



**Suicide  
Prevention**  
Central Coast

# **Suicide Prevention Central Coast Alliance Strategic Plan**

**2020 – 2025**

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## Acknowledgment of Country

The Suicide Prevention Central Coast Alliance recognises that we work on Aboriginal land.

We pay our respect to these lands that provide for us.

We acknowledge and pay respect to the ancestors that walked and managed these lands for many generations before us.

We acknowledge and recognise all Aboriginal people who have come from their own country and who have now come to call Darkinjung country their home.

We acknowledge our Elders who are our knowledge holders, teachers and pioneers.

We acknowledge our youth who are our hope for a brighter and stronger future and who will be our future leaders



## Acknowledgement of Lived Experience

We would like to acknowledge and thank those who have come forward to share their expertise, gained from personal experience of suicide and recovery.

The power of having a voice, and that voice being heard is important.

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# At a glance: our vision, mission, priorities and values



## Our vision

Central Coast:  
Growing safer,  
stronger and more  
connected. We're  
working together to  
reduce suicide.



## Our mission

We are supporting a  
stronger community  
that builds citizen  
confidence, values  
lived experience,  
addresses  
contributors to risk,  
enhances protective  
factors and enables  
stronger networks and  
care pathways.



## Our priorities

We will focus on:

- valuing lived experience
- enabling collaboration and leadership
- making decisions based on data and evidence
- building community and provider confidence
- working with key local communities
- building safer care pathways and Stronger connections.



## Our values

Our work together will  
be driven by:

- accepting, welcoming, belonging
- an inclusive approach
- a focus on partnerships and collaboration
- responsiveness, honesty and reflectiveness in our work
- a focus on building a hopeful, optimistic, resilient, recovery-oriented community.

# A changing landscape

Contemporary practice and evidence tell us that suicide and self-harm are complex, multifaceted issues that require a whole-of-community response. An effective whole-of-community response requires the development of local collaborative partnerships. These partnerships must be authentic and grounded in a shared appreciation of our unique experiences and capabilities.

The Central Coast has a rich history of community and government agency collaboration to prevent and reduce suicide dating back to the 1990's.

In 2016, Central Coast Local Health District was the successful organisation granted the tender to be one of four trial sites for the Black Dog Institute's LifeSpan Project. LifeSpan is an evidence-based, integrated approach to suicide prevention. Many members of what was to become the Suicide Prevention Central Coast Alliance provided letters of support for this tender process.

The Suicide Prevention Central Coast Alliance (the Alliance) was established in 2016. Our members represent a broad range of agencies and stakeholders including: Commonwealth, state and local government organisations, local businesses, community-managed organisations, Aboriginal and Torres Strait Islander community organisations, lived experience advisors and spokespeople for Gender and Sexually diverse communities and Culturally and Linguistically Diverse (CALD) communities.

From June 2017 to December 2020, the Alliance provided strategic direction and informed decision making for the ongoing collaborative development, implementation and evaluation of the LifeSpan Trial.

Evidence from overseas and Australia points to the benefits of combining effective strategies into a multilevel and multifactorial approach to suicide prevention. This is often referred to as a 'systems approach'. It involves evidence-based interventions from population level to the individual, implemented simultaneously within a defined geographical region. The LifeSpan project adopted this approach, combining strategies that have strong evidence for suicide prevention into one community-led approach. Those strategies were:

- Improving emergency and follow-up care for suicide crisis
- Using evidence-based treatment for suicidality
- Equipping primary care providers to identify and support people in distress
- Improving the competency and confidence of frontline workers to deal with suicidal crisis
- Promoting help-seeking, mental health and resilience in schools
- Training the community to recognise and respond to suicidality

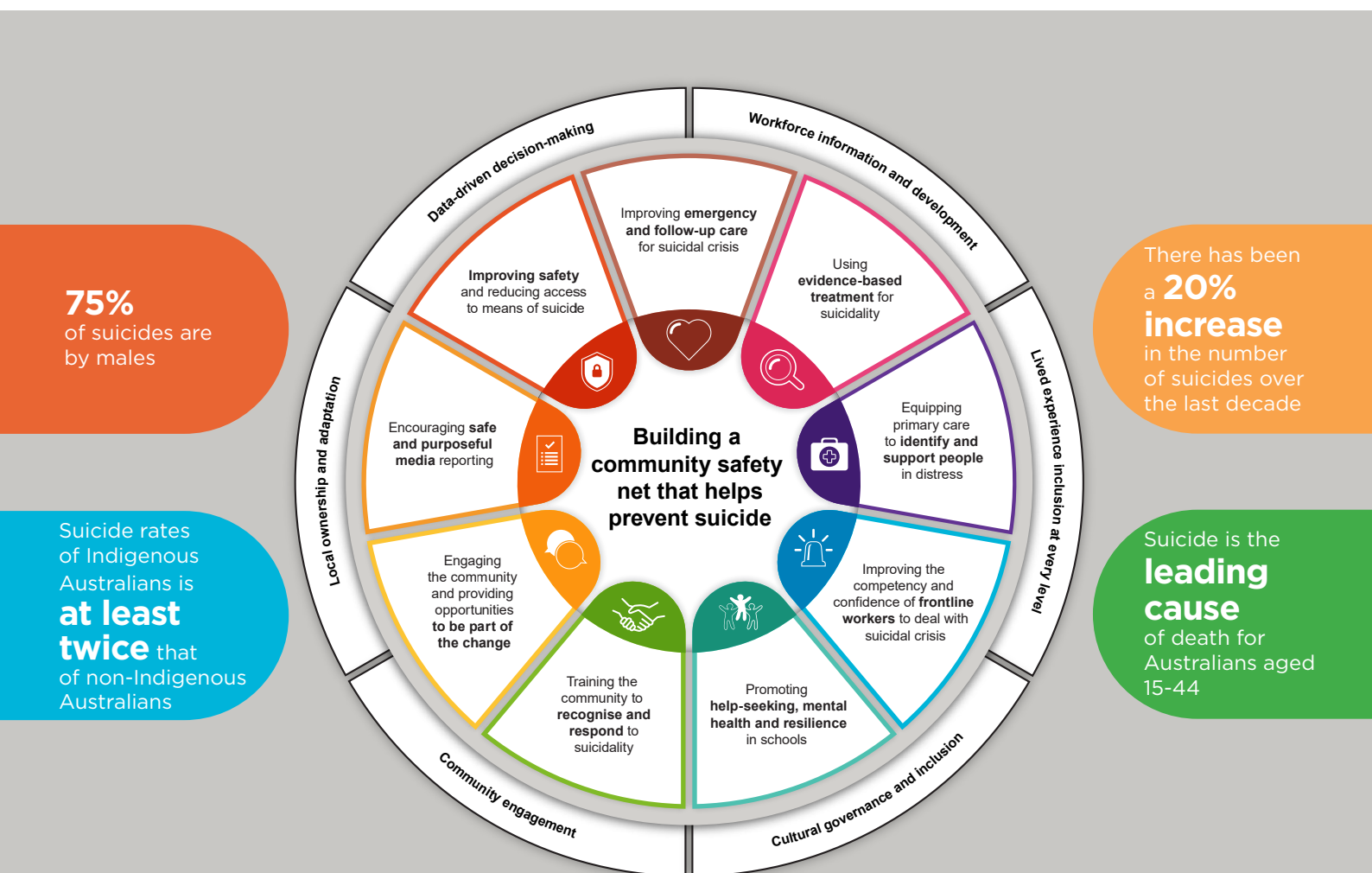


- Engaging the community and providing opportunities to be part of the change
- Encouraging safe and purposeful media reporting
- Improving safety and reducing access to means of suicide

The LifeSpan trial supported us to begin building a safety net for the Central Coast by connecting and coordinating new and existing interventions and programs, and building the capacity of our community to better support people facing a suicide crisis.

This work has been our focus for the past three years. Over this time our Strategy and Operational Plan have effectively been the implementation of the LifeSpan trial.

The trial provided a significant opportunity for the Central Coast community to establish effective evidence-based strategies in a range of settings. Now we have the opportunity to build on the strong foundations provided by the trial. We have established new programs and built our community's capability in relation to suicide prevention. Significantly, the LifeSpan trial enabled us to establish and nurture strong relationships between the community, community-based services, primary health services and government agencies.



## GET INVOLVED

Undertake suicide prevention training.  
Familiarise yourself with the services and support available in the community. Look after yourself and support others when they need help.

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We learnt that multiple strategies implemented at the same time have a synergistic effect greater than the sum of the individual parts. We saw that collaboration between local healthcare bodies, related government agencies, community organisations and those with lived experience is integral to the success of collaborations such as ours – you can read more about this in the LifeSpan Trial report card.

Suicide is a community problem and requires a collaborative community response if we are going to make a real difference. The Alliance recognises that there are many different lived experiences of community. Most of us feel that we belong to more than one community – it could be our neighbourhood community, our cultural community, our vocational community or another kind of community. It's also important to recognise that, for most of us, our most immediate community is our family and the people who care for us. We also believe that communities are made up of all the people and services who contribute to and participate in a particular community.

Through the LifeSpan Trial, we learnt that we must provide inclusive care for all people in the community, taking into account their gender, sexuality, ethnicity, Aboriginal and Torres Strait Islander status, history of trauma, and other factors that impact on how a person will seek assistance.

As a consequence, we believe that all of the issues we have prioritised in this Strategy require the active participation of and input from people with lived experience. Integrating lived experience will be critical to the success of a collaborative, multilevel, systems approach. Valuing and working with people's lived experience will support us to clarify and improve the ways our programs and services support people on the Central Coast.

Using accurate, credible and relevant data and evidence to inform the planning, delivery and evaluation of our initiatives is also important. We will have a specific focus on data and evidence in all of our work.

Building on the legacy of the LifeSpan Trial, we have now reset our mission for the future. We will build capacity within the Alliance, its member agencies and the community to sustain the strategies and existing gains from the LifeSpan trial. Additionally, we will establish and communicate a clear vision for the future including expansion of effective suicide prevention strategies on the Central Coast.



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# Priority 1

## Valuing lived experience

### Why?

All of the issues we have prioritised in this Strategy require the active participation of and input from people with lived experience.

The term “lived experience” within this Strategy is used to describe the first-hand accounts of people who have made a suicide attempt, experienced suicidal thoughts, have been bereaved by or impacted by suicide. It also refers to individuals who support those who have attempted or died by suicide.

Lived experience is a critical element in the success of an integrated, multilevel, systems approach to suicide prevention. Valuing and working with people’s lived experience can deliver a range of positive outcomes. It can support working partnerships to clarify and improve the ways in which our programs and practices support people and communities. It can represent needs in the service system through the lens of lived experience. It can broaden the capacity of the system to be person-centred, family inclusive and culturally competent. Additionally, this approach can enable people with lived experience to serve as recovery role models and mentors, providing information and motivation for others in similar circumstances.

One of the key strategies in our work over the past three years was focused on engaging the community and providing opportunities to be part of the change. People with lived experience have been a key component of our work on this. Now we think that we can do even more.

We will employ solution design processes such as Human Centred Design (HCD) and Experience Based Co-design (EBCD) to bring lived experience into the heart of our work.

HCD explores issues and problems to be solved by understanding the detail together (consumers and providers). It canvasses the range of potential solutions using a co-design process of prioritising, prototyping and testing. It emphasises empathy and iteration. Our work will also integrate the key EBCD principles of: Equity; Inclusion; Capacity Building; Co-creation; Purposeful Design; Innovation; Sustainability; and Evaluation.

Using these processes and principles, we aim to ensure that people’s lived experiences drive the activities and decisions of the Alliance.



## Actions

We will establish a Lived Experience Reference Group that will:

- ✓ Identify how the Alliance can best engage and partner with people with lived experience
- ✓ Establish mechanisms to enable people with lived experience to participate in the Alliance's design and decision making processes.
- ✓ Ensure the Reference Group is representative of a diverse range of identities and lived experiences including:
  - » Gender and Sexually diverse community members
  - » Aboriginal and Torres Strait Islander community members
  - » Diverse ethnic/cultural/religious community members
  - » Ages
- ✓ Ensure that people's lived experience drives the activities and decisions of the other related Alliance Working Groups.



*"The well-being  
and safety of  
our community is  
really a shared  
responsibility"  
Alliance member*

## Priority 2

# Enabling collaboration and leadership

### Why?

An effective whole-of-community response requires the development of collaborative partnerships. These partnerships must be authentic and grounded in a shared appreciation of each partner's unique experiences and capabilities.

We seek to build both the confidence and capability of our collaborative members to work together and deliver care to the very best of their ability.

Our activities over the past three years had a focus on building the confidence of organisations that provide services to the community. This included:

- Improving emergency and follow-up care for suicidal crisis
- Supporting mental health professionals to use evidence-based treatment for suicidality
- Equipping primary care to identify and support people in distress and
- Improving the competency and confidence of frontline workers to deal with a suicidal crisis.

It is important to continue supporting these services as they are necessary parts of the prevention solution. However, these organisations are not sufficient on their own. Strengthening collaboration between communities, consumers, service providers and other stakeholders is critical.

Enhancing our collaborative approach to suicide prevention is a priority for the Alliance. We value the experience of our community and consumers. We recognise the importance of their participation in the design and delivery of this strategy and the services they use. We also recognise the practice experience of our service providers and will work to support partnerships between people with lived experience and service providers in the development of our services.

The Alliance will establish clear governance, purpose and strategy to support our multi-sectoral work. We will work together to develop a Suicide Prevention Central Coast Alliance Charter that clearly states our principles of collaboration.

We will work together to establish secure resourcing that supports the ongoing work of the Alliance.

## Actions

The Alliance will establish a clear direction for partnership opportunities for our community, our providers and our members by:

- ✓ Publishing a 2020-2025 Strategic Plan.
- ✓ Publishing a multi-agency Operational Plan.
- ✓ Ensuring that all our Working Groups work together with common purpose.
- ✓ Developing and publishing a Suicide Prevention Central Coast Alliance Charter which states our principles of collaboration and allows our partners to sign to show support of this shared approach.
- ✓ Developing an evaluation process to monitor, reflect and report on actions achieved in relation to the Vision, Mission and Priorities described in this plan.

"I think it's a group of really good, willing people who are motivated. It's not a committee for having a committee's sake, it's a committee that wants to make a real difference"

*Alliance member*



"Having the Suicide Prevention Alliance on the Central Coast has provided more of a platform for us to work together in a meaningful way"

*Alliance member*





## Priority 3

# Making decisions based on data and evidence

## Why?

The Alliance recognises the importance of using accurate, credible and relevant data and evidence to inform the planning, delivery and evaluation of our initiatives.

Whether developing, implementing or commissioning services, accurate data is critical. It supports us to determine the nature of those services, the individuals or communities to whom services are directed to, and preferred models of service delivery. For example, the fifth priority in this plan is to prioritise communities at increased risk of suicide. Identifying and working with those key populations will be supported by robust data collection and analysis.

Likewise, adopting an evidence-informed approach to service development and delivery ensures that we provide the supports and services most likely to make a real difference.

The World Health Organisation (WHO) 2012 **Public Health Action for the Prevention of Suicide Framework** states that *“a situation analysis that identifies the extent of the problem in a particular geographical area is a vital step in developing effective suicide prevention initiatives. WHO recommends an estimate of the incidence of suicide and suicide attempts and an examination of relevant socio-demographic, structural and clinical factors, thereby identifying those populations that are especially vulnerable. It should also ... assess the availability, use and quality of services ... as well as gaps in the health system, responses from other sectors, and intersectoral mechanisms.”*

Over the last three years the Black Dog Institute's LifeSpan data team have prepared a local Suicide Audit Report, referencing deaths by suicide and attempts of suicide over a ten year period to guide our service development and planning. Since then, NSW Health has committed to reform the management of suicide data in NSW. It will address the fragmentation, confusion and lack of accessibility that characterises the current system. In particular, NSW Health aims to provide authoritative information to support communities and local organisations, such as ours, to respond to suicide faster and more effectively.

We will utilise our local Audit Reports and the opportunity afforded by NSW Health's state-wide data initiatives, to develop a Data and Evidence protocol. That protocol will guide our decision making and design processes over the next five years.

The Alliance will also undertake a number of key initiatives to enhance and improve our ability to undertake good data-driven decisions. In particular, we will aim to share data, evidence and information between our Alliance partners where possible e.g. The Hunter New England Central Coast Primary Health Network Dynamic Simulation Modelling for Suicide Prevention.

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## Actions

We will establish a Data and Evidence Working Group that will:

Develop a Data and Evidence Protocol to:

- ✓ Outline the key data and evidence sources we will use to inform our decision making.
- ✓ Document our principles of decision making and prioritisation.
- ✓ Develop the monitoring and evaluation activities outlined in this plan including:
  - ✓ The identification or development of simple survey instruments to measure how we have supported an increase in safety, strength, connection and partnerships within the Central Coast community.
  - ✓ The production of an annual report card that accounts for our actions and outputs in relation to the Strategic Plan.
  - ✓ Work with key stakeholders in policy, service delivery and academia to develop tools to identify those at-risk and their care needs.



*"Working together is vital in helping prevent suicide in our community"*  
*Alliance member*



## Priority 4

# Building community and provider confidence

## Why?

Suicide is a community problem and requires a collaborative community response if we are going to make a real difference.

A strong and resilient community is one where members and providers feel connected, informed and enabled to provide appropriate advice and support to people.

Our local strategies will be grounded in robust community engagement and enablement strategies. Over time, services will increasingly reflect local cultural practices and be demanded, embraced, owned and driven by local communities.

One of our key areas of focus has been working with the community to build provider capability. Community activities and communication campaigns were delivered in conjunction with other evidence-based suicide prevention strategies to improve local awareness of services and resources and drive increased participation in local suicide prevention efforts. We particularly focussed on:

- Campaigns and activities such as R U OK? Day
- Community and workplace programs such as Question Persuade Refer (QPR) training
- Mental Health Literacy in schools through the Youth Aware of Mental Health (YAM) program.

We also know that excellent GP care can significantly decrease suicide attempts and deaths, particularly when integrated into a multifaceted suicide prevention program. People with suicidal behaviour frequently visit primary care physicians in the weeks or days before suicide, which makes GPs ideal candidates to identify suicidality.

Various community service providers are also gatekeepers and are likely to come into contact with at-risk individuals and may be influential in a person's decision to access care. They can include: hairdressers, teachers, police, paramedics, youth workers, community workers and health workers. These people are in a position to carry out informal, or sometimes formal, observation of an individual to identify potential risk and provide assistance.

We will continue to build on the community and provider foundations that we have supported over the past three years. We will also have a planned and proactive approach to building community and provider confidence into the future.

We will achieve this by using data and evidence to identify those populations and settings where we can have the greatest impact. We will also consult with people with lived experience, community providers and community representatives to validate our decisions. We will then develop a schedule of activities and events to continue growing community and provider confidence.

In addition to this, we will support local initiatives that align with our Mission, Values and Priorities - this can be through sharing data and evidence, supporting funding submissions, promoting events on the Central Coast Suicide Prevention website.

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## Actions

We will establish a Building Community and Provider Confidence Working Group that will:

- Use data and evidence to identify those populations and settings where we can have the greatest impact and develop a schedule of activities and events to continue growing community and provider confidence.
- Build partnerships with Academics, Universities and Centres of Excellence to bring translational knowledge to the Central Coast through research and education.
- Work with partners and stakeholders to develop models that build community resilience.
- Revise our communication strategy (including our website) to ensure that our schedule of activities and events is readily accessible to the range of communities that we work with.
- Continue to support initiatives that aim to:
- Improve emergency and follow-up care following a suicidal crisis
- Ensure mental health professionals use evidence-based treatment for suicidality
- Use primary care services to identify and support people in distress
- Strengthen the competency and confidence of frontline workers to deal with a suicidal crisis
- Deliver Question Persuade Refer (QPR) and other gatekeeper suicide prevention training
- Support RU OK? Day
- Provide Mental Health Literacy in schools e.g. Youth Aware of Mental Health program



## Priority 5

# Working with key local communities

## Why?

The Alliance recognises and endorses the 2012 World Health Organisation (WHO) **Public Health Action for the Prevention of Suicide Framework** that states *“while factors contributing to suicide can vary among specific demographic and population groups, the most vulnerable, such as the young, the elderly and the socially isolated, are in the greatest need of suicide prevention efforts”*.

We know that risk factors for suicide include mental and physical illness, problematic alcohol or drug use, chronic illness, acute emotional distress, violence, a sudden and major change in an individual's life such as loss of employment, separation from a partner, or other adverse events, or, in many cases, a combination of these factors. While mental health problems play a role which varies across different contexts, other factors such as cultural and socio-economic status are also particularly influential.

It is therefore critical to identify the broad socio-cultural, environmental and individual protective factors which may reduce a person's vulnerability to suicidal behaviours.

The Public Health Association of Australia (PHAA) **Suicide Prevention Policy Position Statement 2018** states *“suicide is a major cause of premature mortality for Aboriginal and Torres Strait Islander people, with a rate of suicide that is 23.8 per 100,000 - more than twice the Australian national average. Indigenous young people (aged 15-24 years) are particularly vulnerable with the suicide rate almost four times that of non-Indigenous young people in 2016.*

*Other population groups at increased risk of suicide and self-harm include people from Gender and Sexually diverse community, Culturally and Linguistically diverse backgrounds (CALD) particularly refugees and asylum seekers, people living with a mental health conditions, men living in rural and remote areas, ex-service service personnel , emergency service workers and people experiencing domestic violence.”*

We believe an effective suicide prevention strategy is required that works with identified communities using strengths-based, culturally appropriate and community-led approaches.

We will invest in peer-led services and community development strategies to engage communities in our suicide prevention initiatives. We will be guided by the key Experience Based Co-design principles of: Equity; Inclusion; Capacity Building; Co-creation; Purposeful Design; Innovation; Sustainability; and Evaluation.

*"It's allowed me to strengthen and build on the partnerships in the Alliance and to have a voice for my community and mob"*  
*Alliance member*

## Actions

We will establish a Key Local Communities Working Group that will:

- Develop principles that outline how we can identify key populations and settings where we can have the greatest impact.
- Work with services and key leaders/Elders of identified communities to co-produce an agreement and plan which aims to look at how we can adapt our "Building Community and Provider Confidence" and "Building Safer Care Pathways and Stronger Connections" strategies to support priority communities.
- Work with those leaders and communities to explore contemporary literature and evidence about building community resilience and support them to develop relevant solutions and initiatives.
- Work with our regional multi-agency structures to advocate for suicide prevention.
- Ensure that our programs and services are culturally appropriate and competent (including Trauma Informed Practice and Care) to increase the likelihood of Aboriginal and Torres Strait Islander people, the Gender and Sexually diverse community and those from Culturally Diverse backgrounds accessing our services.
- Implement effective, timely and culturally appropriate communication strategies when working with key communities.





## Priority 6

# Building safer care pathways and stronger connections

### Why?

Evidence from overseas and Australia points to the benefits of combining effective strategies into a multilevel and multifactorial approach to suicide prevention. This is often referred to as a 'systems approach'. It involves evidence-based interventions from population level to the individual, implemented simultaneously within a defined geographical region.<sup>1</sup>

To be successful, services must provide inclusive care for all people in the community, taking into account their gender, sexuality, ethnicity, Aboriginal and Torres Strait Islander status, history of trauma, and other factors that impact on how a person will seek assistance.

Our participation in the LifeSpan project enabled us to implement an evidence-based, integrated approach to suicide prevention. We built a safety net for the community by connecting and coordinating new and existing interventions and programs, and growing the capacity of the community to better support people facing a suicide crisis.

However, one of our key learnings is the need to do more to ensure that people and carers are able to access help when and where they need it. In the evaluations of our activities we have heard too many examples of people who were unable to access appropriate services, or who experienced significant difficulties transitioning from one service to another. We see opportunities to improve the availability and quality of care in: mental health care (inpatient and community), the delivery of after care, and post-suicide support services.

We made significant gains over the past three years but there is still much more work to do in uniting services.

When people seek help they need to feel validated, welcome and heard. We will build service pathways that are easy to access and navigate with transparent information, using language that all consumers can understand and utilise, regardless of cultural background.

We will focus on strengthening agencies' interconnectedness. We will ensure that the experience for individuals and their carers is a seamless one and that they are able to access the right service at the right time with minimal difficulty.

<sup>1</sup> Black Dog Institute, *An Evidence-based Systems Approach to Suicide Prevention: Guidance on Planning, Commissioning and Monitoring*, Commonwealth of Australia, 2016, p.7

## Actions

We will establish a Building Safer Care Pathways and Stronger Connections Working Group that will:

- Identify those circumstances where the community has difficulties accessing and navigating the health and support system.
- Identify solutions to issues in relation to the access and navigation of Central Coast health and care/support services.
- Support and develop initiatives to establish better care pathways and connections between services.
- Develop a communication strategy that addresses issues in relation to accessing and navigating the health and support system.



*"Being on the Alliance gives me a sense of hope that we are on the right track in reducing suicides on the Coast"*  
*Alliance member*

# How will we know if we have succeeded?

Our success will be determined by:

1. The impact our actions have to address our key priorities in relation to our Vision “to build a safer, stronger, more connected community”. This will be measured by a Community Strength and Safety Survey.
2. What actions we effectively deliver in relation to our key priorities. This will be measured and reported on through an Annual Strategic Report Card.

## Community Strength and Safety Survey

We will identify or develop simple survey instruments to measure how we have supported an increase in safety, strength, connection and partnerships within the Central Coast community.

We will survey key community informants and people with lived experience and measure:

- Consumer confidence in available services
- The extent to which people feel their lived experience is valued
- The degree to which risk factors and conditions have been addressed

We will utilise available and relevant data.

We will model our survey on existing community capacity and strength survey tools such as:

- <https://chat.csi.edu.au/#/register>
- <https://medium.com/together-institute/the-community-test-how-to-measure-the-strength-of-a-community-bbfd67872437>
- [https://www.ndhealth.gov/injury/ND\\_Prevention\\_Tool\\_Kit/docs/Community\\_Readiness\\_Handbook.pdf](https://www.ndhealth.gov/injury/ND_Prevention_Tool_Kit/docs/Community_Readiness_Handbook.pdf)
- <https://www.communityplanningtoolkit.org/sites/default/files/EngagementR1.pdf>

## Annual Strategic Report Card

We will publish an Annual Strategic Report Card that summarises actions taken and outputs in relation to our six key priorities, as outlined in this document.

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## Our next steps?

This Strategic Plan sets out our direction and priorities for the next five years. It will need the support and active involvement of our Alliance members, working groups, and community to ensure we reach our priority outcomes.

An Operational Plan will be developed from the Strategic Plan which will identify key projects, timeframes and responsibilities and measures.

Get in touch if you would like to work together to prevent suicide on the Central Coast:  
[info@suicidepreventioncentralcoast.org.au](mailto:info@suicidepreventioncentralcoast.org.au)

We all have  
a role to play  
in suicide  
prevention.

Be a part of the  
change in our  
community.

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