those bereaved by suicide to support.

- The establishment of Suicide Prevention Networks in Aboriginal and Torres Strait Islander communities to empower the community to act against suicide.

2. Cross sector collaboration

- Collaboration with Primary Health Networks, Local Health Networks, non-government agencies, education, primary and allied health, families SA and Emergency Services to provide gap-free support and care for people in distress and crisis.

- The adoption of industry based suicide prevention models to reduce the impact of suicide in vulnerable industries.

3. Prevention / postvention innovation

- Prevention and postvention community innovation through the South Australian Suicide Prevention Community Grants Scheme.

- Working collaboratively with Standby Response, Living Beyond Suicide and other organisations to support those impacted by the complex grief of suicide.

4. Identify communities in distress

- Developing a Memorandum Of Understanding between SA Police, Living Beyond Suicide and Standby Response and the Office of the Chief Psychiatrist to monitor community distress around suicide.

- Educating the Suicide Prevention Networks to assist in connecting community and individuals with services and resources when experiencing distress.

5. Engage with the media

- Working with Media to use the Mindframe guidelines in the reporting of suicide and related articles and provide emergency numbers after articles which may cause people to acknowledge their own distress.

6. Means restriction

- Working with all Commonwealth, State and Local government in Identifying local risks and hot spots.

Are there other priorities in this action area that you believe should be included?
3. Translating the evidence into practice

Our Mission

We will continue to collect, monitor and review information in cooperation with Government Departments and Universities to ensure that suicide prevention practice in South Australia remains contemporary and responsive to need. We will create and maintain a South Australian Suicide Registry that will allow for the timely information that can inform our response to community distress and identifying support.

Why is this important?

Research will provide us with evidence to support local initiatives. Being able to apply our knowledge in a way that is appropriate to the diverse cultural and social needs of people and communities in South Australia is important in providing the level of care needed to save lives.

The issues that lead to a person contemplating suicide are complex and a wide range of initiatives are necessary to tailor responses to the individual’s needs.

There is a large volume of research occurring on both a National and International level which has informed this plan. The Plan provides us with a range of actions to respond to people at risk of suicide according to the most up-to-date information possible.

The translation of the evidence into appropriate practice is best achieved through a process that is mindful of the South Australian context and the voices of the people we are seeking to help.

The establishment of a South Australian Suicide Registry will help us to identify need as it arises within the community, and to respond in a timely manner to communities in distress.

What we want to do:

Add to and remain informed of, the current evidence base for best practice in suicide prevention.

Collect timely data on suicide deaths in South Australia to understand and inform best practice in this state.

Collaborate with Government departments, Universities and individuals in research to inform practice.

Develop a State Suicide Registry so that we can monitor and understand the state of wellness in this state.

Listen to the voices of South Australians to ensure that our actions are, respectful of specific individual and community need, as well as the diverse social and cultural needs of all.

Learn from the experience of those people who have been bereaved by suicide and improve our understanding and response to the bereaved.

What we want your views on:

1. Creation of a State Suicide Registry
   - Working with SA Police and the Coroners’ Office to establish a Suicide Registry to provide early identification and understanding of suicide in South Australia.
   - Using the data provided through the Suicide Registry to take preventative action; utilise in research to better understand causal factors and inform service provision.

2. Contribution to the evidence base
   - Working collaboratively with the Universities to develop research partners.
3. Review of the evidence base
   - Remaining abreast of current literature and share it with people working in Suicide Prevention Networks; developing policy; providing services; or providing training and education.

4. Identify and address gaps in service
   - Working with the Primary Health Networks and the Local Health Networks to create optimal service delivery and identify where this is not occurring and seek solutions.
   - Working to improve access to support services and resources utilising the Suicide Prevention Networks, Primary Health Networks and Local Health Networks.

5. Value the contribution of lived experience
   - Encouraging the contribution of those with a lived experience to participate in the Suicide Prevention Networks and share their knowledge and lived expertise.
   - Learning from those people who have been bereaved by suicide.

6. Translate the evidence into practice
   - Working with the Coroners’ Office and Universities to provide evidence for best practice.
   - Utilise research to inform academic papers about the South Australian experience.
   - Using research to inform our education programs, service provision and establishment of Suicide Prevention Network.

Are there other priorities in this action area that you believe should be included?
Our expected outputs

1. A Suicide Prevention Network in every local government area.

2. Suicide Prevention Networks in Aboriginal and Torres Strait Islander Communities.

3. Memorandum of Understanding developed between SAPOL, Living Beyond Suicide and Standby Response to identify communities in distress.

4. Prevention and Postvention initiatives will be supported by a grants program.

5. Hotspots will be identified and addressed.

6. A South Australian Suicide Registry.

7. Academic research papers published.

8. Connecting with People Training for SA Health, the Primary Health Network and Suicide Prevention Networks.

Are there other outputs that you believe should be included?
APPENDIX 1

Abbreviations

ABS  Australian Bureau of Statistics
ACT  Australian Capital Territory
ATAPS  Access to Allied Professional Services
ATSI  Aboriginal Torres Strait Islander
CAMHS  Child Adolescent Mental Health Services
DECD  Department of Education and Child Development
LGBTI  Lesbian, Gay, Bisexual, Transgender and Intersex
LIFE  Living is for Everyone
MOU  Memorandum of Understanding
NSW  New South Wales
NT  Northern Territory
SA  South Australia
SASPS  South Australian Suicide Prevention Strategy
VIC  Victoria
QLD  Queensland
WA  Western Australia

Glossary of Terms and Definitions

**Attempted suicide:** (Also suicide attempt) Non-fatal self-injury, but with an intention to cause death. (note: the issue of intention is not a simple matter. People have varying degrees of intention to kill themselves or cause hurt or pain in varying degrees of severity.) Suicide and Suicide prevention in Australia A seminal report, Lifeline et al.

**Suicide:** The act of purposely or intentional taking of one’s life. Suicide and Suicide prevention in Australia A seminal report, Lifeline et al.

**Suicidal behaviour:** Includes the spectrum of activities related to suicide and self-harm, including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts. Also deliberate recklessness and risk-taking behaviours. Suicide and Suicide prevention in Australia A seminal report, Lifeline et al.

**Suicidal ideation:** Which refers to thoughts of self-harm.

**Resilience:** Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of suicide. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, cognitive and emotional skills, communication skills and help-seeking behaviours. Suicide and Suicide prevention in Australia A seminal report, Lifeline et al.
For more information

Draft South Australian Suicide Prevention Plan
Office of the Chief Psychiatrist
11 Hindmarsh Square
Adelaide
Telephone: 8226 1091
www.sahealth.sa.gov.au

Confidentiality (caveat if required)-T1-A1

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