Strategic Framework for Suicide Prevention in NSW 2018–2023
Thank you

We would like to thank everyone who participated and contributed to the development of this Framework. In particular, we acknowledge the strength, courage and generosity of those who shared their personal stories and journeys with us.

We encourage everyone to have open, safe and honest conversations about suicide and for those in distress to put up their hand and ask for help.

Dedication

This Framework is dedicated to those who have died by suicide, those who have made an attempt on their own life, and those who are bereaved by suicide.

Strategic Framework for Suicide Prevention in NSW 2018–2023
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nswmentalhealthcommission.com.au
Help is available

If you, or someone you know, are thinking about suicide or are experiencing distress, help is available. No one needs to face their problems alone. Contact one of the services below for support or talk to your General Practitioner (GP):

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifeline</td>
<td>Provides all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services</td>
<td>13 11 14 <a href="http://www.lifeline.org.au">www.lifeline.org.au</a></td>
</tr>
<tr>
<td>NSW Mental Health Line</td>
<td>A single number, state-wide 24-hour mental health telephone access service</td>
<td>1800 011 511</td>
</tr>
<tr>
<td>Suicide Call Back Service</td>
<td>A nationwide service that provides 24/7 telephone, video and online professional counselling</td>
<td>1300 659 467 <a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a></td>
</tr>
<tr>
<td>beyondblue</td>
<td>Provides information and support to help everyone in Australia achieve their best possible mental health</td>
<td>1300 22 4636 <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a></td>
</tr>
<tr>
<td>Kids Helpline</td>
<td>A free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25</td>
<td>1800 55 1800 <a href="http://www.kidshelpline.com.au">www.kidshelpline.com.au</a></td>
</tr>
<tr>
<td>headspace</td>
<td>A free service that supports young people aged between 12 and 25 and their families going through a tough time</td>
<td>1800 650 890 <a href="http://www.headspace.org.au">www.headspace.org.au</a></td>
</tr>
<tr>
<td>Mindspot Clinic</td>
<td>An online and telephone clinic providing free assessment and treatment services for Australian adults with anxiety or depression</td>
<td>1800 61 44 34 <a href="http://www.mindspot.org.au">www.mindspot.org.au</a></td>
</tr>
<tr>
<td>MensLine Australia</td>
<td>A telephone and online support, information and referral service for men</td>
<td>1300 78 99 78 <a href="http://www.mensline.org.au">www.mensline.org.au</a></td>
</tr>
<tr>
<td>QLife</td>
<td>A nationally-oriented counselling and referral service for LGBTI people</td>
<td>1800 184 527 <a href="http://www.qlife.org.au">www.qlife.org.au</a></td>
</tr>
<tr>
<td>National Indigenous Critical Response Service</td>
<td>Provides emotional and practical support to bereaved families and individuals impacted by a suicide or other traumatic loss</td>
<td>1800 805 801</td>
</tr>
<tr>
<td>Carers Australia</td>
<td>Short-term counselling and emotional and psychological support services for carers and their families</td>
<td>1800 242 636 <a href="http://www.carersaustralia.com.au">www.carersaustralia.com.au</a></td>
</tr>
<tr>
<td>1800RESPECT</td>
<td>National sexual assault, domestic and family violence counselling service</td>
<td>1800 737 732 <a href="http://www.1800respect.org.au">www.1800respect.org.au</a></td>
</tr>
<tr>
<td>Child Protection Helpline</td>
<td>Call if you are concerned that a child or young person is demonstrating suicidal or self-harming behaviours and they are a danger to themselves and their parent/carer is neglecting their mental health care</td>
<td>132 111 <a href="http://www.facs.nsw.gov.au">www.facs.nsw.gov.au</a></td>
</tr>
<tr>
<td>Relationships Australia</td>
<td>A provider of relationship support services for individuals, families and communities</td>
<td>1300 364 277 <a href="http://www.relationships.org.au">www.relationships.org.au</a></td>
</tr>
<tr>
<td>Men’s Referral Service</td>
<td>Men’s Referral Service provide telephone counselling, information and referrals for men who use domestic and family violence</td>
<td>1300 766 491 <a href="http://www.ntv.org.au">www.ntv.org.au</a></td>
</tr>
<tr>
<td>SANE Australia</td>
<td>Information about mental illness, treatments, where to go for support and help for carers</td>
<td>1800 187 263 <a href="http://www.sane.org">www.sane.org</a></td>
</tr>
</tbody>
</table>

If you or someone you are with is in immediate danger, please call 000 or go to your nearest hospital emergency department.
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In NSW, more than 850 people die from suicide each year – more than double the state’s road toll – and a further 25,000 people make an attempt. Families, workplaces and communities across our state suffer from each and every one of these suicides and suicide attempts. The loss of so many lives and the tragedy from this loss across our state must be addressed.

It is time for renewed action against suicide, and for a more focused and coordinated effort by individuals, communities, organisations, the private sector and government. This Strategic Framework for Suicide Prevention in NSW 2018–2023 provides the direction for this effort.

The NSW Government is already making record investments in mental health and suicide prevention. The Framework builds on this investment, proposing new approaches to help address gaps in the system and achieve a more comprehensive response.

Building on previous state strategies and frameworks, this Framework complements the Fifth National Mental Health and Suicide Prevention Plan 2018–2023 and commits the NSW Government to working alongside the Commonwealth Government, Primary Health Networks, Local Health Districts, community managed organisations and other stakeholders to achieve integrated planning and delivery of mental health and suicide prevention. By delivering activities coordinated in each region of NSW, there will be a strong focus on supporting local communities to help themselves.

The Framework has been developed by the NSW Mental Health Commission and the NSW Ministry of Health in collaboration with people with lived experience of a suicide attempt or suicide bereavement, government agencies, mental health organisations and experts in suicide prevention. I am grateful to all those who have contributed to the Framework’s development – members of the NSW Suicide Prevention Advisory Group, non-government organisations, communities and individuals.

The NSW Government recognises those we have lost to suicide. We acknowledge the many people in our community who are struggling with thoughts of suicide or living with the grief of losing a loved one to suicide. I thank the staff of the many programs and services that are helping people find hope again. With this Framework, we start the journey towards zero suicides by supporting their work with a renewed sense of determination.

Tanya Davies MP
Minister for Mental Health
Minister for Women
Minister for Ageing
Why do we need to focus on suicide prevention in NSW?

THE IMPACT OF SUICIDE IN NSW

Families, friends and communities across NSW are devastated by the impact of suicide, where an estimated 16 lives are lost each week. In 2017, 880 people died by suicide in NSW, and sadly it is the leading cause of death for people aged 15–44 years.

Youth suicide and suicidal behaviour remains a significant issue for individuals as well as communities. In 2017, 106 young people aged 15–24 years lost their lives to suicide in NSW, while in 2016–17 more than 3,500 were hospitalised due to intentional self-harm.

The largest number of suicides occurred in the 24–35 year age group. In 2017, 161 people lost their lives to suicide in NSW in this age group – 135 of these were men. Men aged 85 years and over also had the highest rate of suicide in Australia at 32.8 per 100,000 population.
While we know that men are around three times more likely to die by suicide than women, suicidal behaviour is an equally serious problem for both women and men – for every recorded suicide, it is estimated that around 30 people attempt to end their life – and we know that more women than men attempt suicide.

Suicide and suicide attempts are also experienced at higher levels in some communities than others. We know that the lesbian, gay, bisexual, transgender, intersex (LGBTI) people have one of the highest estimated rates of suicide in Australia, with LGBTI young people five times more likely to attempt suicide – elevated by their experiences of homophobia, transphobia and discrimination, violence and abuse, and social isolation.

Aboriginal and Torres Strait Islander people have a national suicide rate estimated at nearly twice the rate of non-Indigenous Australians, resulting from intergenerational trauma and grief, dispossession, discrimination, and loss of cultural identity. We also know that across rural and remote communities in NSW in 2017, the suicide rate was nearly twice the rate of people living in the Greater Sydney region.

In addition to the emotional cost of suicide on families and the community, the economic cost in NSW has been calculated at more than $451 million each year.

No one group, community or age range is immune.

Risk factors for suicide or suicidal behaviour

Not all people who attempt or die by suicide have lived experience of mental health issues. Many factors influence a person to attempt to take their life. These factors may relate to the individual or be social, contextual or situational in nature, and people can experience more than one risk factor at any one time. Where risk factors are present, there is a greater likelihood of suicidal behaviours. Table 1, although not exhaustive, lists known risk factors.
Table 1 – Known risk factors for suicide and suicidal behaviours

<table>
<thead>
<tr>
<th>Individual</th>
<th>Situational</th>
<th>Social and/or cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological or genetic</td>
<td>Job and financial losses</td>
<td>Exposure to suicidal behaviours</td>
</tr>
<tr>
<td>History of suicidal behaviour</td>
<td>Long term unemployment</td>
<td>Stigma associated with poor help seeking behaviour</td>
</tr>
<tr>
<td>Major physical or chronic illnesses including chronic pain</td>
<td>Stressful life events, including natural disasters such as drought</td>
<td>Barriers to accessing healthcare, particularly mental health and substance misuse treatment</td>
</tr>
<tr>
<td>Mental illness (including those unrecognised or untreated)</td>
<td>Breakdown of relationships</td>
<td>Social isolation and lack of social support</td>
</tr>
<tr>
<td>Alcohol or substance misuse</td>
<td>Bereavement or the loss of a loved one</td>
<td>Victimisation, bullying and stigma</td>
</tr>
<tr>
<td>History of trauma, abuse or neglect</td>
<td>Contact with the criminal justice system</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Low socio-economic status</td>
<td>Transition from school, hospital care, or correctional facilities</td>
<td>Cultural alienation or dislocation</td>
</tr>
<tr>
<td>Restricted educational achievement</td>
<td>Maladjustment to residential aged care</td>
<td>Inappropriate media reporting</td>
</tr>
<tr>
<td>Family history of suicide</td>
<td>Homelessness or the risk of homelessness</td>
<td></td>
</tr>
<tr>
<td>Sense of isolation</td>
<td>Social dislocation or discord</td>
<td></td>
</tr>
<tr>
<td>Feelings of helplessness or hopelessness</td>
<td>Easy access to lethal means</td>
<td></td>
</tr>
<tr>
<td>Impulsiveness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from WHO Public Health Action for the Prevention of Suicide 2012

While suicide and self-harm are not exclusive to specific populations or groups, it is important to note that some groups of people are particularly vulnerable to suicide and self-harm. Many individuals fall into more than one of these groups (Table 2).

Table 2 – People and groups at higher risk of suicide and suicidal behaviour

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in out of home care</td>
<td>Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td>Care leavers (people who spent time in care as a child)</td>
<td>Lesbian, gay, bisexual, transgender, and intersex people</td>
</tr>
<tr>
<td>Children and young people in the youth justice system</td>
<td>Young people</td>
</tr>
<tr>
<td>People who have experienced bullying and victimisation</td>
<td>People with severe mental health conditions</td>
</tr>
<tr>
<td>Survivors of abuse or violence including sexual abuse and domestic violence</td>
<td>Certain occupational groups with increased knowledge of and ready access to the means to attempt suicide (e.g. doctors, nurses, farmers and other agricultural workers)</td>
</tr>
<tr>
<td>People who use or experience domestic violence</td>
<td>Some male-dominated industries (e.g. construction and mining)</td>
</tr>
<tr>
<td>People living with long-term physical health conditions</td>
<td>Some culturally and linguistically diverse (CALD) communities</td>
</tr>
<tr>
<td>People with untreated depression</td>
<td>Asylum seekers and refugees</td>
</tr>
<tr>
<td>People who are socioeconomically disadvantaged</td>
<td>Prisoners and others in contact with the criminal justice system</td>
</tr>
<tr>
<td>People who misuse drugs or alcohol</td>
<td>Rough sleepers, the homeless and those at risk of homelessness</td>
</tr>
<tr>
<td>People bereaved or affected by suicide</td>
<td>Older people, especially men</td>
</tr>
<tr>
<td>People who do not have strong connections to their culture or identity</td>
<td>Residents of aged care facilities</td>
</tr>
</tbody>
</table>
What protects us from the risk of suicide?

Protective factors
Protective factors help reduce a person’s vulnerability to suicidal behaviours and increase an individual’s capacity to cope with particularly difficult circumstances. While many interventions are geared towards the reduction of risk factors in suicide prevention, it is equally important to consider and strengthen factors that have been shown to increase resilience and connectedness, and that protect against suicidal behaviour (Figure 2). For example, for many Aboriginal people cultural connectedness is an important protective factor.

Figure 2 – Protective factors for suicide and suicidal behaviours

Interventions
Effective suicide prevention interventions need to be targeted at three levels to reflect the complex nature of suicide.

1. Universal interventions for the whole population – programs designed to raise awareness about mental health and depression, public education programs about the dangers of alcohol and substance abuse, restricting access to the means of suicide, promoting responsible media reporting on suicide stories.

2. Selective interventions that target vulnerable individuals or groups – training “gatekeepers” who assist people at risk and by offering easily accessed services such as helplines and programs for people who have suffered trauma or abuse, people who are unemployed and with financial debt, young people with depressive symptoms or substance abuse problems, elderly people living with chronic physical illness and/or living alone, and people bereaved by suicide.

3. Indicated interventions for individuals at high risk – crisis management or follow-up care for people with recent suicide attempts or self-harming behaviours, and close assessment and management of suicidal behaviours and mental and substance use disorders.

Who is involved in suicide prevention?
Suicide prevention is complex – and it is everyone’s business. A coordinated, well-integrated and compassionate approach is required across all levels of government and from the community, including individuals, families, schools, researchers, community groups, non-government services and the private sector.

Figure 3 shows that we all have a role - from the community managed and private sectors through to statutory bodies and all levels of government. Suicide prevention is a shared responsibility.
Each level of government has its own role in suicide prevention, alongside organisation and community efforts

Figure 3 – The suicide prevention landscape

### Commonwealth Government
COAG Health Council; Mental Health Principal Committee; Commonwealth Department of Health, including PHNs; other Commonwealth Government agencies, including the National Disability Insurance Agency (NDIA)

The Commonwealth Government is responsible, along with States and Territories, for the development and implementation of national frameworks through mechanisms such as the Council of Australian Governments (COAG) Health Council, Australian Health Ministers’ Advisory Council, and the Mental Health Principal Committee.

### NSW Government
Department of Premier and Cabinet; NSW Health, including Local Health Districts (LHDs); Department of Education; Department of Family and Community Services; Department of Justice; NSW Police; Aboriginal Affairs; Transport for NSW; Department of Planning and Environment; Office of Local Government; SafeWork NSW

The NSW Government delivers and funds programs and services that target the social determinants of health and improve wellbeing at the community, organisational and individual level. These include housing, employment, health, disability and financial support, transport assistance, workplace supports, the justice system and education programs. Targeted suicide prevention initiatives, early intervention programs and evidence-based therapeutic interventions are also offered.

### Local Government
Local councils across NSW

Local councils:
- provide a representative, informed and responsible decision-making body.
- develop the local community in a socially just and environmentally responsible way.

### Legal, statutory and advisory services
National Mental Health Commission; Mental Health Commission of NSW; NSW Coroner; Mental Health Review Tribunal; Legal Aid Commission; Public Guardian

Government agencies, courts and tribunals may be involved in supporting and advocating for the rights of people with a lived experience of suicide on an individual or systemic level.

### Community managed, non-government, and private sector
Suicide Prevention Australia; Aboriginal Health and Medical Research Council of NSW; Lifeline; beyondblue; Everymind; Black Dog Institute; ReachOut Australia; ACON; Centre for Rural and Remote Mental Health; Mates in Construction; Mates in Mining; The Butterfly Foundation; other CMOs; private companies

The community managed sector delivers a range of face to face and online services and plays a large role in supporting individuals and the community in advocating for change. The private sector provides specific health services, such as private psychiatrists, psychiatric hospitals and psychologists, and is also responsible for providing workplaces that are safe and healthy.

### Individuals and communities
Individuals, families and groups that make up our community share the responsibility of providing safe and secure environments and building supportive positive relationships between friends, families, neighbourhoods and community groups.
The Commonwealth funds the Medicare Benefits Schedule, the Better Access initiative, which provides patients with access to mental health professionals, and ten PHNs in NSW. PHNs lead a systems-based approach to suicide prevention, implemented through the Fifth National Mental Health and Suicide Prevention Plan. The Commonwealth also fund headspace, the National Youth Mental Health Foundation that provides early intervention mental health services to 12–25 year olds. In May 2017, the Commonwealth Government announced a $47M boost to front line services for suicide prevention including training for at risk families, support groups and emergency response services, communication programs, and investment in research.

The NSW Government is investing a record $2.1B in recurrent and capital funding for mental health in the 2018-19 budget, including over $100M for mental health reform, $3.5M to strengthen system responses for Aboriginal people, people from CALD backgrounds and people with complex needs including intellectual disability, $3M for communities to develop local responses to suicide and mental health challenges, $3M in continued support for Lifeline’s crisis telephone service, $2M for the projects under the Suicide Prevention Fund and $1M for mental health awareness training and continuing suicide prevention training for NSW Health non-mental health clinicians and non-clinical staff. In addition, a record $700M was announced in June 2018 for a program to expand and enhance mental health infrastructure in NSW, with $20M committed in 2018–19.

- ensure local public services and facilities respond effectively to community needs.

Through their Community Strategic Plans, Councils identify the main priorities and aspirations of the community, providing a clear set of strategies to achieve this vision of the future.

Research and training organisations are funded from a combination of Australian and state and territory governments and other funding sources, including philanthropy. These organisations contribute valuable learning to improve the suicide prevention system and offer training to develop the capability of individuals and workforces in responding to and preventing suicide.

By listening to people with lived experience of suicide, including individuals, families, friends and carers, communities can build awareness and resilience, reduce stigma, and take action to protect and support all its members.
The Framework at a glance
VISION
Everyone in NSW lives with hope, wellbeing and good health, with fewer lives lost through suicide

GOALS
1. Individuals and communities have the strength, resilience and capacity to prevent and respond to suicide
2. Individuals and communities are empowered to have safe conversations about suicide and suicidal behaviour, and to know how and where to seek help when needed
3. High quality, culturally safe, trauma informed services are available to prevent and respond with compassion when and where they are needed
4. Suicide prevention, intervention and postvention programs and services that place people at the centre are co-designed, inclusive, coordinated and integrated
5. Suicide prevention activities are responsive to the best available evidence and contribute to the evidence base, with new approaches shaping effective action

PRIORITY ACTION AREAS
1. Building individual and community resilience and wellbeing
2. Strengthening the community response to suicide and suicidal behaviour
3. Supporting excellence in clinical services and care
4. Promoting a collaborative, coordinated and integrated approach
5. Innovating for a stronger evidence base

GUIDING PRINCIPLES
Suicide prevention is everyone’s business
Community wellbeing and resilience are fundamental
Quality interventions are available across the lifespan
Clinicians are supported and empowered to provide excellence in clinical care
Activities are effectively coordinated and well-integrated
People with lived experience are included
Actions are evidence-based

STRATEGIC GUIDANCE

NSW
- Living Well: A Strategic Plan for Mental Health in NSW 2014–2024
- NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022
- OCHRE: Opportunity, Choice, Healing, Responsibility, Empowerment 2013
- NSW Mentally Healthy Workplaces Strategy 2018–2022
- NSW Homelessness Strategy 2018–2023
- NSW Sexual Assault Strategy 2018–2021
- NSW Office of Responsible Gambling’s Strategic Plan 2018–2021

National
- Fifth National Mental Health and Suicide Prevention Plan
- National Suicide Prevention Implementation Strategy (pending)
- National Communications Charter: A unified approach to mental health and suicide prevention
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023
- Cultural Respect Framework 2016–2026
- National LGBTI Mental Health and Suicide Prevention Strategy 2016
- National Partnership Agreement on Suicide Prevention

International
- WHO Preventing suicide: A global imperative
- WHO Comprehensive Mental Health Action Plan 2013–2020

Strategic Framework for Suicide Prevention in NSW 2018–2023
The Framework at a glance

11
Guiding principles

To achieve its vision and goals, the Framework is underpinned by **seven guiding principles**, developed to enhance existing efforts and to support new approaches.

**Suicide prevention is everyone’s business**

Suicide prevention is a shared responsibility across communities, families, friends, workplaces, professional groups, the private sector, and non-government and government agencies.

**Community wellbeing and resilience are fundamental**

Connection to community, sense of belonging, equity and inclusion, willingness to engage in solutions, and safe gathering places all contribute to community wellbeing and resilience – ensuring the community has the ability to adapt, recover and thrive, even in the face of adversity.

**Quality interventions are available across the lifespan**

Services providing prevention and care across the course of an individual’s life are needed. Service providers should be equipped to deliver evidence-based interventions that prevent and respond to suicide in people of all ages. Effective monitoring will drive quality improvements and increase accountability.

**Clinicians are supported and empowered to provide excellence in clinical care**

Clinicians across the whole health system need to be supported and empowered to ensure excellence in clinical care and meaningful engagement with consumers. Sustained effort is required for a more localised bottom-up approach that embeds improvement science principles and encourages continual innovation and customisation. Frontline staff, consumers and carers should be essential partners for system refinement, and the source of ideas for improvement.
Activities are effectively coordinated and well-integrated

Suicide prevention requires coordinated and combined efforts from all levels of government and the community managed, non-government, and private sectors. People should be placed at the centre and receive seamless referrals and support throughout their recovery journey. Community-based suicide prevention activity should take an integrated and systems-based approach, in keeping with the Fifth Plan.

People with lived experience are included

Development and implementation of strategies and actions must include not only those who have lived experience of attempted suicide or who have been bereaved by suicide, but also their families, carers and communities. Suicide prevention activities should be co-designed with those with lived experience.

Actions are evidence based

Actions should be evidence based, trauma informed, culturally appropriate and considerate of diversity. Improved data collection and ongoing research and evaluation of programs and services should contribute to the evidence base, quality improvement and innovation. Community activities should be supported by credible suicide prevention resources, training and tools. Evidence-based programs, resources and services should be easy to find and accessible for the public and service providers.
The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) was released in October 2017. This plan provides an important opportunity to establish a collaborative national focus for mental health and suicide prevention over the next five years. The NSW Government is committed to working alongside governments, Primary Health Networks (PHNs) and other stakeholders to achieve integrated planning and delivery of quality, contemporary and trauma informed mental healthcare.

NSW supports the eight priority areas of the Fifth Plan, including ‘Priority Area 2: Suicide Prevention’. The priorities align with the NSW Government’s decade-long, whole-of-government enhancement of mental health care – a response to the Living Well: A Strategic Plan for Mental Health in NSW 2014–2024.

A strategic framework for suicide prevention in NSW

Building on existing programs and aligned with State and Commonwealth policy directions, the Strategic Framework for Suicide Prevention in NSW 2018–2023 (the Framework) supports the NSW Government’s existing commitments under the Fifth Plan and sets the direction for future action. It brings the voices of the community and the sector together to provide understanding and guidance for individuals, communities, organisations, the private sector and government in tackling the complex issue of suicide.
Consistent with the Fifth Plan, the Framework commits the NSW Government – and the whole NSW community – to a collaborative, integrated and compassionate approach to suicide prevention.

The Framework guides coordinated action and focused effort across the spectrum of support offered to people and communities in distress.

How was the Framework developed?

The Framework was developed through listening to individuals, communities, people who have attempted suicide and those who have been bereaved by suicide, clinicians, service providers who support communities and respond to crises, and experts in suicide prevention.

Every attempt has been made to ensure the Framework reflects the voices of the whole community, including regional and rural, Aboriginal, CALD, LGBTI, online and emerging communities.

A consultation process was undertaken across NSW between January and June 2018, with more than 1,800 people providing written submissions, participating in meetings, completing an online survey or joining community forums. These consultations highlighted common themes for suicide prevention across NSW, that are reflected in the Framework’s goals, guiding principles and priority areas for action.

What do we want to achieve?

The overarching vision of the Framework is that everyone in NSW lives with hope, wellbeing and good health, with fewer lives lost through suicide. The Framework represents the beginning of our journey towards zero suicides in NSW.

Five goals support this vision:

1. Individuals and communities have the strength, resilience and capacity to prevent and respond to suicide.
2. Individuals and communities are empowered to have safe conversations about suicide and suicidal behaviour, and to know how and where to seek help when needed.
3. High quality, culturally safe, trauma informed services are available to prevent and respond with compassion when and where they are needed.
4. Suicide prevention, intervention and postvention programs and services that place people at the centre are co-designed, inclusive, coordinated and integrated.
5. Suicide prevention activities are responsive to the best available evidence and contribute to the evidence base, with new approaches shaping effective action.
The vision and goals will be achieved through the **five priority action areas** of the Framework. These are:

**PRIORITY AREA 1**
**Building individual and community resilience and wellbeing**

**Action:**
- Expanding community-based mental health services
- Reducing bullying and building resilience and support in young people
- Promoting recognition of mental health issues in older people and addressing stigma
- Promoting mental health literacy and community-led suicide prevention with Aboriginal people
- Supporting mentally healthy workplaces
- Responding to rural adversity
- Responding to homelessness and the risk of homelessness
- Reducing financial stress for the most disadvantaged people

**PRIORITY AREA 2**
**Strengthening the community response to suicide and suicidal behaviour**

**Action:**
- Ensuring 24-hour access to mental health and crisis services
- Increasing suicide prevention skills in the community
- Delivering consistent, timely and continuing follow-up care and support
- Responding to suicidal behaviour and complex mental health conditions in young people
- Building capacity to reduce suicide among people in contact with the justice system
- Reducing access to the means of suicide

**PRIORITY AREA 3**
**Supporting excellence in clinical services and care**

**Action:**
- Caring for people with suicidal behaviour and thinking in mental health services
- Providing specific suicide prevention training for the clinical workforce
- Developing a new Mental Health Patient Safety Program
- Empowering and supporting clinicians

**PRIORITY AREA 4**
**Promoting a collaborative, coordinated and integrated approach**

**Action:**
- Improving whole of government responses to mental health and suicide prevention
- Supporting regional mental health and suicide prevention planning

**PRIORITY AREA 5**
**Innovating for a stronger evidence base**

**Action:**
- Trialling innovative and promising interventions
- Evaluating interventions for continuous improvement
- Sharing knowledge and experience

*These priorities are explored in more detail on p20.*
**A systems-based approach**

Suicide prevention efforts require a broad multi-sectoral approach that addresses various populations, risk groups and contexts. The Framework recognises and reflects the Fifth Plan's 11 elements of a systems-based approach, which derive from the World Health Organization’s *Preventing suicide: A global imperative* (Table 3).

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surveillance</td>
<td>Increase the quality and timeliness of data on suicide and suicide attempts</td>
</tr>
<tr>
<td>2. Means restriction</td>
<td>Reduce the availability, accessibility and attractiveness of the means to suicide</td>
</tr>
<tr>
<td>3. Media</td>
<td>Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media</td>
</tr>
<tr>
<td>4. Access to services</td>
<td>Promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care</td>
</tr>
<tr>
<td>5. Training and education</td>
<td>Maintain comprehensive training programs for identified gatekeepers</td>
</tr>
<tr>
<td>6. Treatment</td>
<td>Improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt</td>
</tr>
<tr>
<td>7. Crisis intervention</td>
<td>Ensure that communities have the capacity to respond to crises with appropriate interventions</td>
</tr>
<tr>
<td>8. Postvention</td>
<td>Improve response to and caring for those affected by suicide and suicide attempts</td>
</tr>
<tr>
<td>9. Awareness</td>
<td>Establish public information campaigns to support the understanding that suicides are preventable</td>
</tr>
<tr>
<td>10. Stigma reduction</td>
<td>Promote the use of mental health services</td>
</tr>
<tr>
<td>11. Oversight and coordination</td>
<td>Utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours</td>
</tr>
</tbody>
</table>

**A compassionate and coordinated local response**

Every community in NSW is unique, and suicide prevention activities must be shaped by the local community and local circumstances through compassionate and meaningful co-design. Local communities are empowered through the Framework to participate in the development and implementation of plans to reduce suicide in their regions.

**Regional mental health and suicide prevention plans**

The Fifth Plan sets the agenda for Commonwealth-funded PHNs and State-funded Local Health Districts (LHDs) to engage with local communities in the development of suicide prevention actions as part of their joint regional mental health and suicide prevention plans across NSW.

The NSW Government is committed to ensuring this activity is coordinated and integrated wherever possible, supported by strong whole of government governance.

PHNs and LHDs are engaging with local communities, government agencies, the community managed sector, people with lived experience of suicide, those who have been bereaved by suicide, and other key stakeholders to address suicide prevention by drawing on existing and emerging strategic guidance, including the *National Suicide Prevention Implementation Strategy* (pending), the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, and the Black Dog Institute’s LifeSpan trial.

PHNs and LHDs are also working together to map providers across the service system, develop stronger referral pathways and build community knowledge of the range of available services and how to access them.

This Framework complements these local planning processes and acknowledges the significant amount of current activity and investment in suicide prevention across all levels of government, the sector and the community.
Community collaboratives and the grass-roots response

In a number of regions, there has been a grass-roots response to local suicides and a desire to improve the connectedness and wellbeing of the community. Local ‘collaboratives’ have been formed to bring together PHNs and LHDs with affected community members including local councils, Aboriginal Medical Services, emergency services, police, schools, tertiary education institutions, non-government organisations, community groups, local industries, government agencies and others. Examples of this can be seen in Our Healthy Clarence in Grafton, Let’s Talk Lithgow and the Illawarra Shoalhaven Suicide Prevention Collaborative.

As local activity is essential to reduce the number of suicides in each region, suicide prevention collaboratives should be encouraged where they do not currently exist. These collaboratives, which would include membership of those funded to develop regional mental health and suicide prevention plans (e.g. PHNs and LHDs), are encouraged to determine their own responses to the needs of their community and reduce suicides in their regions.

It is imperative that these collaboratives link with the formal regional mental health and suicide prevention planning processes of the PHNs and LHDs. Working together will result in a comprehensive, compassionate and localised response to suicide, and a greater sense of hope, wellbeing and community connectedness.
Our Healthy Clarence

Our Healthy Clarence is a unique model that brings community and organisations together in a constructive and sustainable way to improve the mental health and wellbeing of the Clarence Valley community. The Our Healthy Clarence Steering Committee consists of 20 organisations, including Northern NSW LHD, Northern NSW Primary Health Network, Lifeline, Bulgarr Ngaru Medical Aboriginal Corporation, the New School of Arts, the Centre for Rural and Remote Mental Health’s Rural Adversity Mental Health Program (RAMHP), other service providers, agencies and community groups. This led to the development of a plan for improving mental health and wellbeing in the Clarence Valley.

Our Healthy Clarence’s objectives are to:

• improve access for people at risk of self-harm to treatment, crisis care and care after an attempt.
• improve the ways in which workers and the community respond to people at risk of self-harm.
• ensure that suitable mental health and wellbeing programs are available in schools.
• improve community awareness of mental health, including how to access information and services.
• improve our connection with the community.
• improve early support for people who are at risk of self-harm and to help prevent self-harm.

Suicide Awareness “Let’s Talk Lithgow”

Suicide Awareness “Let’s Talk Lithgow” is an organisation that has been auspiced through the Lithgow Information and Neighbourhood Centre (LINC) to specifically tackle the town’s problems with mental health and suicide.

The push to create Lithgow’s own suicide awareness charity arose when the Workies Club, who lost a member to suicide, found that no existing organisation could promise funds raised would stay in the local area. The Workies Club approached LINC to consider the possibility of auspicing a new organisation to specifically help people in Lithgow.

Suicide Awareness “Let’s Talk Lithgow” has already begun to run programs promoting mental health. The charity is seeking to help all members of the community to develop knowledge of how to talk to those who may be thinking about suicide.

Illawarra Shoalhaven Suicide Prevention Collaborative

The Illawarra Shoalhaven Suicide Prevention Collaborative was founded on the common ambition of multiple government and non-government agencies to reduce the impact of suicide in the Illawarra Shoalhaven region. This incorporates reducing the number of people who die by suicide and improving the service experience for those at risk of suicide and those who care for them.

The Collaborative aims to reduce the impact of suicide by:

• improving the supports available to people at risk of suicide as well as improving people’s experience of those supports.
• encouraging systems change through collaboration.
• ensuring that suicide prevention efforts are effective.

The Collaborative believes that suicide prevention is everyone’s business, and not exclusive to any one service or sector. People at risk of suicide and those who care for them often access support from various services and sectors, and so any successful approach will require a collaborative cross-sectoral approach. The Collaborative values those with lived experience and is committed to actively ensuring that these people are encouraged to contribute to the development, evaluation and governance of suicide prevention activities in the region.

Membership of the Collaborative includes key representatives from all the major services involved in supporting those at risk of suicide, including health, education, academia, emergency services, community groups, Aboriginal and Torres Strait Islander community organisations, media, council, and lived experience representatives.
Priority action areas

**PRIORITY AREA 1**
Building individual and community resilience and wellbeing

**PRIORITY AREA 2**
Strengthening the community response to suicide and suicidal behaviour

**PRIORITY AREA 3**
Supporting excellence in clinical services and care

**PRIORITY AREA 4**
Promoting a collaborative, coordinated and integrated approach

**PRIORITY AREA 5**
Innovating for a stronger evidence base
PRIORITY AREA 1

Building individual and community resilience and wellbeing

Why is this a priority?

Resilience is the ability to recover from stressful or challenging experiences. It involves being able to adapt to changes and to approach negative events, sources of stress and traumatic events as constructively as possible. Resilience varies from person to person and can fluctuate throughout the lifespan due to changes in experience and circumstance. For people who live with mental illness, resilience can help during setbacks and challenges, and promote the development of confidence for the effective management of illness and recovery.

To prevent suicide, we need to strengthen those protective factors that increase resilience and our capacity for self-care. This ability – looking after ourselves by being physically active and eating well, limiting the use of alcohol and other drugs, taking time for ourselves, and asking for support when we need it – can help us manage challenges and stress, reduce symptoms of mental health problems, and build resilience.

Individuals need to be able to connect with others and cultivate strong personal relationships, develop positive coping strategies, improve problem solving and help seeking skills, promote self-esteem, cultivate a sense of purpose and secure identity, and promote good physical and mental health and wellbeing.

We also need to improve community strength, resilience and capacity by fostering community cohesion, increasing our understanding and acceptance of diversity, and providing access to social support and healthcare.

What is the NSW Government doing?

Expanding community-based mental health services

- The Wesley Mission operates the Mums and Kids Matter program, which provides residential support in South Western Sydney and outreach across the state through funding from NSW Health. Mums and Kids Matter provides integrated and stepped care for mothers with complex mental health concerns and their children in the community, avoiding unnecessary hospitalisation and separation of mothers and their children.

- For young people aged 16–24 years with severe and complex mental illness and their families, NSW Health’s Youth Community Living Supports Service provides community-based psychosocial support services for young people. Delivered by community managed organisations in five LHDs, the service helps young people to identify areas in their life where they would like to make positive change and then provides them with the support to develop strategies and access resources to achieve their goals.

- NSW Health is expanding the adult Community Living Supports program to refugees with mental health conditions, with the aim of providing trauma informed, recovery-focused and culturally appropriate psychosocial supports to refugees and asylum seekers who are experiencing psychological distress, mental illness and impaired functioning. A whole of family approach will be adopted as required to increase social participation and community integration.
Reducing bullying and building resilience and support for young people

- The NSW Department of Education is focused on reducing bullying and building resilience in schools through evidence-based, online resources and lesson plans. The NSW Anti-bullying Strategy brings together evidence-based resources for students, teachers and parents to identify bullying, prevent bullying, and respond to bullying behaviours.

- Youth Aware of Mental Health (YAM) is a schools-based mental health and suicide prevention program for 14-16 year olds delivered by the Black Dog Institute. YAM aims to promote discussion and awareness of mental health issues, as well as the development of problem solving skills and emotional intelligence in young people. YAM is delivered in partnership with the NSW Department of Education as well local headspace youth wellbeing service providers across the public, independent and Catholic school systems.

- NSW Health is funding Bright Minds, Connected Communities through the NSW Suicide Prevention Fund to provide support to young people at risk of suicide in the Lake Macquarie region of NSW. The program is delivering mental health and wellbeing programs in school and providing training to high school teachers to improve their mental health literacy.

- The NSW Department of Family Services is implementing an Intensive Therapeutic Care approach for children and young people over 12 years who have experienced significant trauma, neglect, abuse or severe adversity, and where these children or young people have high needs. This approach is delivered in line with the NSW Therapeutic Care Framework, which highlights the importance of promoting safe, healing relationships between children and young people and their family, kin and community, noting that these relationships are important for family, social, community and cultural connections.

Promoting mental health literacy and community-led suicide prevention with Aboriginal people

- NSW Health is funding the delivery of Mental Health First Aid across NSW to improve mental health literacy and equip people with the skills they need to provide appropriate support to people experiencing mental health problems. Aboriginal Controlled Community Health Services in Orange, Condobolin and Forbes have been funded to increase the number of Aboriginal Mental Health First Aid instructors and improve access to psychological support for Aboriginal people. This course teaches members of the public how to assist an Aboriginal or Torres Strait Islander adult who is developing a mental health problem or in a mental health crisis.

- Funded through NSW Health’s Suicide Prevention Fund, the Kumpa Kiira Suicide Prevention Project integrates suicide prevention within a whole-of-community perspective targeting young people and elders in Balranald and Wentworth Shires of NSW, as well as providing training and support to local GPs. Activities include community-based health promotion, community development, engagement of Elders and support for Aboriginal people to access culturally appropriate mental health services.

Supporting mentally healthy workplaces

- SafeWork NSW is leading the implementation of the Mentally Healthy Workplaces in NSW Strategy 2018–2022, which is aimed at improving workplace mental health. Creating mentally healthy workplaces is a shared responsibility of employers and workers. Best practice workplaces are a positive environment that improves people’s mental health.

Responding to rural adversity

- The Rural Adversity Mental Health Program (RAMHP) is a state-wide program delivered by the Centre for Rural and Remote Mental Health based in Orange. RAMHP workers are spread across rural and remote parts of NSW where they help communities respond to rural adversity such as natural disasters and economic change, train people to respond to mental health problems and connect people to health services when necessary.
Responding to homelessness and the risk of homelessness

- Led by the NSW Department of Family and Community Services, the *NSW Homelessness Strategy 2018–2023* aims to intervene early to prevent homelessness and break disadvantage, increase access to supports that prevent homelessness and re-entry to homelessness and create an integrated, person-centred service system. The Strategy includes new initiatives to support tenancies, provide transitional accommodation, expand domestic violence services and provide outreach to support rough sleepers.

- NSW Health, in collaboration with the Department of Family and Community Services, provides intensive coordinated clinical, psychosocial and housing support to people who have complex mental illness and would be otherwise at risk of homelessness through the Housing and Accommodation Support Initiative (HASI).

Reducing financial stress for the most disadvantaged people

- NSW Health is funding Compass Housing Services through the Suicide Prevention Fund to deliver mental health first aid training and an awareness campaign to better identify and respond to mental health issues among social housing tenants and staff across the Central Coast, Hunter, Dubbo and Broken Hill regions of NSW.

What do we need to do next?

The NSW Government will continue to explore ways of building individual and community resilience and wellbeing, including:

- Providing more Mental Health First Aid Training for young people and other priority populations, where appropriate.
- Supporting cultural and community informed wellbeing activities.
- Exploring greater integration of digital and physical suicide prevention services.
- Enhancing the ability of rural and remote communities to respond to adversity such as isolation and economic hardship and stressful events such as drought.
Why is this a priority?

Communities want to ‘own’ how they respond to suicide and suicidal behaviour. They need the knowledge and skills to identify people at risk of suicide and respond to them appropriately, and they need to know how and where to access support services when a person is in crisis.

While many people who die by suicide have had contact with a health professional in the weeks prior to their suicide, many do not seek support from services. Several suicide prevention initiatives are underway that provide training and support for GPs to better identify and respond to patients experiencing suicidal ideation and behaviours. This training needs to be expanded so that more ‘gatekeepers’ are equipped with the skills and capacity to intervene and respond appropriately.

Gatekeepers are respected community members, such as sports coaches, teachers, youth workers, clergy, pharmacists, aged care workers, leaders of community groups and others who are likely to be in contact with individuals at risk of suicide. Gatekeeper training improves suicide awareness and prevention skills among community leaders so they can support people in distress and help them link up to the services they need.

It is important to recognise that many suicides occur among people who have previously made a suicide attempt. Following up people who have made a previous attempt is a key strategy to reduce the number of suicides. Aftercare refers to the follow up care a person receives after they attempt suicide or present to health services such as general practitioners and emergency departments with suicidal thinking. Aftercare that maintains long term support in the community can reduce further suicidal behaviour and suicidal thinking.

The community also needs to be able to respond to the family and friends of a person who has attempted or completed suicide, as they are also at an increased risk of suicide and require support. Through enhanced coordination and capacity building at the local community level, people need to be supported to ensure a timely and effective response. These postvention responses may include grief counselling and support for those affected in navigating the system. Communities are encouraged to develop plans to respond safely to these situations.

What is the NSW Government doing?

Ensuring 24-hour access to mental health and crisis services

- Supported by NSW Health, Lifeline runs a confidential 13 11 14 telephone helpline providing 24-hour support and suicide prevention services for people experiencing a personal crisis. Crisis support is short term, and centres on providing people with assistance, non-judgemental support and resources in times of need. The main aim of crisis support is to help reduce stress and improve the person’s ability to cope with their current situation, and with future crises.

- NSW Health runs the 1800 011 511 Mental Health Line, which provides 24-hour mental health referral services and is staffed by mental health professionals. The Mental Health Line is a single number, state-wide 24-hour mental health telephone access service. Anyone with a mental health issue can use the Mental Health Line to speak with a mental health professional and be directed to the right care for them.
Increasing suicide prevention skills in the community

- Suicide prevention gatekeeper training is being delivered for communities, local services and organisations throughout NSW.
- NSW Health funds suicide prevention gatekeeper training for non-mental health workers in front line roles such as emergency department staff, first responders, drug and alcohol workers and maternal health nurses.
- The NSW Department of Family and Community Services’ Caseworker Development Program includes a module related to self-harm and suicide prevention to better support caseworkers’ awareness and responsiveness to these issues. A staff wellbeing strategy has also been developed to increase emotional wellbeing, build resilience, manage potential psychological injuries and develop a comprehensive understanding of mental health risks.

Delivering consistent, timely and continuing follow-up care and support

- Aftercare projects are being rapidly expanded throughout NSW. NSW Health is funding eight community managed organisations to deliver community based suicide prevention activities across NSW under the four-year Suicide Prevention Fund. From 2016–17 to 2019–20, these projects are aimed at developing a local response to local need and include:
  - Next Steps Suicide Attempt Response Team – delivering seven days per week aftercare services in the Illawarra Shoalhaven region. The service is being delivered to people who have attempted suicide or are at high risk of suicide and have presented to Wollongong, Shellharbour or Shoalhaven hospitals. Support is also being provided to families and carers.
  - HealthWISE Suicide Prevention Initiative – providing clinical mental health aftercare support for those at risk or affected by suicide in the New England North West region of NSW.
  - Clarence Coordinated Aftercare Service – supporting individuals, families and others, following a suicide attempt and presentation to Grafton and Maclean hospitals.
  - Hunter Primary Care Way Back Support Service – providing case management for up to three months for people who have had a recent suicide attempt and presented to Calvary Mater Newcastle Hospital.
  - ACON Suicide Prevention Initiative – targeting LGBTI communities in the Sydney and South Eastern Sydney LHD areas, this program provides support for people who have attempted suicide and a program to build the capacity of GPs to respond to LGBTI people at risk of suicide.
Responding to suicidal behaviour and complex mental health conditions in young people

• The School-Link program, a joint initiative between NSW Health and the NSW Department of Education, supports schools to identify young people with mental health problems and provide earlier access to appropriate mental health care and improved recovery planning and reintroduction to school following an episode of mental ill health.

• A range of programs coordinated by the NSW Department of Education are enhancing the ability of schools to respond to the risk of suicide and the effects of suicides in school communities. In collaboration with headspace, suicide postvention planning workshops are taking place with school executives, emergency management staff and school services teams across the state. These workshops aim to equip schools with a plan to minimise the impact of suicides and suicide attempts, and to mitigate the risk of suicidal behaviour spreading.

• The NSW Department of Education Networked Specialist Centres also support schools to respond to the complex needs of students and their families and carers by coordinating access to specialist psychological supports.

• NSW Health and the NSW Department of Education have also jointly commissioned Project Air for Schools, an evidenced-based model of training and care pathways to improve responses to young people with a personality disorder, many of whom have difficulty managing distress and may self-harm.

Building capacity to reduce suicide among people in contact with the justice system

• Online training is being delivered to Corrective Services NSW staff in Suicide Awareness and Managing At-Risk Inmates.

• Corrective Services NSW is working with Victims Services to increase the availability of counselling for inmates who have been victims of crime. If a Victims Services Approved Counsellor identifies that an inmate receiving counselling may be suicidal, they will alert custodial staff to facilitate a safety intervention by Corrective Services NSW Psychology Services.

• Juvenile Justice NSW is working closely with the Justice Health and Forensic Mental Health Network to prevent suicidal behaviour and self-harm among Juvenile Justice clients. Services include early screening for young people at risk of self-harm, trauma counselling for detainees who have been victims of crime, specialist assessment and referral, therapeutic care for clients with mental health issues and monitoring as required.

Reducing access to the means of suicide

• The NSW Government is matching investment provided by the Commonwealth to make a number of suicide ‘hotspot’ locations safer through a National Partnership Agreement on Suicide Prevention. This initiative will provide funds for Transport NSW and the NSW Department of Planning and Environment to develop infrastructure such as bridges and fencing to reduce suicide deaths at key locations in Sydney and regional NSW.

What do we need to do next?

The community has identified two actions that need the NSW Government’s immediate attention:

• Expansion of aftercare services in partnership with PHNs and the Commonwealth Government.

• Delivery of tailored community response packages, including gatekeeper training and community-led awareness campaigns to support specific priority populations. This will build community resilience and wellbeing and support community-led suicide prevention actions in response to particular challenges as well as reducing stigma, increasing help-seeking, and creating safe community conversations.

Priority populations may include, but are not limited to, young people, Aboriginal communities, emergency services, LGBTI communities and key industries affected by suicide such as construction and mining.

Other activities being considered include:

• Investigating the feasibility of social impact investment strategies for suicide prevention community responses.

• Enhancing and supporting Aboriginal communities to lead suicide prevention initiatives and develop and deliver culturally appropriate wellbeing activities that reconnect people to culture and reduce the high suicide rate among Aboriginal people.

• Promoting community-based postvention support, tools and resources for families and communities after a suicide attempt or suicide.
PRIORITY AREA 3
Supporting excellence in clinical services and care

Why is this a priority?
Having timely access to appropriate, high quality clinical services and care is critical to the prevention of suicide. This contact presents an opportunity to intervene early and to avoid crises from escalating further.

Clinicians needed to be supported to undertake suicide prevention training and cultural safety training to ensure the delivery of quality services. This training needs to be accessible and shared across the health system – not just within mental health services.

While individual services can make progress in suicide prevention, continuing to build excellence through the development of a statewide mental health patient safety program will provide more opportunities for shared learning and innovation. With a wider reach, it is expected to have greater impact and deliver more sustainable results. A structured approach to quality improvement will empower and support clinicians to continuously improve clinical practice and personalised care.

People with lived experience of a suicide attempt or bereaved by suicide have unique insights to share about the causes and effects of suicide and suicidal thinking. Peer workers provide highly valued insights about the experience of people with mental health conditions and a unique form of support in mental health services. Concerted action is taking place to increase the proportion of peer workers in mental health services across the state, including both government and non-government organisations. The peer workforce has become an essential and growing component of the mental health system in NSW.

What is the NSW Government doing?
Caring for people with suicidal behaviour and thinking in mental health services
• A significant expansion of clinical mental health services is underway in NSW. Mental health services that make clinicians available in the community rather than hospital are growing and access to specialist mental health professionals in emergency departments and hospitals is being further developed, including through video links to rural areas.
• NSW Health is also increasing the number of peer workers (people with a lived experience of a mental health issue) employed in mental health services to support people in their recovery. Peer workers in mental health are people with lived experience of a mental health condition who are employed to support people in their recovery and advocate for improvements to the mental health system.

Providing specific suicide prevention training for the clinical workforce
• NSW health services are required to meet minimum standards in the identification, assessment and management of people with suicidal behaviour and suicidal thinking, including in community, inpatient and emergency settings:
  − Suicide prevention training, involving both online modules and face to face activity, has been developed for NSW Health’s non mental health clinicians working in front line roles such as emergency department staff, drug and alcohol clinicians and maternal health nurses. This training ensures that clinicians working across the health system are able to identify and respond appropriately to people experiencing suicidal thinking or at risk of suicide.
  − Ongoing training is being rolled out for mental health clinicians across the health system to support them in meeting these standards.
Developing a new Mental Health Patient Safety Program

Suicide prevention is a priority in the new Mental Health Patient Safety Program being established by NSW Health. This program is a key action under the Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities.

In the new statewide program, the Clinical Excellence Commission will support local mental health services and clinicians to apply effective quality improvement tools and methods in a systematic, localised and continuous way.

The new Mental Health Patient Safety Program will build on the local expertise of frontline staff in collaboration with consumers and carers to instil hope and share understanding that suicide can be prevented in people under the care of the health system. This model of embedding a structured patient safety program based on improvement science has been successful in several mental health programs internationally and will focus on:

- Person-centredness – ensuring that individual and personal values guide all clinical decisions
- Patient experience – preventing avoidable harms and treating patients with compassion and respect
- Staff experience – assuring staff work in safe environments, are well supported, accountable and encouraged to think innovatively
- Effectiveness – enhancing how people recover from episodes of ill health via evidence based practice, understanding outcome variations and how health systems can be optimised.

What do we need to do next?

The NSW Government recognises that sustained effort is required for a more localised, bottom-up approach that embeds improvement science principles and encourages continual innovation and customisation. Activities being considered include:

- Increasing suicide prevention training for clinicians in general practice, hospitals and other health services.
- Making existing and emerging evidence on suicide prevention in clinical settings easily accessible to frontline staff.
- Spreading knowledge and skills in using effective quality improvement tools and methods among mental health services and clinicians and support local and statewide learning from reviews.
- Using a co-design approach, working collaboratively with staff, consumers, families and carers on redesigning mental health services to prevent suicides among people under care.
- Providing cultural safety training to staff in government and non-government mental health services.
- Exploring, through a co-design process, the development of a professionalised suicide prevention peer workforce where people with lived experience of a suicide attempt or bereaved by suicide are employed to contribute to reducing suicides.
PRIORITY AREA 4
Promoting a collaborative, coordinated and integrated approach

Why is this a priority?
Many different organisations, services, communities and individuals have a stake in suicide prevention. Effective local action needs all stakeholders to collaborate to reduce suicide in their regions. This involves improving access to the right support at the right time in the right place including mental health, drug and alcohol, domestic violence (including access to support through the Safer Pathway program), sexual assault, disability supports through the National Disability Insurance Scheme, homelessness and financial advice services.

At times, different services become aware that someone is suicidal, but lack of information sharing and collaboration means the person is not effectively supported. Information should be made available in a timely manner to relevant services about a person’s suicide risk and previous suicide attempt, wherever possible, so that services can respond quickly and appropriately and contribute to the prevention of suicide.

Regional and local coordination to share information, map services and enhance referral pathways and multi-agency responses is critical so that the person at the centre receives seamless, continuing care as required.

What is the NSW Government doing?
Improving whole of government responses to mental health and suicide prevention

• The NSW Government supports a whole of government approach to mental health. In addition to monitoring the 10-year mental health reform agenda in response to Living Well: A Strategic Plan for Mental Health in NSW 2012–2014, the NSW Mental Health Taskforce considers key Government priorities and cross-portfolio matters related to mental health, including the significance of regional challenges and implementation, and enhances cross-agency collaboration between NSW Health, NSW Department of Family and Community Services, NSW Department of Justice, NSW Department of Education, NSW Department of Premier and Cabinet, NSW Department of Finance, Services and Innovation, and NSW Treasury to support a whole of government approach to mental health.

• The NSW Mental Health Taskforce will provide oversight for the Strategic Framework for Suicide Prevention in NSW 2018–2023, reflecting the diverse membership required to ensure action is taken across agencies.

• The NSW Government also supports the NSW Suicide Prevention Advisory Group, which was established in 2016 to strengthen the planning, monitoring and coordination of suicide prevention efforts. Convened every six months by the Mental Health Commission of NSW and the NSW Ministry of Health, it brings together key stakeholders including police, emergency services, other government agencies, community organisations, PHNs, industry groups, Aboriginal health organisations, rural and remote communities, LGBTI communities and young people. The Advisory Group will continue to provide whole of community guidance to the NSW Mental Health Taskforce on issues relating to suicide prevention and implementation of the Framework.

• The NSW Government is a signatory to the National Communications Charter: A unified approach to mental health and suicide prevention. The Charter is designed to guide the way organisations talk about mental health and suicide prevention, with each other and with the community. It serves as a formal commitment to working together and developing better structures and processes for collaboration.

• NSW Health is also collaborating closely with the Commonwealth Government on the development of the National Suicide Prevention Implementation Strategy.
Supporting regional mental health and suicide prevention planning

- At the local level, LHDs are working closely with PHNs and other stakeholders to develop joint regional mental health and suicide prevention plans in line with the Fifth National Mental Health and Suicide Prevention Plan. LHDs and PHNs are mapping providers across the service system to develop stronger referral pathways, build community knowledge of the range of available services, and break down barriers to access.

- These regional plans will respond to Action 5 of the Fifth Plan:

  **Action 5: Governments will support PHNs and LHDs to develop integrated, whole-of-community approaches to suicide prevention:**
  - This will include engaging with local communities to develop suicide prevention actions as part of a joint regional mental health and suicide prevention plan.
  - Regional plans will be consistent with the 11 elements and informed by the National Suicide Prevention Implementation Strategy as it is developed.
  - At a regional level, PHNs and LHDs will work together to map providers across the service system, develop stronger referral pathways and build community knowledge of the range of available services and how to access them.

What do we need to do next?

Enhancing coordination and integration across the service-delivery spectrum will always be challenging and the NSW Government will need to consider new ways to galvanise organisations and services to respond to the risk of local suicides. This may include:

- Investigating a local ‘suicide alert system’ where information is shared more easily and quickly between programs and services about people at risk of suicide so that they can respond appropriately.

- Exploring further options for increased coordination between LHDs and PHNs that builds on their joint mental health and suicide prevention plans, and positively harnesses the energy and commitment of local suicide prevention collaboratives.

- Ensuring that people get to the right service quickly through supported and compassionate referrals.
PRIORITY AREA 5
Innovating for a stronger evidence base

Why is this a priority?
Ongoing research, evaluation and the development of evidence are critical to improving our response to suicide. There are a number of suicide prevention research activities that will inform the future implementation of the Framework and greater sharing of this evidence will support local communities to act according to what is known to be effective.

Reducing suicide and suicidal behaviour also requires innovative approaches. Trialling new interventions and programs that have been showing promising results in other locations will help to shape effective services in NSW.

What is the NSW Government doing?

Trialling innovative and promising interventions
- High quality research is an essential part of a comprehensive approach to suicide prevention. The NSW Government is investing a record amount in mental health research and some of these research projects are examining innovative new suicide prevention approaches:
  - Western Sydney LHD is trialling the effectiveness of SMS text messaging in improving the rehabilitation of people who have self-harmed and reducing their re-presenting to hospitals.
  - Funded by NSW Health, the Black Dog Institute and Hunter New England LHD are investigating a wrist-worn monitoring device to prevent suicides among patients in mental health facilities.
- LHDs and PHNs are working collaboratively in some areas, particularly in LifeSpan trial sites, to pilot new models for reducing suicide such as beyondblue’s The Way Back Service.

Evaluating interventions for continuous improvement
- NSW Health is evaluating the pilot of LikeMind mental health hubs in Penrith, Seven Hills, Orange and Wagga Wagga. LikeMind is an integrated service that brings together four core streams of service provision (mental health, drug and alcohol, primary care, and psychosocial and vocational services) in an accessible, engaging community space or ‘one-stop shop’ for adult mental health consumers. The target group for the services is people who are at risk or have diagnosed mental illness living in the community. Service providers maintain their existing clients as well as ensuring services reach individuals with mental health needs who may not currently be connected with the mental health sector.

Sharing knowledge and experience
- Transport for NSW is funding the Preventing Railway Suicide project aimed at developing an automated suicide risk detection system to reduce the incidence and impact of railway suicide, which has a devastating effect on victims’ families, station staff, train drivers, emergency workers, and bystanders. This project will develop two complementary information systems for more effective detection and reporting of suicide risk, use these systems to investigate how different situational factors interact with different combinations of service interventions to influence suicide risk, and share the findings to reduce railway suicide in Australia and overseas.

What do we need to do next?
Maintaining a broad range of innovative activities will continue to be an important focus for the NSW Government, with trials of innovative and promising interventions identified as a priority action. Drawing on international and interstate experience, the NSW Government will trial interventions that are most likely to be effective in NSW to fill gaps in the system and add to the evidence of what we know works.

Activities being considered include:
- Developing and trialling new models of crisis services that provide an alternative to emergency departments for people who are at immediate risk of suicide.
- Exploring opportunities to use data already available through the health system, human services, emergency services and other sources to inform suicide prevention activities. A wide range of data collections and intelligence systems provide opportunities for better linkages and their potential utility is being considered across government. Key data system experts will convene to inform options for NSW to work towards improvements in the timeliness, quality, sharing and utility of data.
- Exploring how digital technologies can enhance suicide prevention activities, especially through consideration of predictive technologies and machine learning.
- Developing and trialling innovative peer support and peer-led initiatives that provide appropriate support for people experiencing suicidal ideation or who have attempted suicide.
Next steps
Development of supporting resources

The NSW Government and key partners will develop a suite of resources to support implementation of the Framework including:

- Four reports summarising community views on suicide prevention gathered from across NSW, and from the online community survey:
  - Suicide Prevention Consultation Thematic Report.
  - Consultation paper: Prevention of suicide in Aboriginal communities and families in NSW.
  - Consultation paper: LGBTI perspectives on suicide prevention.
  - Consultation paper: Youth perspectives on suicide prevention.
- A Suicide Prevention Guide for Local Communities, which will help communities to identify their specific risks and protective factors, build resilience and wellbeing, and map local programs and services.
- An Implementation Plan to outline roles, responsibilities and timelines for implementation of the Framework.
- An Evaluation Framework to monitor and report on the outcomes of the Strategic Framework for Suicide Prevention in NSW.

Critical areas for immediate investment

This Framework supports the NSW Government’s existing commitments and sets the scene for future action. However, based on the evidence, gaps in services and approaches, and the priorities for change called for by the community, three areas have been identified that need the NSW Government’s immediate attention.

The NSW Government will work in partnership with the Commonwealth and PHNs, and the community managed, non-government and private sectors, where appropriate, to deliver on these.

1. Aftercare services

Effective follow-up care after a suicide attempt provides longer term support for people who are discharged from general hospitals and community services by rapidly linking them with ongoing support and coordination from a dedicated team or worker. The NSW Government will work with the Commonwealth and PHNs to ensure investment in aftercare services is complementary and minimises duplication.

2. Trials of innovative and promising interventions

Drawing on international and interstate experience, the NSW Government will trial the most innovative interventions that are most likely to be effective in NSW to fill gaps in the system and add to the evidence of what we know works.

3. Tailored community response packages

The NSW Government will invest in a flexible program that includes gatekeeper training and community-led awareness campaigns to support specific priority populations including, but not limited to, rural and remote residents, young people, Aboriginal communities, LGBTI communities, men in the primary, mining and construction industries and other populations according to local needs. This will build community resilience and wellbeing and support community-led suicide prevention actions in response to their local challenges.
References

1 Australian Bureau of Statistics (2018) *Causes of Death* collection, New South Wales, Cat: 3303.0 (Table 2.2).

2 Australian Bureau of Statistics (2018) *Causes of Death* collection, New South Wales, Cat: 3303.0 (Table 2.2).

3 Australian Bureau of Statistics (2018) *Causes of Death* collection, New South Wales, Cat: 3303.0 (Table 2.3).


5 Australian Bureau of Statistics (2018) *Causes of Death* collection, New South Wales, Cat: 3303.0 (Table 2.3).

6 Australian Bureau of Statistics (2018) *Causes of Death* collection, Australia, Cat:3303.0 (Table 11.2).

7 Australian Bureau of Statistics (2018) *Causes of Death* collection, New South Wales, Cat: 3303.0 (Table 2.2).


11 Australian Bureau of Statistics (2018) Causes of Death collection, New South Wales, Cat 3303.0 (Table 12.7).


Notes