A strategic framework for suicide prevention
Consultation Paper

The content of this paper is a draft in development, it is not a final position.

INTRODUCTION

This Consultation Paper outlines a proposed strategic framework that aims to achieve a reduction in the national suicide rate in Australia.

A February 2017 Suicide Coalition workshop\(^1\) convened by Suicide Prevention Australia (SPA) initiated discussion on a 2025 framework for suicide prevention; the results of the discussion are summarised in this paper, and will be further developed through state wide community consultations\(^2\) over the next three months (February to May 2017).

The framework is consistent in philosophy with the United Nations Principles for Suicide Prevention, adopted by Suicide Prevention Australia (below):

1. Suicide and suicidal behaviour arise from complex social, situational, biological and other individual causes, which isolate people and erode their hope. Understanding risk and protective factors for different groups and environments is vital to effective response.
2. Suicide prevention is ‘everyone’s business’, whether it is directed towards individuals at high risk, communities and groups at potential risk, or the whole of the population.
3. The first-person voices of those with lived experience of suicide are crucial to increasing understanding of suicide and effective suicide prevention responses.
4. Tackling social exclusion of individuals and communities, and investing in the human capital of all people, especially the most disadvantaged, is crucial to suicide prevention.
5. Suicide prevention encompasses a range of interventions, including health promotion, early intervention, crisis support and ongoing intervention for people experiencing suicidal thoughts and behaviour, and responding to and supporting families and communities impacted by suicide.
6. Access should be provided to appropriate services for individuals at-risk, wherever and whoever they are – through crisis, ongoing intervention and recovery phases. Collaboration, coordination and continuity of care are essential to the effectiveness of services. Program, structural and policy barriers that inhibit help-seeking and the quality of support need to be identified and overcome.
7. Suicide prevention strategies should be culturally appropriate.
8. All suicide prevention projects, activities and strategies should be based on best practice and underpinned by quality research, data and evaluation.
9. Challenging the misconceptions and stigma associated with suicide is essential to ensure that people will be able to ask for help and give help without fear or discrimination.

\(^1\) The workshop was attended by a range of Coalition and SPA members and Lived Experience representatives
\(^2\) Consultation will involve Coalition, SPA members, leading associations in mental health and suicide prevention, the Lived Experience Network, the Federal Department of Health, Primary Health Networks, and leading researchers in the field
WHY DO WE NEED A FRAMEWORK?

The Federal Government has committed to the development of a national suicide prevention plan\(^3\). This strategic framework is an opportunity for the NGO community voice to contribute to the development of the Government plan.

WHERE DO WE WANT TO BE IN 2025?

The workshop participants agreed the following outcomes would result in a downward trajectory/reduction in suicide rates:

1. A whole system approach to suicide prevention
   - government, business and the community working together towards the one outcome, beyond a traditional ‘health’ perspective; suicide crosses into, for example, education, emergency services, indigenous affairs, homelessness, domestic violence arenas

2. A properly resourced and funded suicide prevention system
   - not just money, but people as well – people trained to deliver quality services to prevent suicide

3. A whole of community support and engagement model
   - we need better ways to improve the sharing and exploration of ideas within the suicide prevention community and the wider community in general – harnessing the informal community networks of people who are trained to identify and support individuals

4. A ‘Person centric’ and integrated approach in service delivery
   - whereby the individual is at the centre of the treatment; the various support networks wrap around the person – who has a seamless journey through an integrated (joined up) health system

5. High quality services through standards and the regulatory framework
   - we need a quality framework for suicide prevention programs, based on standards and accreditation. The commissioner of services will have confidence that the program will deliver what it says it will do

6. A robust ‘Knowledge to Practice’ system
   - we need to ensure research is applied, not archived in the halls of academia ‘research informs practice – and practice informs research’

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\(^3\) Commonwealth Government 5\(^{th}\) National Mental Health Plan Consultation Draft 2016, Priority 3 Suicide Prevention, Action 6 ... “developing a whole-of-government national suicide prevention plan”
LOOKING AT THE 2025 OUTCOMES, WHERE ARE WE NOW?

The workshop participants discussed where the sector is sitting today against the proposed outcomes for 2025; the general ‘reading’ of the workshop participants on this is represented in the chart below.

![Chart showing current progress against 2025 outcomes]

HOW WILL WE GET TO THE 2025 OUTCOMES - THE STRATEGIC INVESTMENT

To realise the 2025 Outcomes, workshop participants agreed that we need to invest in the following areas:

1. Lived Experience
2. Research
3. Capture, Analyse & Disseminate Data
4. Effective Leadership & Influence
5. Shared & Agreed Narrative
6. Build Capacity of Informal Community Care
7. Support & Share Innovation
8. Collaborate on Funding Initiatives
9. Technologies

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WHERE DO WE AIM TO BE IN 12 MONTHS’ TIME (JUNE 2018)

The workshop participants agreed that to progress the 2025 outcomes, we should aim to achieve the following Milestones in the next 12 months:

1. Agreed on shared national advocacy priorities and supporting public plans
2. Completed a needs analysis and skills matrix of the Lived Experience Network (organisations and individuals)
3. Mapped existing community support models to enable communities’ capacity to respond
4. Mapped existing research activities and agreed national research priorities and identified potential partnerships (evaluation framework, shared tools)
5. Identified and agreed areas to benchmark and established baseline measures
6. Published Version 1.0 of the Better Practice Register as catalyst for innovation
7. The Prime Minister has announced the establishment of National Suicide Prevention Office, and a budget allocated
8. We have a signed MOU and the commitment of National Coalition for Suicide Prevention members to work towards the 2025 outcomes

WE NEED YOUR INPUT!

A. We want your feedback on the proposed 2025 outcomes:

The workshop participants agreed that, in 2025, Australia should address suicide prevention through a system which combines:

(1) A whole system approach to suicide prevention
(2) A properly resourced and funded suicide prevention system
(3) A whole of community support and engagement model
(4) A ‘Person centric’ and integrated approach in service delivery
(5) High quality services through standards and the regulatory framework
(6) A robust ‘Knowledge to Practice’ system

Questions

1. Have we left anything out?
2. Are there any outcomes you feel are not required, or which need amending?
3. Can you propose one target for each of the 2025 outcomes – one measure that would confirm we have achieved the outcome?
4. Do you have any other comments on the proposed 2025 outcomes?
B. We want your feedback on the proposed first year Milestones:

(1) Agreed on shared national advocacy priorities and supporting public plans
(2) Completed a needs analysis and skills matrix of the Lived Experience network (organisations and individuals)
(3) Mapped existing community support models to enable communities’ capacity to respond
(4) Mapped existing research activities and agreed national research priorities and identified potential partnerships (evaluation framework, shared tools)
(5) Identified and agreed areas to benchmark and establish baseline measures
(6) Published Version 1.0 of the Better Practice Register as catalyst for innovation
(7) The Prime Minister has announced the establishment of National Suicide Prevention Office and budget allocated
(8) We have a signed MOU and commitment of Coalition members

Questions

1. Have we left anything out?
2. Are there any Milestones you feel are not required, or which need amending?
3. Do you have any other comments on the proposed first year Milestones?
4. Which proposed Milestones align with your skills and experience (or that of your organisation)?

WHAT ARE THE NEXT STEPS?

Suicide Prevention Australia will undertake consultation sessions around the country over the next three months with Coalition members, SPA Organisational and Associate members, the Department of Health, Primary Health Networks, Community Mental Health Australia members, the Lived Experience Network, and other stakeholders.

We will also be conducting an online survey for anyone who cannot attend our state sessions – this will be circulated though the weekly SPA Member Briefing and by direct mail to other stakeholders.

These inputs will be collected and from this a strategic framework will be developed; potentially the framework can be used as an advocacy tool; we will use the framework to liaise with the Department of Health to build on and contribute to the national suicide prevention plan.

THANK YOU FOR COMING TO THE CONSULTATION SESSION!