National Suicide Prevention Final Advice

Lucy Brogden (She/her) Chair, National Suicide Prevention Expert Advisory Group

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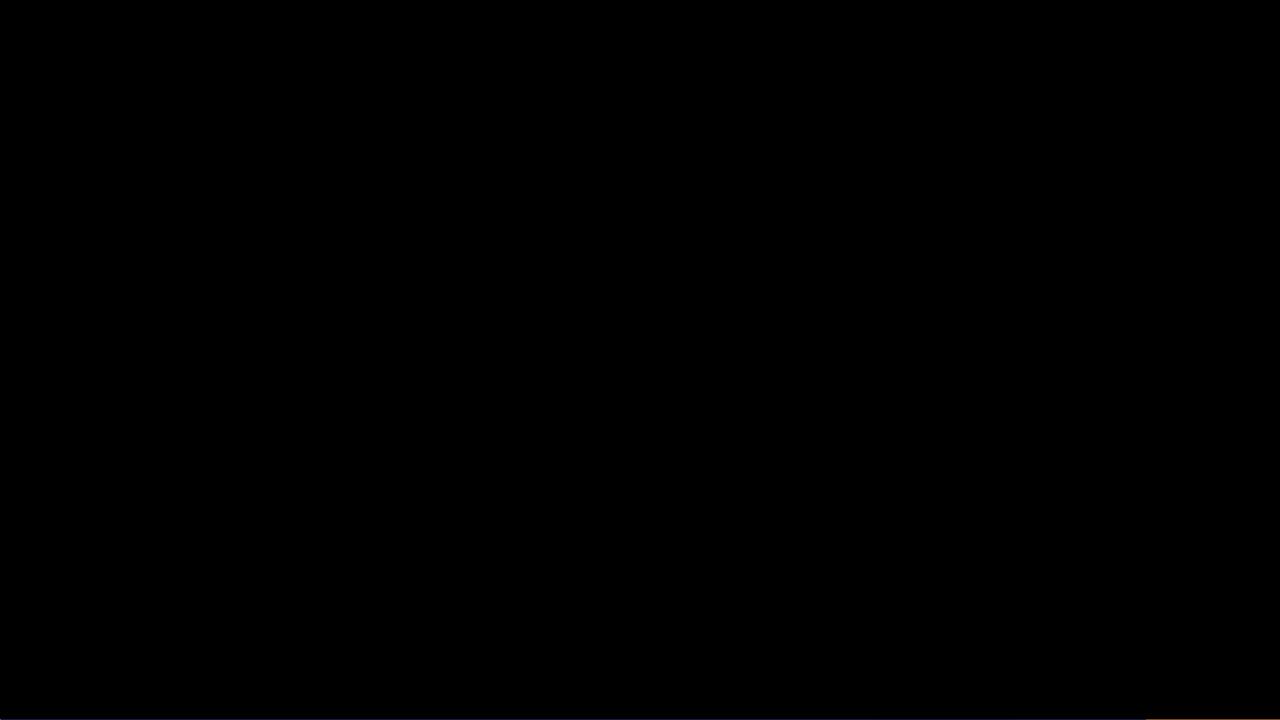
Graeme Holdsworth

National Suicide Prevention Expert Advisory Group Member



Message from The Hon. David Coleman MP

Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention



Compassion First

WHY - A whole of governments approach

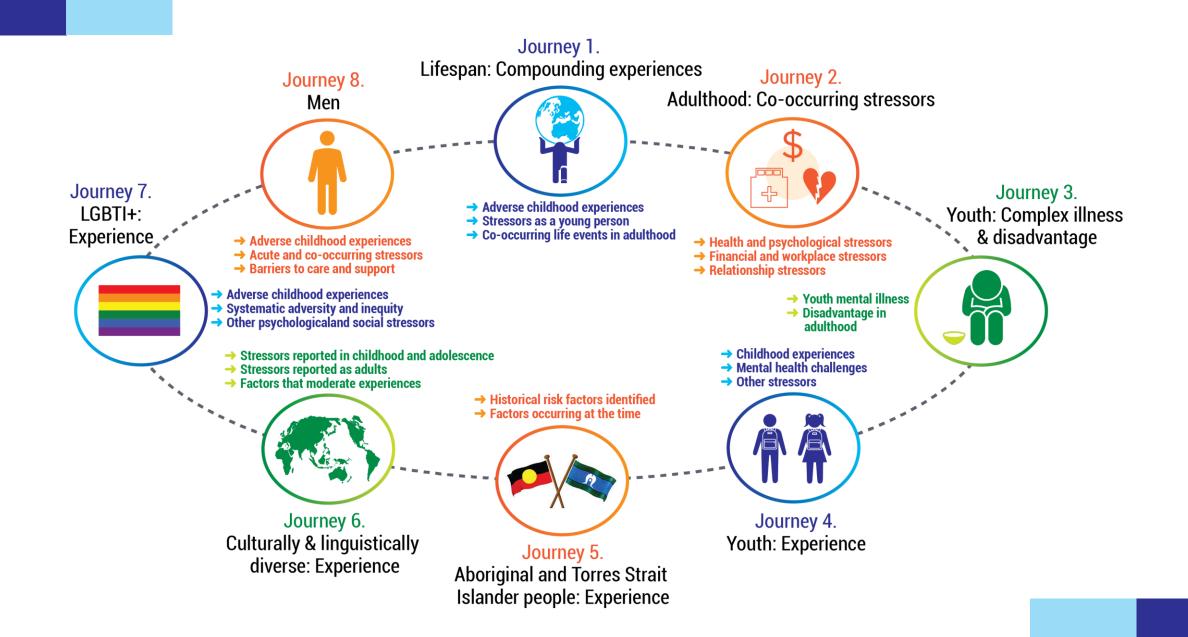
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Youth Advisory Council Member, Orygen



Journey 1. Lifespan: Compounding experiences



Adverse childhood experiences

Stressors as a young person

Co-occurring life events in adulthood

A journey that started early in life and was built on by experiences across the life course often included:

- · adverse experiences that occurred in childhood
- psychological, relational and social challenges as a young person
- co-occurring stressors in adulthood, often combined with a change in alcohol and other drug use preceding a suicide attempt.

Journey 2. Adulthood: Co-occurring stressors



Health and psychological stressors

Financial and workplace stressors

Relationship stressors

Common co-occurring stressors within the past 5 years, including:

- health and psychological stressors
- financial and/or workplace stressors
- · relationship stressors.

Journey 4. Youth: Experience



Childhood experiences

Mental health challenges

Other stressors

Diverse factors impacting on young people who had experienced suicidal distress. These often (but not always) included:

- · Adverse experiences in childhood
- the onset of mental ill-health
- a range of stressors related to identity, relationships, fitting into cultural norms, academic achievement and financial stressors.

Snapshot of Need

Prof. Pat McGorry (he/his)
Executive Director,
Orygen



Connected & Compassionate

Recommendations & Priority Actions

Christine Morgan (she/her)
National Suicide Prevention Advisor

4 Enablers

Leadership and governance to drive a whole of government approach



2. Lived Experience knowledge and leadership



3. Data and evidence to drive outcomes



Workforce and community capability



4 Key Shifts

Responding earlier to distress



Connecting people to compassionate services and supports



7. Targeting groups that are disproportionately impacted by suicide



Policy responses to improve security and safety





Whole of Government with Outcomes



- national
- jurisdictional
- regional

- i. First Ministers authorising & requiring cross portfolio approaches
- ii. National Suicide Prevention Strategy
- iii. National Suicide Prevention Office
- iv. Regional arrangements strengthened and resourced

Recommendation 2:

Intergration of Lived Experience knowledge into:



- national priority setting
- planning, design & delivery of services
- evaluation

- i. lived experience leadership& governance structures
- ii. demonstrated engagement & co-design with lived experience required for all government funded research and services
- iii. adequate funding to build lived experience workforce
- iv. increase lived experience research with a focus on those who have experienced suicidal distress or crisis

Recommendation 3:

Recognising data, evidence & outcomes are essential

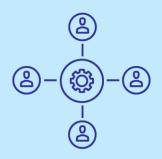


- · identify data needed
- improve quality & timeliness
- enable sharing of data

- suicide registers in all jurisdictions deaths, attempts, self-harm
- ii. national surveys ideation, self-harm, attempts
- iii. national outcomes framework and national definition and standards for suicide attempts & self-harm
- iv. national priorities for research & translation

Recommendation 4:

Workforce & capability



Evidence based & compassion focused workforce development of all involved in suicide prevention – driving cultural change & increasing capacity & capability

- i. evidence based training for clinical & health staff
- ii. compassion-based training for frontline workers responding to distress, especially financial, employment & relationship support
- iii. national suicide prevention workforce strategy

Recommendation 5:

Responding earlier to distress



Develop & implement responses providing outreach & support at point of distress.

- i. intervene early in life to mitigate adverse childhood experiences, support families, early access for children and young people
- ii. scalable early distress interventions for those experiencing
 - intimate relationship distress
 - employment or workplace distress
 - financial distress
 - isolation and loneliness
- iii. supporting people through transitions
 - entering / leaving justice settings
 - from military service
 - from education / vocational settings
 - entering retirement
 - engaged with aged / supported care services

Recommendation 6: Connecting people to compassionate services & supports



Integrated, connected, quality services actioning the National Suicide Prevention Strategy under the Fifth Plan & the National Mental Health and Wellbeing Pandemic Response Plan

- i. integrated digital & face-to-face services
- ii. service models with compassionate community based supports
- iii. aftercare for anyone in crisis who has attempted suicide
- iv. support for families, care givers, those bereaved, those impacted
- v. connection with AOD services





Equity approach to prioritise populations disproportionately impacted by suicide.

- i. funding of National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- ii. priority access for males
 - leveraging:
 - o employment services
 - o family law courts
 - o relationship services
 - o aged care
 - report on accessibility of services
- iii. actions for priority populations
 - children & young people
 - LGBTIQ+ communities
 - culturally and linguistically diverse
 - veterans & their families
 - rural & remote communities impacted by adversity
- iv. occupations & industries with higher suicide



Policy response to improve security & Safety

Immediate Priority Action 2021–2022



Working towards a 'suicide prevention in all policies' approach



 review existing policies to improve security & safety

Shifting the Focus

Alan Woodward (he/his)

Deputy Chair, Suicide Prevention Expert Advisory Group

Stefani Caminiti (she/her) Suicide Prevention Expert Advisory Group Member

A whole of government model to guide suicide prevention in Australia



SHARED UNDERSTANDING

Informed by lived experience knowledge, translation of evidence and improved Australian data.



COMPREHENSIVE APPROACH

Balancing the benefits of longer term prevention approaches with immediate opportunities to better respond to distress and connect people to supports.

Longer and medium-term actions to prevent suicide

Immediate actions to support people in distress or who are at risk of suicide



Policy responses that address social and economic

drivers of distress



Cross-agency programs and linkages to mitigate trajectories toward suicidal behaviour



Use all available touchpoints to provide outreach early in distress



A coordinated and responsive system of care for people experiencing or impacted by suicidal behaviour



DECISION-MAKING TOOL

ENABLED BY







DATA & EVALUATION

A whole of government approach to guide suicide prevention in Australia

SHARED UNDERSTANDING



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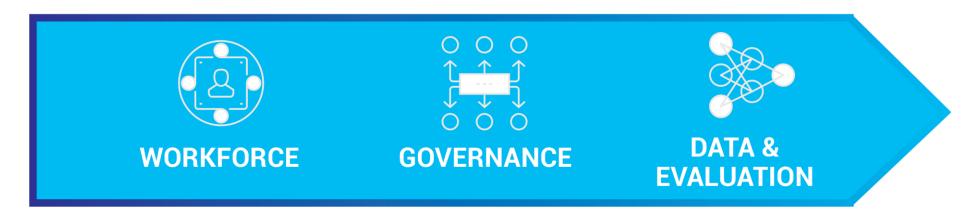
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A whole of government approach to guide suicide prevention in Australia

ENABLED BY





Support services

Adult

Lifeline: 13 11 14

lifeline.org.au

Suicide Call Back Service: 1300 659 467

suicidecallbackservice.org.au

Beyond Blue: 1300 24 636

beyondblue.org.au

MensLine Australia: 1300 789 978

mensline.org.au

Youth

Kids Helpline: 1800 551 800

kidshelpline.com.au

headspace: 1800 650 890

headspace.org.au

ReachOut: au.reachout.com

Other resources

Head to Health: mental health portal

headtohealth.gov.au

Life in Mind: suicide prevention portal

lifeinmindaustralia.com.au

SANE: online forums saneforums.org

healthinfonet.ecu.edu.au - Aboriginal and Torres Strait Islander

1800 184 527 qlife.org.au - Lesbian, gay, bisexual, trans, and/or intersex

mhima.org.au - Culturally and linguistically diverse





