Mental Health
Commission
of New South Wales

Shifting the Landscape for Suicide Prevention in NSW

A whole-of-government
Strategic Framework for a
whole-of-community response

2022-2027

The Framework

The Mental Health Commission of NSW 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 people in NSW to have open, honest and safe conversations about suicide and to build communities where people feel able to both ask for support and offer support to others.

We acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Mental Health Commission of NSW
Shifting the Landscape for Suicide Prevention in NSW: A whole-of-government Strategic Framework for a whole-of-community response 2022-2027

www.nswmentalhealthcommission.com.au

Help is available

No one needs to face their problems alone. If you or someone you know are thinking about suicide or are experiencing distress, call

Lifeline 13 11 14

Mental Health Line 1800 011 511

Aboriginal and Torres Strait Islander Crisis Support Line 13YARN (13 92 76)

Kids Helpline 1800 551 800

Suicide Call Back Service 1300 659 467

Beyond Blue 1300 22 46 36

Visit www.nswmentalhealthcommission.com.au for information about other services or talk to your general practitioner (GP).

If you or someone you are with is in immediate danger, please call 000 or go to your nearest hospital emergency department.

Cover image
Waiting for the Sun
Acrylic painting by Owen Lyons

Owen Lyons is a Wiradjuri man and was born in Narrandera.

He takes inspiration for his artworks from the local landscape of the Murrumbidgee River, local wildlife and the beautiful colours of nature, as well as being influenced by music. Owen paints using traditional dotting methods combined with contemporary imagery.

Mental illness has had a great effect on Owen and his family. Owen hoped that by creating this painting he could help to raise awareness about suicide prevention.

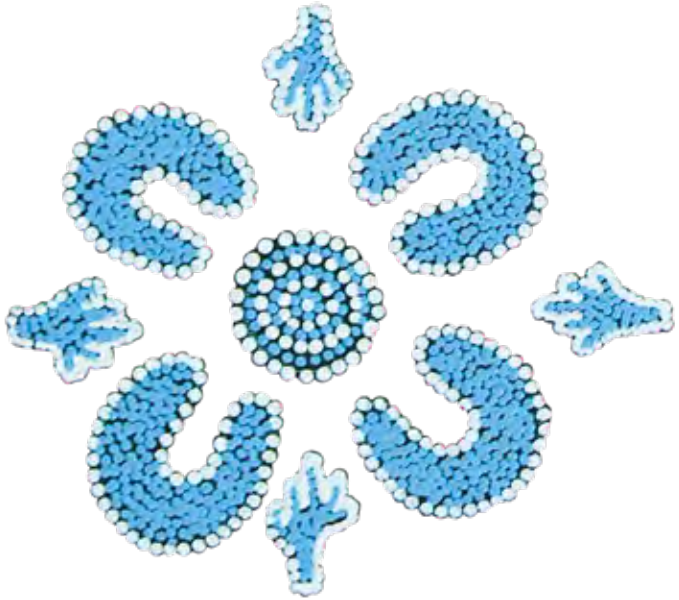
"Waiting for the Sun" tells the story of a person emerging from a dark place and being connected back into their community. The scar tree shows that even though it has been scarred, it still stands strong and proud with deep roots connected to its country. The painting also illustrates pathways to programs, services and supports available to help people get back on track. It shows people that there really can be a brighter future, you just need to ask for help. There's no shame in that. Most importantly, there are people in our communities who do care about mental health and suicide prevention. We will work with these beautiful people to help others return to fulfilling lives.

Owen Lyons Art

Contents

"Breaking down walls between services, organisations and people so that the work really *is* everyone's business."

– From the consultation process



A message from the Minister

Every life lost to suicide is a tragedy.

There is no denying that the people of NSW have faced an incredibly tough time and have shown so much resilience through unprecedented droughts, fires, floods and the COVID-19 pandemic. **If we have gained anything from the immense challenges of the past few years, it is the opportunity to adapt – and we must continue to do so in the way we approach suicide and work with those at risk.**

Since the release of the NSW Government's *Strategic Framework for Suicide Prevention* in 2018, major investments and achievements have been made and this updated Framework builds upon the work we have undertaken.

While there is plenty of work ahead of us, there is also much to look forward to. The NSW Government's record investment as part of the 2022-23 Budget shows we are committed to improving services across the full spectrum of mental health – something we can all be incredibly proud of. As well as extending our commitment to Towards Zero Suicides initiatives, this year, NSW became the first state in the country to commit to a landmark bilateral agreement with the Commonwealth Government that ensures NSW residents are guaranteed the essential services they need and deserve now and into the future.

In the coming years we will see increased investment in suicide prevention and universal aftercare, plus a focus on eating disorders, perinatal services, youth mental health and so much more.

I look forward to continuing to work hand in hand with our experts, communities and, most importantly, those with lived experience to pave the way forward for suicide prevention, reduce suicidal distress and stop lives being lost to suicide in NSW.

The Hon. (Bronnie) Bronwyn Taylor, MLC
Minister for Mental Health, Regional Health and Women

The NSW Government's record investment as part of the 2022-23 Budget shows we are committed to improving services across the full spectrum of mental health – something we can all be incredibly proud of.

A message from the Commissioner

I thank all those people who shared with us their stories of suicide, of unimaginable anguish, of feeling there was no way forward, and the pain of bereavement.

When faced with intolerable levels of distress or feelings of hopelessness they said connections and conversations can offer hope.

We need to renew our effort to reduce distress and vulnerability to suicide, to strengthen community connections and compassionate conversations.

In recent times, drought, pest plagues, fires and floods together with the COVID-19 pandemic have impacted every community in some way. For some, it has been overwhelming. We have seen increased mental health presentations to emergency departments, greater use of mental health services and record numbers of calls to help lines.

We know that when communities face traumatic events such as over these past years, there is a real risk that suicide rates will climb in the years following. So we need to act now. We must recognise and respond much earlier to suicidal distress. We must wrap community supports, cultural understanding and compassion around people. In this work, people with lived and living experience will lead us.

Together we can shift the landscape to where programs are tailored to people's needs, we all talk openly about suicide, and compassionate conversations and community connections support flourishing lives.

Catherine Lourey
Mental Health Commissioner of NSW

We need to renew our effort to reduce distress and vulnerability to suicide, to strengthen community connections and compassionate conversations.

Executive Summary

The impact of suicide and suicidal distress on individuals, families, friends and communities is profound. Suicide is a complex issue. It requires focussed and coordinated efforts to prevent suicidal distress, intervene earlier to support those who are in distress, provide care and support for those who have attempted suicide, and provide post suicide supports for individuals and communities affected by suicide.

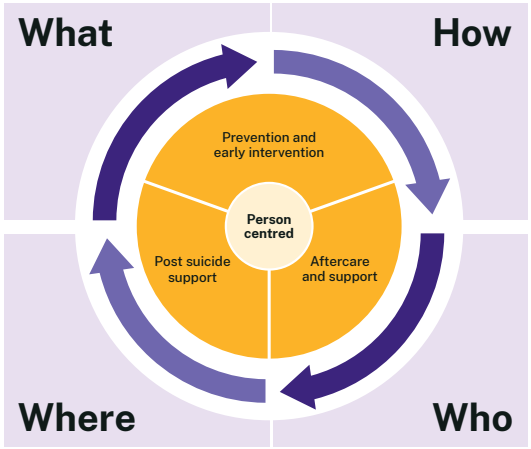
This Framework has been written to inspire, drive and coordinate whole-of-government work to that end. It has been informed by extensive consultation with people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis, people who are bereaved by suicide and people from across the suicide prevention sector. Feedback from consultations, learnings from work done to date and evidence from research point to key three drivers for change across the scope of future work:

- Consolidate and intensify a whole-of-government approach for a whole-of-community response.
- Recognise the complex social determinants of suicide, and take a long-term, holistic approach to addressing them.
- Respect and respond to the insights and wisdom of people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide.

THE FRAMEWORK defines a core scope of suicide prevention work as being:

1. Prevention and early intervention
2. Aftercare and support, and
3. Post suicide support.

The Framework then articulates WHAT, HOW, WHERE and WHO should be prioritised for investment across those three core areas of work.



Our Values: Compassion | Trust | Respect | Hope | Equity | Diversity | Inclusiveness

WHAT should be prioritised:

- Promote wellbeing and reduce distress
- Recognise and respond to suicidal distress earlier
- Connect people to compassionate programs, services and supports
- Build and look after the suicide prevention workforce
- Strengthen the capacity of the wider workforce to take action
- Strengthen the capacity of the community to take action.

HOW this should be done:

- Embed lived experience across all suicide prevention work
- Embed Aboriginal and Torres Strait Islander self-determination and empowerment as central drivers to help to Close the Gap*
- Use evidence and data to drive a culture of continuous improvement
- Proactively prepare to respond quickly to emerging issues.

WHERE this should be done:

- Place-based approaches that acknowledge and are adapted to physical, social and cultural environments
- Settings approaches that improve access to programs, services and supports.

WHO should be the focus:

- Anyone, anywhere
- Groups of people who are disproportionately impacted by suicide.

* Closing the Gap is a national undertaking to reduce entrenched inequities experienced by Aboriginal and Torres Strait Islander peoples.[1]

Introduction

The NSW Government and communities need to come together with compassion and empathy to renew our efforts to reduce distress and vulnerability to suicide.

Suicide is a complex issue that requires coordinated efforts to prevent suicidal distress, intervene earlier to support those who are in distress, provide aftercare for those who have attempted suicide, and provide post suicide supports for individuals and communities affected by suicide. Substantial, important work has already been done across NSW to that end, and this Framework acknowledges and builds upon that valuable foundation.

A Strategic Framework for Suicide Prevention in NSW 2018-2023[2] was developed by the Mental Health Commission of NSW 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. Substantial and important work has been driven by this, and has been linked into a broader landscape of work including release of the *Fifth National Mental Health and Suicide Prevention Plan*[3], establishment of the *Towards Zero Suicides* initiatives, the NSW Premier's Priority to reduce the rate of suicide by 20 percent by 2023[4] and a NSW parliamentary inquiry into the prevention of youth suicide.[5] Examples of the work already done are provided throughout this document. The recent 2021-22 Budget has seen the NSW Government reaffirm its commitment to reducing suicides with a record $2.9 billion allocated and a continuation of the investment in Towards Zero Suicides initiatives.

There are also immediate and pressing concerns to consider. Since the previous Framework was released in 2018, communities across NSW have experienced a rollercoaster of challenges to mental health and wellbeing. Devastating natural disasters have included drought, bushfires, pest plagues and floods. Whilst Australian history has seen many such instances, this recent pattern of multiple, severe and sometimes concurrent experiences has had a significant impact on millions of lives.

Added to this has been the public health threat of the COVID-19 pandemic. People across NSW have been impacted by physical health impacts and loss of life to COVID-19, financial and employment stress, and disconnection from families, friends, school and work. In particular there has been tremendous pressure on healthcare workers, teachers, those in public-facing or logistics roles, and on families helping their children to learn at home.

These challenges have had a compounding and profound impact on people across NSW communities, many of whom were already struggling. More than ever, people are acknowledging their needs and distress, and are reaching out for assistance. This is heartening, as seeking support is key to intervening early to reduce distress and support people when thoughts of suicide can be overwhelming. But it also demonstrates just how vital it is that the work continues, evolves and improves.

It should be noted that while there is risk for rise in suicides, we have not seen the drastic increase some projected. A community led, cross-agency response to suicide (as has been established and is rolling out across the state) is the best approach, and we need to ensure its continued implementation to ensure we do not see this occur. So now is the right time to renew the Framework, our efforts to reduce distress and vulnerability to suicide, and to strengthen community connections and compassionate conversations. This Framework recognises the current challenging context, builds upon achievements thus far, and draws upon the invaluable input of people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide.

This updated Framework calls for the NSW Government to:

- Consolidate and intensify a whole-of-government approach for a whole-of-community response.
- Recognise the complex social determinants of suicide, and take a long-term, holistic approach to addressing them.
- Respect and respond to the insights and wisdom of people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide.

These key drivers of change will be explored further in this document.

Understanding the impact and prevention of suicide

In 2021, an estimated 927 people died by suicide in NSW. That's around 18 lives lost each week.[6] Tragically, suicide is the leading cause of death for people aged 15-44 years.[7] It is difficult to fully describe the impact of these tragic events. For each life lost to suicide, there is also an intimate impact on their families and friends, as well as a wider impact on their communities. Many people are uncomfortable discussing these issues. Yet over ten million Australian adults are estimated to know someone who has died by suicide, and one in two young people are impacted by suicide by the time they turn 25.[8]

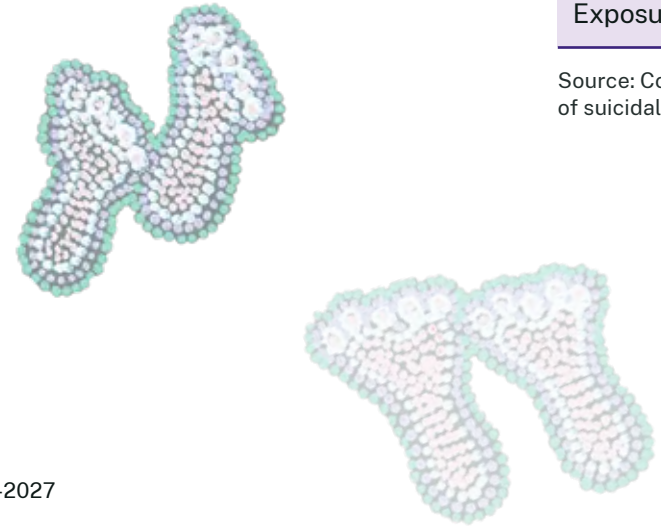
Many more people across NSW communities are affected by suicidal distress. It is difficult to fully understand the scope of this, but data show that in 2020-21 there were more than 63,000 presentations to NSW Emergency Departments of people with suicidal thoughts or ideas.[9] Even greater numbers of people in distress reach out to a wide range of support lines and other services. It is impossible to know how many do not reach out at all.

It is important to understand that while there are some known risk factors for suicide, there is no simple nor singular explanation. And for some people, there are no obvious contributing factors at all.[10] There are however, common factors that are known and recognised as playing a role, as summarised in Table 1.

Table 1: **Common factors contributing to a person's suicidal distress**

Adverse experiences and trauma in childhood
Mental health issues and alcohol and other drug problems
Key transition points and points of disconnection across the life course
Overlapping stressors and adverse life events
Discrimination, stigma and inequity
A loss of individual family and societal value
Loneliness and isolation
Feelings of hopelessness and emotional suffering at the time of crisis
Exposure to suicide and availability of methods

Source: Compassion First – Designing our national approach from the lived experience of suicidal behaviour (National Suicide Adviser, 2020)[10]



There are some groups across NSW communities who are disproportionately impacted by suicide.

Understanding the diversity of these groups helps in tailoring responses, such as for:[3, 5, 8, 10]

- Aboriginal and Torres Strait Islander peoples
- People of diverse sexualities and/or genders (including people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer plus – LGBTIQ+)
- People from culturally and linguistically diverse communities who may experience greater rates of discrimination, isolation and exclusion
- Children and young people, notably those from high-risk groups such as young people in contact with or who have recently left statutory care
- Men, who can often find it more difficult to ask for support
- People in rural and regional communities, who can often find it more difficult to ask for, or access, support
- People at different points of transition or disconnection where existing supports may drop away. This includes people leaving prison, older people transitioning to retirement or residential aged care and young people leaving the education system
- Servicemen and women, particularly veterans, who have been discharged or are transitioning into civilian life.

Underlying factors and stressors also occur differently across the lifespan. For young people, issues such as physical and cyber bullying are of paramount importance to address across schools and in our communities.[11, 12] Later in life, very different issues may contribute to distress and vulnerability to suicide, such as bereavement, social isolation and increasing ill health associated with ageing.[13] Older men aged 85 years and over have the highest rate of suicide in Australia.[14] While men are around three times more likely to die by suicide than women[7], there has also been a steady increase in the number of women suspected to have died by suicide in NSW in recent years.[15]

More detailed discussion of other groups affected by suicide is provided later (see page 40).

There are some things that reduce the risk of suicidal distress and suicide.

Whilst these issues are complex, there are known factors that can provide support and protection.

Table 2: **Factors that can offer some support and protection**

Community and cultural factors such as:[10] • Strong social connections and cohesion • Cultural strengths including Aboriginal and Torres Strait Islander connection to culture, country and kin
Services and support such as:[10] • Equitable access to services • Services and programs that are responsive, culturally safe and appropriate • Evidence-based services and programs that are “joined up” • Compassionate and responsive workforces • Helpful interactions
Individual protective factors such as:[16] • Having a job, something to do • Children and young people under 18 living at home • Balanced physical health and general wellbeing • Having future plans and a sense of purpose • Engaging in meaningful activities • Strong reasons for living • Access to effective mental health care • Life skills (problem solving, coping skills and adaptability to change) • Cultural beliefs that discourage suicide • Religious beliefs that discourage suicide

Framework scope: three core areas of work

This Framework builds upon the evidence, learnings from the work already done and most importantly from the wisdom and insights of people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide. It draws on an understanding of factors which may contribute to or protect against the risk of suicide or suicidal distress.

The Framework calls for compassionate, coordinated action that responds to the complexities of suicide. Many people experience a complex intersection of challenging issues such as socioeconomic disadvantage or disconnection, difficulties accessing support, mental health issues, chronic illness or disability, discrimination or stigma, trauma or other co-occurring stressors, life history or experiences. They require accessible, compassionate and joined-up programs, services and supports that place the individual at the centre of their care.

This **person-centred** approach[17] forms the centre of this Framework. Suicide prevention is about working *with* people, not just *for* them. The approach recognises and values that everyone is an individual with their own unique experience and strengths. It respects self-determination, and actively seeks and embeds the lived or living experience of suicidal distress, caring for someone through suicidal crisis and people who are bereaved by suicide.

The Framework describes a comprehensive scope of suicide prevention with three core areas of work as follows.

Figure 1: **Core scope of work in suicide prevention**

Table 3: **Core areas of work in suicide prevention**

Prevention and early intervention

- Shape individual and community attitudes and the way that people think and talk about suicide
- Build resilience in individuals and communities
- Address the "upstream" social determinants of health and wellbeing such as the profound impact of inequities and trauma
- Tailor and target strategies to work with groups in the community who have significant or specific needs or higher rates of risk factors.

Aftercare and support

- "Aftercare" specifically describes the care and supports provided to people who have recently attempted suicide. "Universal aftercare" refers to best-practice care wherein anyone who presents to a hospital, GP or other government service following a suicide attempt will routinely receive follow-up support.
- "Support" more broadly includes services for individuals, both within and beyond the traditional health system, as well as community-based initiatives, often with a strong element of peer support.

Post suicide support

- Also known as "postvention", post suicide support describes the intervention activities that are conducted after a suicide to help people cope with the loss and increase their resilience. These activities usually target family, friends, professionals, community members and others bereaved by the suicide, who may be at an increased risk of suicide themselves.[18]

"Systems need to wrap around the needs of the person with compassion, rather than humans adapting to the systems. All sectors need to see suicide prevention as their business – not just health."

– Feedback from the consultation

Shifting the landscape: drivers for change in suicide prevention

This updated Framework reflects three key drivers for change:

- Consolidate and intensify a whole-of-government approach for a whole-of-community response.
- Recognise the complex social determinants of suicide, and take a long-term, holistic approach to addressing them.
- Respect and respond to the insights and wisdom of people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide.

Consolidate and intensify a whole-of-government approach for a whole-of-community response.

Whilst the health system will always play a key role in this space, no one agency can drive the changes required. Taking a whole-of-government approach is necessary and is not new. It was a key driver of the previous Framework, which itself drew from the earlier whole-of-government document Living Well: A Strategic Plan for Mental Health in NSW 2014–2024.[19] Nonetheless, many people continue to think of suicide as primarily a health issue, and therefore primarily the responsibility of the health system to address. But it is a myth that all people experiencing suicidal distress or who die by suicide have a previous history of mental health issues.[20] The truth is far more complex. Suicidal distress may stem from many things – housing issues, welfare issues, justice issues, employment issues, environmental issues, safety issues, poverty and relationship breakdowns. It is also a societal issue, where stigma, discrimination and inequity can shape people's lives on a daily and lifelong basis.[10] A whole-of-community response is therefore needed to truly address this.

This will include greater collective responsibility, collaboration and coordination of suicide prevention efforts. This is about reaching the right people with the right support, in the right place and at the right time.

What does this look like?

Implementation of the Framework will include attention to the following.

- Strengthen governance arrangements by clarifying roles and contributions of government agencies (see more over page).
- Promote cross-government cluster accountability for suicide prevention investments and outcomes.
- Provide clear and jointly owned governance structures to monitor progress and performance, and to jointly report, review and learn from what is done.
- Integrate government systems and services more effectively.
- Share timely and linked data and tools across levels of government to facilitate coordination of joined-up community programs, services and supports.
- Undertake cross-sector regional planning and service co-commissioning to implement strategies to meet the needs of local communities.
- Invest in strategies to support a whole-of-community response.

Appendix B describes just some of many other plans and policies that this work will link to.

A whole-of-government approach includes the following groups.

- The **Commonwealth Government** develops and implements national policies and frameworks, as well as funding programs and services such as those delivered by Primary Health Networks (PHNs) and general practitioners (GPs).
- The **NSW Government** develops state-wide strategies and delivers programs and services across a wide range of areas including housing, employment, workplace wellbeing and supports, health, mental health, suicide prevention, disability and financial support, transport assistance, the justice system and education.
- **Local Government** is the closest level of government to the community and plays an essential role in the provision of community programs and venues, sporting facilities, recreation areas and the built environment. They provide strong links directly to the community.
- **NSW legal, statutory and advisory agencies and services** such as the Mental Health Commission of NSW provide support and advocacy at the system level for the rights of people with a lived experience of suicide.

More broadly, this can support a whole-of-community response.

- **Community-managed and non-government organisations** provide a range of programs, services and supports and play an important role advocating for change.
- **Private sector health care providers** such as psychologists, psychiatrists, social workers, counsellors and private hospital services also play an important role in suicide prevention.
- **Businesses** can also play a role, from improving the culture and safety of their own workplaces to partnering with others to aid the larger efforts. Financial counsellors and employment programs also play a role.
- **Individuals, families, friends, and community groups led by volunteers** can make meaningful contributions to build safe, secure and compassionate relationships and communities across NSW.

This opens the door to work more effectively at the **systems level** and take a more coordinated, comprehensive approach to these complex issues.

A systems approach: LifeSpan

Recent research conducted across communities in regional NSW has explored and evaluated methods to engage and bring together stakeholders to collaborate on suicide prevention. Developed by the Black Dog Institute, the LifeSpan integrated framework for suicide prevention combined nine evidence-informed strategies into one community-led approach incorporating health, education, frontline services, business and the community. The program aimed to build a safety net for the community by connecting and coordinating new and existing interventions and programs and building the capacity of the community to better support people facing a suicide crisis.[21, 22]

The primary outcome for the LifeSpan trial was to examine whether the intervention reduces intentional self-harm at 24 months post-baseline in the four regions. A significant reduction in self-harm in the 24-month implementation period (post baseline) was observed in two of the four sites. These reductions were maintained in the follow-up period. One of the secondary outcomes was to examine whether the LifeSpan intervention reduces suicide deaths at 24 months post-baseline in the four regions. For three of the four sites, the observed suicide rate was lower than the predicted suicide rate post-baseline, but the difference was not significant. The fourth site showed a slight, non-significant increase.[23]

This important research points to the value of further developing and evaluating comprehensive multi-sector “systems approaches” to suicide prevention. This will shape future work in this area.

Recognise the complex social determinants of suicide, and take a long-term, holistic approach to address them

A "social determinants approach" looks at non-medical, societal factors that can influence health and wellbeing, such as the conditions in which people are born, grow, work, live and age.[24] This demonstrates the great potential for positive impact that whole-of-government and whole-of-community approaches can have in suicide prevention, such as providing good and equitable access to basic supports, services and resources, and strategies to improve economic opportunities, employment and housing security, safety from violence, abuse and discrimination, and social connection and participation in community life.[25]

The same groups in society who experience inequities in these areas typically also have higher rates of suicidal distress and suicide, including Aboriginal and Torres Strait Islander peoples, people from some culturally and linguistically diverse groups, and people from rural and regional communities.[7, 26, 27] Discrimination and stigma also have a powerful impact. Whether directed towards a person's sexuality, race, culture, religion, or even previous suicidal behaviour, discrimination and stigma can do great harm both in terms of the immediate impact on people's lives and their likelihood of coming forward for support.[10, 28] Again, this shows the enormous potential for a compassionate, supportive societal response to these issues through whole-of-government and whole-of-community action.

This holistic approach to social and emotional wellbeing is seen strongly in Aboriginal culture. Connections to mind, body and emotions relate to connections to family, kinship and community, and in turn relate to spirituality, land and culture.[29] This interconnectedness will be central to work with Aboriginal and Torres Strait Islander peoples and can also inform wider efforts to address and improve complex social determinants across NSW communities. A focus on family, culture and community will improve the way that all programs, services and supports are provided.

What does this look like?

Implementation of the Framework will include attention to the following.

- Recognise the influence and impact of social determinants on people across NSW communities and reflect this in the way programs, services and supports are planned and delivered.
- Embed equity indicators across suicide prevention work, such as routinely examining the equity of access to programs, services and supports, as well as equity of outcomes.
- Use a social determinants approach to better target the work to reach those who need it the most and tailor it to better meet their needs.
- Proactively address social determinant issues in government policies relating to access to basic supports, services and resources, economic policy, employment and housing security, safety from violence, abuse and discrimination, and social connection and participation in community life.

Respect and respond to lived experience

This Framework has been developed in partnership with people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide. This is another concept that is not new: it has long been a strong principle underpinning much of the previous work done, both here in NSW and elsewhere.[2-4] Accordingly, inclusive processes and approaches have been strengthened across NSW government agencies in recent years.

Yet there is more that can be done in order to translate this from principle into routine practice.

> "I'm really struggling with how many times we get asked for our opinions and provide answers, yet we are not seeing change."

– Feedback from the consultation

This Framework describes a more comprehensive approach. The monitoring and evaluation of the Framework's implementation will require evidence not only of what agencies intend to do, but of delivered *outcomes*. For example, the recently released monitoring and evaluation framework for Living Well in Focus 2020-2024[30] requires that agencies, services and programs collect and report evidence not only that people with lived experience were engaged with, but also:

- Evidence that their voices were heard,
- Examples of how this has influenced practice, and
- Feedback directly from them that they have confidence in these processes.

The same commitment will be made in implementing this Framework.

What does this look like?

Implementation of the Framework will include attention to the following.

- More directly engage people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide in leadership and governance structures for suicide prevention and early intervention, aftercare and support, and post suicide support reforms. This will occur at every level, from state-wide coordination to local action.
- Require that authentic consultation, co-design and co-production approaches be included as standard practice in all suicide prevention and early intervention, aftercare and support, and post suicide support planning, program and service design/redesign, delivery and evaluation.
- Require co-design as "business as usual".
- Undertake cross-sector regional planning and service co-commissioning to implement strategies to meet the needs of local communities.
- Grow the lived experience (peer) workforce so that people with lived experience play a direct role in delivering services and programs.

"Unmask the silence around suicide by enabling safe community (and workplace) conversations"

– Feedback from the consultation

What is already happening

There are several major initiatives contributing to the prevention of suicide in NSW.

Towards Zero Suicides is a NSW Premier's Priority to reduce the rate of suicide deaths in NSW. This began as an $87 million investment over three years, starting from 2019-2020, to address the priorities in the first Strategic Framework for Suicide Prevention in NSW.

The Towards Zero Suicides initiatives will continue to seek to lead best practice in crisis care and support, build on local community resilience, and improve systems and practices to reduce the suicide rate in NSW. The initiatives rolled out across NSW are responsive to the needs of each local community. They are informed by strong evidence for new approaches to suicide prevention. Key to this is the fact that new responses are localised, working with population groups disproportionately impacted by suicide and determining where the gaps are and working collectively with communities to address these gaps. Together they provide a holistic approach to suicide prevention and mental health and wellbeing, ranging from system changes and training for mental health practitioners and community leaders, to strengthening community care and supports and expanding aftercare services. The NSW Suicide Monitoring System (see right) is now operational and provides data and insights that support communities, local organisations and government agencies to more effectively respond to suicide.

This Premier's Priority is also reflected as a key objective of the recently released Future Health: Strategic Framework for NSW 2022-2032.[31] The reach of Towards Zero Suicides among priority populations and the broader community has seen the NSW Government commit $143.4 million to continue funding the initiatives for another four years.

NSW Suicide Monitoring System

A significant achievement in late 2020, arising from the first Framework, and as part of Towards Zero Suicides, was the establishment of the NSW Suicide Monitoring System. The launch of the system was the result of significant collaboration between NSW Health, the NSW Department of Communities and Justice, the State Coroner and NSW Police. The NSW Suicide Monitoring System reports on suicides in NSW and includes data on suspected and confirmed suicides.

The system strengthens the quality, linkage and integration of suicide-related data in NSW, including developing more rapid and accessible availability of data for services and organisations working in suicide prevention.

The system has reformed the collection and management of suicide data. Monthly reports provide the means by which to assess and respond more effectively to risks emerging in real time. It provides the opportunity to identify trends, emerging areas of concern and priority groups and enables efficient coordination of interventions and supports across agencies. It provides greater insight into where the immediate and heightened risk is occurring, enabling agencies and organisations to put in place preventive measures that will reduce the risk of harm as soon as it is identified. NSW Health continues to work on enhancing data linkages across government agencies to build the capacity of the NSW Suicide Monitoring System.

Towards Zero Suicides Initiatives – so far

Safe Havens that provide an alternative pathway to presenting to an emergency department for people experiencing suicidal distress have been established across the state. Safe Havens have been co-designed with, and are staffed by, people with lived experience of suicide.

Suicide Prevention Outreach Teams (SPOTs) have been established that provide assertive outreach-based care by engaging with people where they live or anywhere they may require support. These teams are staffed by peer workers and mental health clinicians and link people with support services and care pathways to address the causes of their suicidal distress. This contributes to reducing the time people spend in emergency departments by providing community-based support and connecting people with appropriate care pathways.

The Zero Suicides in Care initiative aims to reduce suicides among people in inpatient and community based mental health services through promoting service leadership that embeds a just and restorative culture. This has involved changes to NSW Health policies and models of care and enhanced suicide prevention training for staff in the mental health system.

Rural Counsellors have been funded across nine rural and regional local health districts to support people experiencing psychosocial hardship, suicidal distress, or recovering from a suicide attempt. This includes Aboriginal people, farmers, people released from custody, and those who live on remote properties.

Over 6,500 community members have been trained to identify and reach out to people experiencing suicidal thinking or behaviour, respond in a way that creates safe spaces for people to talk about their thoughts and feelings and encourage people to get help from a health service and from their network of family and friends as part of the Community Gatekeeper Training initiative. People who have received training include young people, older people, people of diverse sexualities and/or genders, Aboriginal communities, rural and remote communities, people working in the construction industry, family lawyers, veterinarians and others.

Over 1,700 NSW Government staff have received training in providing compassionate responses to people in crisis, safety planning for people at risk of suicide and enhancing their own self-care.

Aboriginal Community Controlled Health Organisations (ACCHOs) have been supported to implement local culturally appropriate suicide prevention activities as part of the Building on Aboriginal Communities' Resilience initiative. Funding has been used to enhance existing social and emotional wellbeing activities and/or to establish new and innovative community activities that contribute to suicide prevention, led by Aboriginal people, for Aboriginal people.

Aftercare is available in nine sites across the state, providing psychosocial support to people after discharge from hospital following a suicide attempt for three months, or more if needed.

The Youth Aftercare service, also known as i.am, has been established in four sites across the state. This provides support for children and young people aged under 25 following significant suicidal ideation, self-harm or a suicide attempt. Support is also available to carers and families.

State-wide support is available for anyone bereaved or impacted by suicide through the Post Suicide Support initiative. This includes first responders who attend a suicide and members of the public who may witness or discover a suicide. Supports can include suicide bereavement counselling, peer support, family based support and more practical things like help dealing with police, coroners' investigations and media reports.

Community Collaboratives that empower communities impacted by suicide deaths to come together to better respond to suicide have been supported. Each Collaborative has developed an Incident Communication Protocol and an action plan of strategies to help the community respond to a suicide, move towards recovery and return to suicide prevention.

Peer support and peer led programs that enable people with lived experience of suicide to provide early intervention and suicide prevention support have been trialled across the state.

Community Response Packages for Priority Groups have been established that support increased access to existing suicide prevention services for people at higher risk of suicide: Aboriginal people, young people, older people, people of diverse sexualities and/or genders, and men. The initiative aims to develop greater in-community awareness of services available, encourage safe conversations around suicide and suicidal behaviour and build on existing service capability to deliver inclusive suicide prevention services.

Significant whole-of-government work is being done at both the state and national levels.

The Final Advice of the National Suicide Prevention Adviser was released in 2021 articulating the need for a national whole-of-governments approach beyond the scope of traditional health responses to suicide prevention.[25] The Australian Government subsequently established a **National Suicide Prevention Office** (also in 2021) to enable a response through setting strategic directions, building capabilities, supporting action and reporting on outcomes.

A new National Mental Health and Suicide Prevention Agreement[32] sets out the shared intention of the Australian, state and territory governments to work in partnership to this end. More than $383 million will be invested into support and services in NSW over the next five years as a result. The Agreement provides a platform for parties to work together more effectively. In addition, the Commonwealth and NSW governments will substantially deepen their partnership in the mental health and suicide prevention system through greater data sharing and evaluation of services, closer integration of referral pathways, and working together on the regional planning and commissioning of services. The bilateral agreement will also build and support the mental health and suicide prevention workforce, including the lived experience (peer) workforce.

Significant initiatives in suicide prevention at the national level will be followed closely and considered. The anticipated Aboriginal and Torres Strait Islander Suicide Prevention Plan will have key priorities and directions for consideration at both the national and state levels. Importantly, the current Royal Commission into Defence and Veteran Suicide should provide invaluable insights to the best ways to protect and support serving and ex-serving Defence members who have experienced suicidal distress or may do so in the future. The findings and recommendations will shape future work in this important area, and the NSW Government will move to respond accordingly.

NSW has also stepped up its investment in mental health and wellbeing to address the devastating multiple and simultaneous natural disasters and the COVID-19 pandemic over the past few years. Many people have lost family members, homes or places of business. The impact upon individuals' and communities' mental health and wellbeing is significant and likely to continue for years to come. It is in this context that agencies across the NSW government have committed significant funds to support mental health, housing, business and financial assistance during and after these disasters.

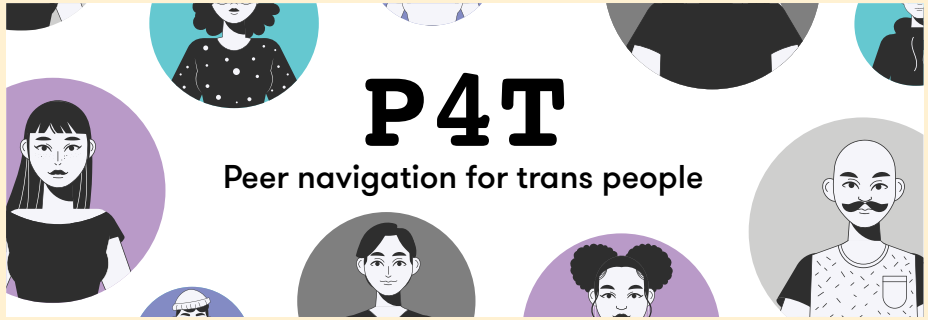
The Mental Health Commission of NSW led the development of a whole-of-government strategic plan for community recovery, wellbeing and mental health in NSW.

Living Well in Focus 2020-2024[30] updated Living Well: A Strategic Plan for Mental Health in NSW 2014–2024[19], to bring into sharper focus the priority for community recovery and building resilience, wellbeing and mental health. Released at the end of 2020, it recognised the higher levels of psychological distress being experienced, including the unprecedented stressors from bushfires, drought, climate change, the COVID-19 pandemic and the resultant economic hardship. Developing strong community networks, better access to connected services and being led by communities was advocated for, along with a recommitment to continue implementing the Strategic

Framework for Suicide Prevention 2018-2023. Living Well in Focus identifies three whole-of-government priorities that inform the direction of mental health reform over the next five years. These strategic priorities will provide the best opportunity for good mental health and wellbeing of all people in NSW.

Building the Lived Experience (Peer) Workforce

Living Well in Focus recognises the integral role of lived experience (peer) workers in embedding the concept of lived experience at all service levels.



The Mental Health Commission of NSW is a proud funder of ACON and its new pilot program, P4T, a free telehealth service providing peer support and referrals to adult trans people (binary and non-binary) in NSW. P4T's overarching goal is to increase trans and gender diverse personal resilience, mental health, and gender-related distress through peer support.

The program is currently staffed by trans people of a range of identities and experiences.

Generous and insightful community engagement and co-design helped develop this program, including wonderful insights into the needs and considerations for the regional and rural trans community, and for trans Aboriginal and Torres Strait Islander people.

> "A trans peer navigator can help you access the care, mental health and wellbeing services and community supports you need, because we understand what it's like."

What is important to people

People are at the heart of this Framework. An extensive consultation process was undertaken to listen and learn from people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide, as well as community representatives and professionals across the state. Appendix C provides more detail of the processes, and a full Consultation Report is available separately.

What people say is most important

- Provide immediate help to people who are in suicidal distress
- Listen without judgment
- Provide individualised responses
- Provide connected and compassionate programs, services and supports
- Afford people respect and dignity

What people said is working well

- People often felt most comfortable turning to family, friends, neighbours and social networks for support. GPs, psychologists and counsellors were all helpful at challenging times.
- People spoke about positive experiences using crisis telephone supports, online support options and web-chat services, which make it much easier for youth to access care.
- Lived experience (peer) workers are improving people's journeys and experiences. Support from a peer with shared lived experience and understanding was incredibly valuable.
- People spoke highly of the emergence of flexible and tailored suicide prevention services such as that offered by rural counsellors or SPOT (Suicide Prevention Outreach Teams), to allow teams to visit people in locations they felt safe and during times they needed it.
- Alternatives to emergency department models, such as Safe Havens, were spoken of highly, where people could choose to speak with a lived experience (peer) worker or a mental health clinician.
- Several informal place-based networks between agencies and services have been established which are effectively responding to local needs.
- People spoke of the many positives which have emerged from Community Collaboratives. People spoke of the benefits of bringing communities and services together to provide swift, coordinated post suicide responses to individuals, families and communities, developing a shared language, promoting awareness of suicide prevention and designing tailored responses to fit their own communities.

> Connecting with others who shared similar experiences and finding like-minded people were most helpful

> A psychologist and psychiatrist would visit us at home. This was unbelievably helpful and beneficial to us as a family who were still in crisis as it relieved so much stress

> Having a safe place - to be around others when I needed to not be alone

> Embedding people with lived experience in the mental health forensic justice sector has been extremely helpful

What people said could be improved

- People wanted to see professionals respond with compassion and to be trauma informed in their approach. Support needs to be culturally safe, non-stigmatising, person-led and holistic.
- People spoke of wanting to choose their own supports, with a broader offering of non-medicalised models or alternative therapies.
- Supports, interventions and prevention strategies need to be tailored to suit groups who need it the most.
- Readily available culturally appropriate information in community languages enabling more open discussions to reduce stigma – noting that suicide is a taboo subject across many culturally and linguistically diverse and faith communities.
- Many spoke to the improvements needed around workforce, such as:
  - Investing in growing, upskilling and supporting different workforces
  - Expanding and supporting the lived experience (peer) workforce, including population-specific workers such as older people, Aboriginal and Torres Strait Islander peoples and people of diverse sexualities and/or genders
  - Ensuring frontline workplaces are safe, healthy, supported and protected
  - Addressing rural and regional workforce shortages.
- While people spoke highly of the new flexible suicide prevention services and models, the need to increase the number, capacity and opening hours of these new services was urged. Also emphasised was the need to ensure equity of access to programs, services and supports irrespective of geography, income and wealth, diversity, culture, language, age, health and disability.
- People said that programs, services and supports need to be routinely shaped by the perspectives and wisdom of people with lived experience and by Aboriginal holistic concepts of health and wellbeing. The focus of suicide prevention programs should be expanded to include action on social factors adversely affecting health and wellbeing, for example, stigma, discrimination, financial stress, housing and homelessness, unemployment, violence and bullying.
- Immediate, tailored and ongoing support for families and loved ones during and after a crisis and following bereavement should be guaranteed.
- Better support to navigate services and systems.
- Longer term funding for sustainability of programs, services and supports.
- Mental health literacy and wellbeing within education settings and increased focus on transitions and points of disconnection.
- More effective local interventions based on linked data and timely data sharing, moving towards a centralisation of information so that different services could ‘talk’ to each other easily and people don’t need to re-tell their story.

Being able to pick up the phone or go online at any time and not have to leave home made the difference for me...

Connection, conversations with people who made time, good listeners and provided practical support...

Creating safer, facilitated spaces for young people to have conversations about suicide and self-harm

Navigation is a real challenge, especially in rural areas...

Having counselling options “out of the box” made such a difference...

Break down walls between services, organisations, people, so that the work is really “everyone’s business”...

Rural isolation really impacts on accessibility

Support for my family who are trying to keep me alive...

NSW Community Collaboratives

The NSW Community Collaboratives model is a Towards Zero Suicides (TZS) initiative which helps to empower local communities to come together to better respond to suicide. A key focus of the TZS Community Collaboratives is an initial focus on postvention (post suicide support) with activities or strategies that communities engage in to reduce the impact of suicide and moderate future risk.

Several successful community-led, collaborative suicide prevention initiatives have been formed throughout NSW in recent years. The scope of these local collaborative responses varies from region to region, being tailored and designed to meet local need and to evolve over time, aligned to community readiness. They operate differently depending on their initial purpose and scope.

Shared features of all community collaborative models include offering a whole-of-community approach by helping collaborators come together to address local needs, to formulate a comprehensive and compassionate response to suicide, and to instil a powerful sense of community connection and hope. Many people can play a role in these collaboratives, including the following:

- Community members
- People with lived experience of suicide
- Local councils
- Health organisations
- Educators
- Industry bodies and employers
- Non-governmental agencies
- Local clubs and sporting groups
- Local businesses
- Police and emergency services employees.

"The Collaborative gives space for relationships to be built and trust to be established – which makes everything easier."

– Feedback from the consultation

"Create a culturally safe space for Aboriginal people to get together and yarn – and heal."

– Feedback from the consultation

Coomealla's Kumpa Kiira Suicide Prevention Project.
Credit: Desert Pea Media.

Building on Aboriginal Communities' Resilience

Suicide is the fifth leading cause of death for Aboriginal people living in NSW.[33] Under the Building on Aboriginal Communities' Resilience initiative, Aboriginal Community Controlled Health Organisations (ACCHOs) are being funded to:

- Deliver culturally appropriate social and emotional wellbeing programs to local Aboriginal communities across NSW
- Increase access to culturally responsive suicide prevention activities.

The programs are being designed and led by Aboriginal people.

Emerging evidence has shown that key factors in suicide prevention for Aboriginal communities include:

- 'Culture as treatment', supporting restoration and healing
- Empowerment and community ownership
- Connection to local culture, country and Elders
- Cultural restoration and healing
- Relevance to the area's local context.

The model of care is designed and led by Aboriginal people, informed by current recommendations from the University of Western Australia's Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

To support the implementation of this initiative, NSW Health will continue to work closely with ACCHOs, and other experts in suicide prevention in NSW Aboriginal communities.

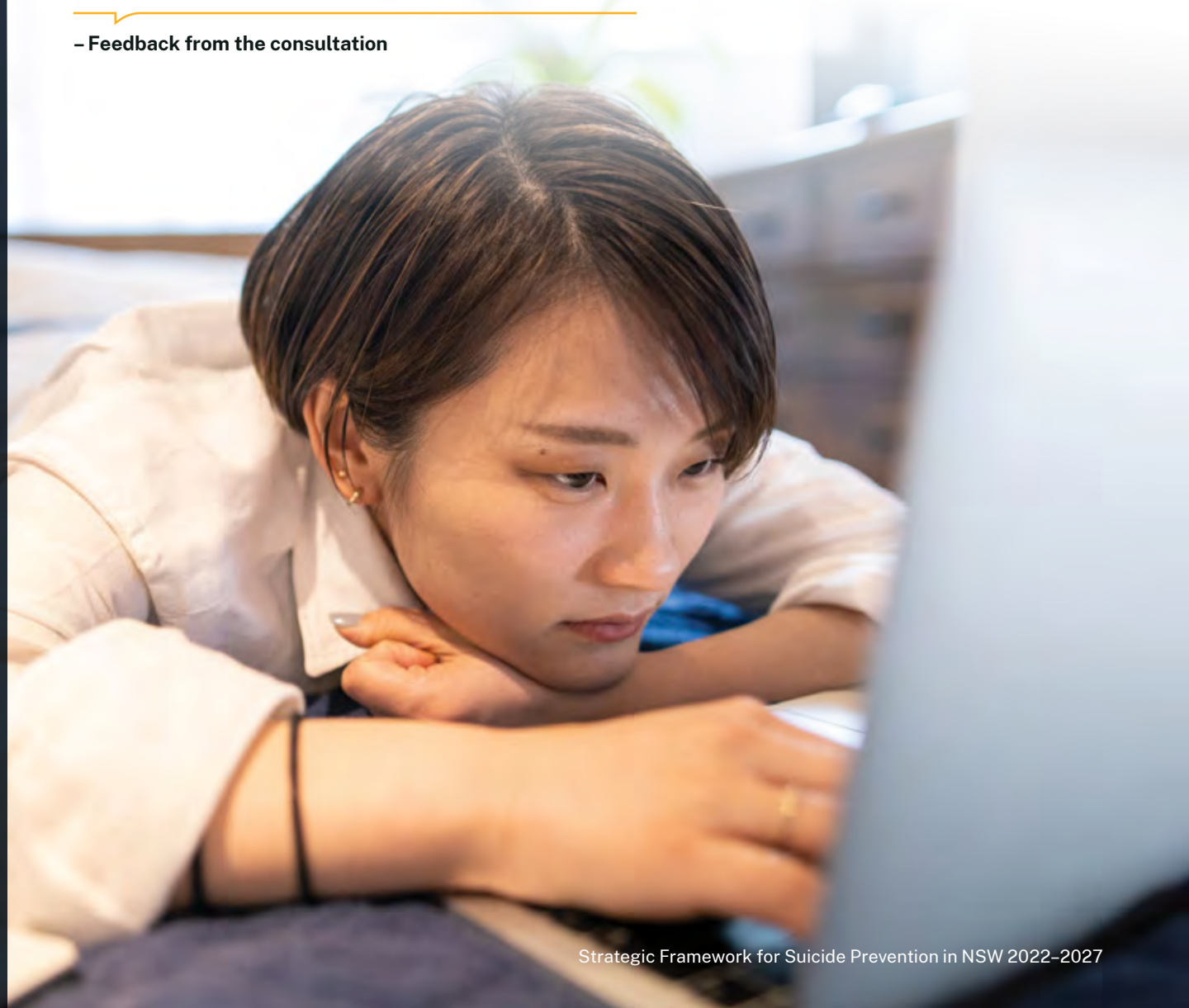
Children and Young People Mental Health & Suicide Prevention Interagency

Instigated and chaired by NSW Police, the Children and Young People Mental Health & Suicide Prevention Interagency (the Interagency) is a cross-agency network which was established in July 2021. The Interagency brings many organisations to the table including the Ministry of Health, Department of Education, Mental Health Commission of NSW, Aboriginal Affairs NSW, Advocate for Children and Young People, Office of Regional Youth, and headspace. The Interagency aims to deliver on the Government's commitment to protect our most vulnerable children, and to contribute towards the Premier's Priority to reduce the rate of suicide deaths in NSW.

Interagency collaborations include mechanisms for communication and operational improvements. Since forming, the Interagency has focused on promoting and sharing more timely analyses of data and information to identify and respond to new and emerging issues and gaps across the mental health eco-system. Several resources, led by Police NSW, are currently in development to assist Police and other agencies to prevent and respond to suicides and self-harming behaviours. For example, a Vulnerability Screening Tool for NSW Police is in development to better identify and engage with young people in regional NSW who may be distressed or at risk of self-harm or suicide and who had not previously presented to a service.

> "We need interventions to occur before a person becomes acutely suicidal – proactive and preventative models of care before they escalate."

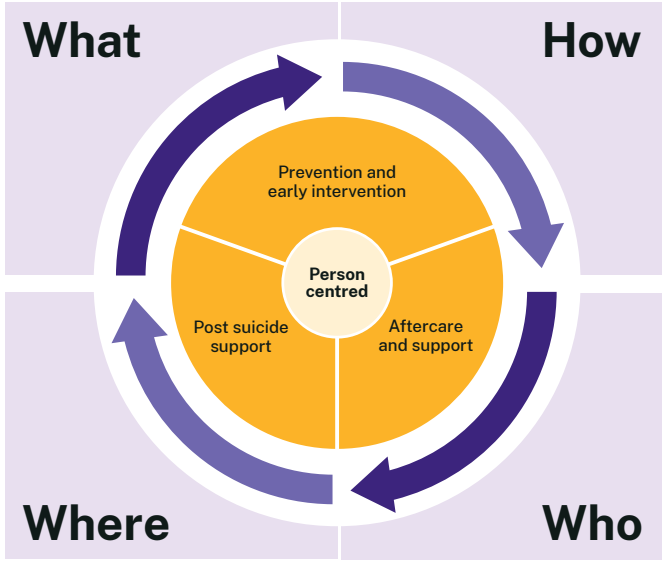
– Feedback from the consultation



The Strategic Framework

A whole-of-government Framework for a whole-of-community response to suicide prevention

It is our vision that all people in NSW work together in a connected, compassionate way to reduce suicidal distress and stop lives being lost to suicide.



Our Values: Compassion | Trust | Respect | Hope | Equity | Diversity | Inclusiveness

Figure 2: **NSW Whole-of-Government Suicide Prevention Framework**

THE FRAMEWORK defines a core scope of suicide prevention work as being:

1. **Prevention and early intervention**
2. **Aftercare and support, and**
3. **Post suicide support.**

The Framework then articulates WHAT, HOW, WHERE and WHO should be prioritised for investment across those three core areas of work.

WHAT should be prioritised:

- Promote wellbeing and reduce distress
- Recognise and respond to suicidal distress earlier
- Connect people to compassionate programs, services and supports
- Build and look after the suicide prevention workforce
- Strengthen the capacity of the wider workforce to take action
- Strengthen the capacity of the community to take action.

HOW this should be done:

- Embed lived experience across all suicide prevention work
- Embed Aboriginal and Torres Strait Islander self-determination and empowerment as central drivers to help to Close the Gap*
- Use evidence and data to drive a culture of continuous improvement
- Proactively prepare to respond quickly to emerging issues.

WHERE this should be done:

- Place-based approaches that acknowledge and are adapted to physical, social and cultural environments
- Settings approaches that improve access to programs, services and supports.

WHO should be the focus:

- Anyone, anywhere
- Groups of people who are disproportionately impacted by suicide.

*Closing the Gap is a national undertaking to reduce entrenched inequities experienced by Aboriginal and Torres Strait Islander peoples[1]

WHAT should be prioritised in future suicide prevention investments

Work will be done over the coming years across all three core areas of the Framework: prevention and early intervention, aftercare and support, and post suicide support. The following describes investments that will have the greatest potential for impact over that scope of work, based on consultation, evidence and experience.

This acknowledges that significant, important work has already been done in this space. This will provide a valuable foundation upon which to build future efforts.

Promote wellbeing and reduce distress

What does this look like?

Over the next 5 years.... There is a strong need to **bolster investments being made at the preventive end of the spectrum**, to promote wellbeing and reduce distress. The NSW Government can take leadership in shaping **community attitudes** including the way that all people think and talk about suicide.

The work will draw from **community and cultural assets and strengths to build compassion and resilience across communities**. This should reflect a holistic approach to physical, mental, emotional, social and spiritual wellbeing, particularly as this relates to cultural groups and connections. This will also include strategies to **intervene earlier in life**, with a focus on children and young people, and notably strategies to address childhood trauma and strengthen support for children at risk.

Preventive strategies rely on good mechanisms to **reach large numbers of people** effectively. For example, **working in settings** can provide good access to large numbers of people, such as schools and workplaces. A positive **culture** of these settings can nurture better mental health and wellbeing.

Long-term strategies will be required to influence the "upstream" social determinants of health and wellbeing such as the profound impact of inequities. A key approach will be to tailor strategies to work with groups in the community who have significant or specific needs.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

Recognise and respond to suicidal distress earlier

What does this look like?

Over the next 5 years.... **Earlier intervention** is vital. Work should be done to build the capacity of the government workforce and communities to **recognise suicidal distress and know what to do**. This is part of the whole-of-government approach to broaden the scope of service delivery **beyond traditional health service models**. Everyone across government and partner organisations can potentially play a part in either delivering or at least steering people in need to supports. **There's no wrong door** for someone to come through for help.

To do so, it is vital to continue to **listen to** and **collaborate with** people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide. This will help to improve the **timeliness**, **focus**, **quality and effectiveness** of programs, services and supports. In particular, there is a strong need to **improve access options** to programs, services and supports in **rural and remote areas**, such as expanding access to rural counsellors.

Evidence and data can be used more effectively to direct the work towards those who need it the most. This will also include more focus on **addressing barriers** related to cultural safety and other cultural, stigma or discrimination issues. It is essential that those in need of support feel **safe and respected** when seeking it.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

Connect people to compassionate programs, services and supports

What does this look like?

Over the next 5 years.... **Improving connections** to support came through very strongly in the consultation process. Again, this needs to be **informed by people with lived or living experience** of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide. It relates to all aspects of the process including **design**, **quality**, **timeliness** and **evaluation of effectiveness** of programs, services and supports.

Both the evidence and consultation point towards a more flexible and adaptive approach that adopts **a range of service delivery models, especially in regional, rural and remote areas and cross-border communities**. This will drive work that **better meets the context and needs** across diverse populations, places and settings. In doing so, it can better address deeply concerning **inequities**. This will include recognising and addressing factors such as **stigma**, **health literacy**, **cultural and language barriers**. Programs, services and supports should be **compassionate and trauma-informed**. A focus on **family, culture and community** will improve the way that all programs, services and supports are provided.

Recognising the complexity of these issues, it is also important to **connect suicide prevention programs, services and supports to other important associated care** such as physical health, the treatment of alcohol and other drug issues and harmful gambling. This will reflect a **holistic approach** that better recognises the complex human and social experience.

Across this work, there will be **better support for caregivers and those impacted** by suicidal distress and suicide. It is important that they, too, be connected to compassionate programs, services and supports.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

> "Navigation is a real challenge, especially in rural areas..."
>
> **– Feedback from the consultation**

Build and look after our workforce

What does this look like?

Over the next 5 years.... A **strong, diverse and skilled workforce** will be needed to deliver the actions described in this Framework. Through including clinical and non-clinical workforces, via training and career pathways, incentives, student placements and internships, the suicide prevention workforce will be transformed.

This will mean transforming the suicide prevention workforce through expanding and diversifying the **lived experience (peer) workforce**, and by growing representation of **Aboriginal and Torres Strait Islander peoples**.

More will also be done to **look after that workforce** including clinical and non-clinical staff, first responders, lived experience (peer) workers and many others in community-facing roles. The recent intense and challenging times have **taken a heavy toll** not only on the people in NSW communities but on the **frontline workers** who respond to them. These workers need support. This should include **continuity of support** for healthcare workers through initiatives such as The Essential Network delivered by the Black Dog Institute and implementation of the **NSW Mentally Healthy Workplace Strategy**.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

> "Transforming health services to a culture that is focused on psychologically safe workplaces is critical to improve outcomes for people using services as well as attracting and retaining staff."
>
> **– Feedback from the consultation**

Strengthen the capacity of the wider workforce to take action

What does this look like?

Over the next 5 years.... a whole-of-government approach needs to invest in the **culture, leadership and capabilities of the wider NSW Government workforce** to deliver these actions. To this end, whole-of-government **training** will be provided that includes a focus on building **suicide prevention literacy** and **trauma-informed approaches**, particularly for those new to working in this complex and demanding area. It is important for the whole workforce to understand and address **stigma and discrimination**, and how **strengths-based perspectives including cultural connections** can provide a positive, constructive and inclusive way forward. This reflects the value of a **holistic approach** that recognises complexity and diversity.

This will include work across the human service workforce (including health, welfare, police, education, justice health, housing, regulatory agencies and others) to **build capacity to recognise suicidal distress and respond appropriately** within the context of their work. This will support the workforce to increase access to care and supports and to respond appropriately. This will be done within the broader agenda to build the capacity of government to **co-create localised responses** that provide the best fit to local needs.

These things should be done in a way that ensures there is **appropriate and timely support** in place for members of the workforce who may be affected by these difficult issues.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

> "A door being open can make the difference between life and death; important that door is not closed in a person's face."
>
> **– Feedback from the consultation**

Strengthen the capacity of the community to take action

What does this look like?

Over the next 5 years.... The person-centred approach is about **working *with* people, not just *for* them**. This applies at the individual and community level. Communities across NSW are eager to be more directly involved in local strategies to meet local needs. To that end, NSW Government should continue to build upon **community-led suicide prevention activities** that bring together service providers, stakeholders and people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide. **Evidence-informed suicide prevention strategies that are appropriate and feasible** to be led by community groups will be identified, and **support provided** for them to do so.

This will importantly include **work with specific groups who are disproportionately impacted by suicide**. They will be supported to develop appropriate strategies and responses, and to **feed their wisdom back into the broader suicide prevention scope of work**. An important focus of this work will be to promote social and emotional wellbeing, reconnect people to local culture and build upon community strength, resilience and cohesion.

As with all this work, there will be **appropriate and timely support** in place for people who may be affected by these difficult issues.

More specific programs, services and supports will be identified in planning processes to support the implementation of this Framework.

> "In the (Community) Collaborative there's a sense that we've all grown together immensely, because lived experience and peer work is so foundational..."
>
> **– Feedback from the consultation**

Zero Suicides in Care

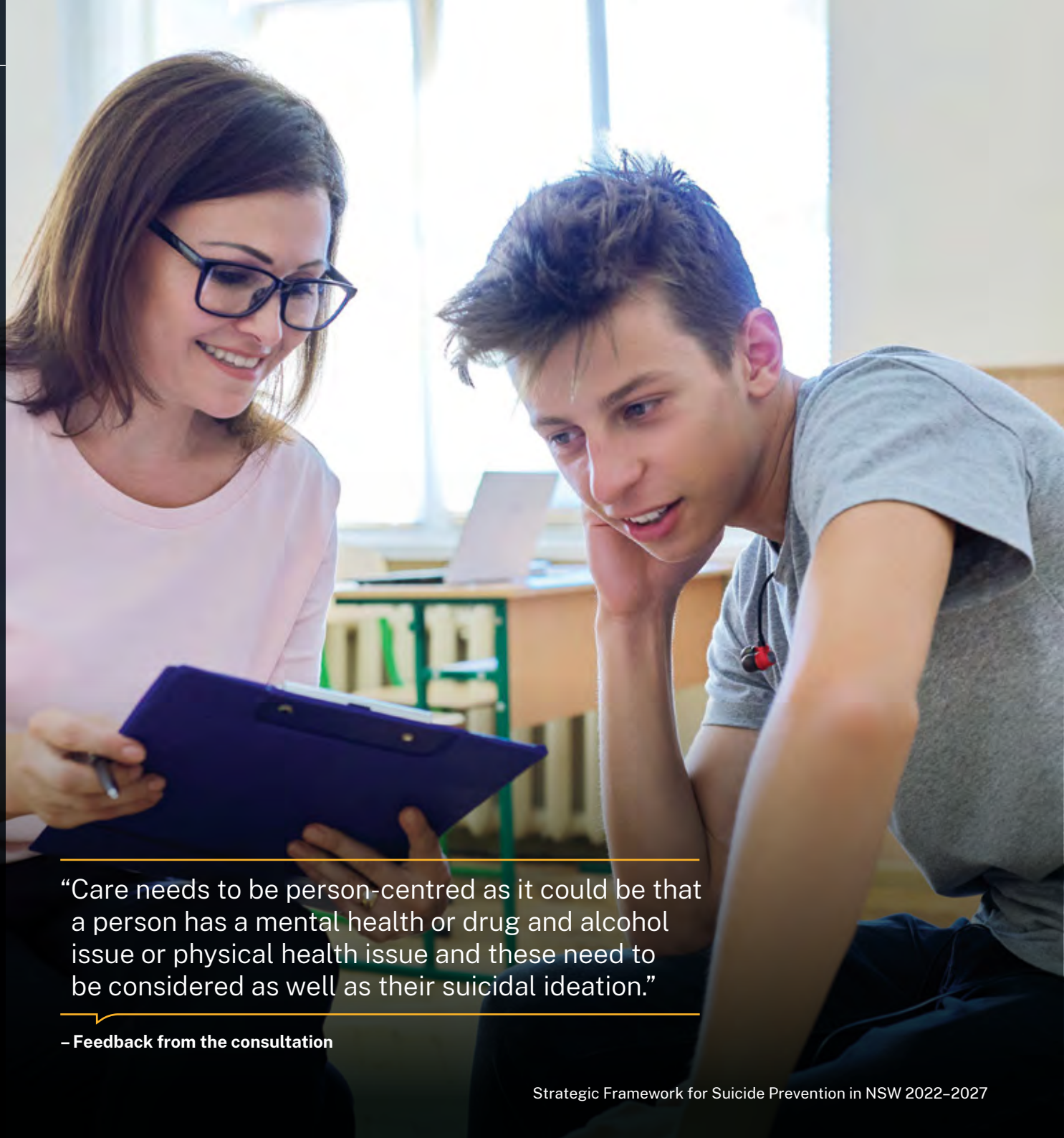
One element of the Zero Suicides in Care initiative is the NSW Health Suicide Care Pathway which provides a guiding framework for the comprehensive identification, assessment, intervention, and transition of care for individuals who enter NSW Mental Healthcare with suicidal ideation and suicidal behaviours.

The Pathway outlines the key components of care required to support a person who is experiencing thoughts of suicide. It guides clinicians, consumers, carers, and families on collaborative, effective care. It moves away from stratifying suicide risk and providing interventions only to those considered as high-risk or with a specific psychiatric diagnosis. Instead, it follows the principle of delivering high-quality, evidence-based care to those presenting to health services with suicidal ideation and suicidal behaviours.

The Pathway aligns with the internationally renowned Zero Suicide Framework developed in the United States. The Pathway is supported by NSW Health policies, enhancements to staff training and Australia's National Safety and Quality Health Service Standards.

Fundamental to the Pathway is the importance of establishing a therapeutic relationship with the person when addressing suicidality. It is essential to provide care that is person-centred, trauma-informed and recovery-oriented. The components are based on the latest evidence and reflect current best practice.

Developing a suicide care pathway ensures there is consistent, high-quality care provided by a health service to a person experiencing a suicidal crisis.



"Care needs to be person-centred as it could be that a person has a mental health or drug and alcohol issue or physical health issue and these need to be considered as well as their suicidal ideation."

– Feedback from the consultation

"We are seeing the impacts of climate change on weather patterns which seem to affect regional/remote areas more... the impact on a young person losing their home and seeing their parents experience so much distress."

– Feedback from the consultation

Stormbirds

Stormbirds is an early intervention program that has been made available to bushfire-and flood-affected school communities. The NSW Department of Education is actively working with MacKillop Family Services to implement this Australian-designed, evidence-informed natural disaster response program for children and young people aged 6-14 years.

Stormbirds is based on the belief that grief is a normal response to change, loss and uncertainty that often results from natural disasters. Children and young people benefit from learning about how natural disasters may impact on their lives. The program is delivered by trained 'companions' who have undertaken a one-day training workshop.

During 2020, in a first for Stormbirds, the creator of the program, Professor Ann Graham responded to our commitment to make this available during COVID restrictions by developing an online version of the training. This has been a great success, with outstanding feedback from participants.

MacKillop Family Services has trained more than 100 companions to run groups in schools on behalf of the Department. There has been positive feedback about the Stormbirds program from trained companions and students participating in these groups.

Safe Havens

Emergency departments (EDs) can be difficult places for people in suicidal crisis. Alternative to ED models, such as the Safe Havens model originating in the UK, provide a calm, culturally sensitive, non-clinical alternative to EDs for people experiencing distress or suicidal thoughts. These models, which can also be called Safe Spaces, vary in operating hours, lived experience (peer) worker-to-clinician ratios and hospital campus/community-based settings, both nationally and internationally.

Safe Havens aim to provide accessible, personalised and compassionate care, connect people to support services to address the underlying factors in their distress, reduce self-harm, suicide attempts and deaths by suicide, and reduce pressure on hospital emergency departments. Through the Towards Zero Suicides initiative, the NSW Ministry of Health provided funding for twenty Safe Havens to be established across NSW.

Importantly, the Safe Haven models have been co-designed by people with lived experience of suicidality, caring and/or bereavement, mental health organisations, clinical staff and lived experience (peer) workers. The process of co-design included working groups on designing physical space and on referral and escalation pathways. Safe Havens are staffed by lived experience (peer) workers and other mental health professionals. Anyone experiencing emotional or suicidal distress, including families, carers and loved ones, can visit these warm and calm spaces when they need to gather their thoughts and talk to someone who understands their situation, find information and support. Staff members can also refer people in crisis, families, carers and loved ones, to other clinical or non-clinical supports as needed.

Services offered in Safe Havens are tailored to the needs of people accessing the service, including young people, older people, people of diverse sexualities and/or genders, CALD community members, and Aboriginal and Torres Strait Islander people.

"I like the idea of a space in our local community where I can just walk in... and know there will be someone I can talk to and have a cuppa with – a safe space."

– Feedback from the consultation

> "We need more training in mental health offered to those who have impromptu conversations with individuals... grocery store check-out staff, hairdressers, butchers, labourers, bar staff..."

– Feedback from the consultation

Suicide Prevention Training

Many people who are experiencing suicidal thoughts communicate distress through their words or actions, but these signs may be missed or misinterpreted. Suicide prevention training can equip individuals and communities with the knowledge and skills to identify signs that someone may be in distress, talk to them about suicidal thoughts and connect them with professional care.

A range of evidence-based suicide prevention training programs exist that are tailored based on need. This includes training for specific population groups, different population groups and settings. Examples include the following.

- Community (also known as gatekeeper) training, tailored for members of the community who may meet people in distress. This includes community leaders, sporting coaches, youth workers, clergy members, pharmacists, hairdressers, aged care workers, construction workers and many more.
- Non-health NSW government staff training, particularly for frontline workers at agencies such as Service NSW, Department of Communities and Justice, Legal Aid NSW and others
- NSW health staff in acute and community-based clinical settings, in particular mental health staff, through the Zero Suicides in Care initiative
- Primary care staff, in particular General Practitioners
- Youth-focused or Aboriginal and Torres Strait Islander community-focused suicide prevention training.

HOW this should be done

Embed lived experience across all suicide prevention work

What does this look like?

People with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide have a major contribution to make in policy development, services and program co-design, and research.[34, 35] They should be part of the workforces that deliver services and programs. The lived experience (peer) workforce is growing and mature models of support are being developed to ensure sustainability and flexibility across the system.[34]

"Nothing about us without us."

– Feedback from the consultation

This will be reflected in suicide prevention work as follows.

- Integrate lived experience into leadership and governance structures for suicide prevention and post suicide care reforms.
- Adopt authentic consultation, co-design and co-production approaches as business as usual in the planning, design, delivery and evaluation of suicide prevention and early intervention, aftercare and support, and post suicide support.
- Adopt co-design as business as usual in mental health and social services.
- Continue to grow the lived experience (peer) workforce.
- Track outcomes of this through monitoring and evaluation.

Embed Aboriginal and Torres Strait Islander self-determination and empowerment as central drivers to help to Close the Gap

What does this look like?

Self-determination and empowerment are central to Closing the Gap[1] in health and wellbeing for Aboriginal and Torres Strait Islander peoples. Understanding and respecting cultural strengths and differences will help to build a trauma informed workforce who can deliver culturally safe and effective services and programs.[36]

"Closing the Gap is underpinned by the belief that when Aboriginal and Torres Strait Islander people have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved."

– Closing the Gap[1]

This will be reflected in suicide prevention work as follows.

- Co-create governance structures that elevate the voice, leadership and participation of Aboriginal and Torres Strait Islander peoples.
- Deliver co-designed workforce education strategies that build whole-of-government capacity to apply a holistic, culturally safe approach.
- Grow the Aboriginal and Torres Strait Islander workforce.
- Collaboratively support and build the capacity of Aboriginal and Torres Strait Islander community-controlled organisations to deliver services.
- Adopt the Gayaa Dhuwi (Proud Spirit) Declaration[37] and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing.[38]

Use evidence and data to drive a culture of continuous improvement

What does this look like?

It is important to effectively identify, reach and support those who need it the most. To that end, evidence and data will play a key role in the way the work is designed and delivered. Evidence comes in many forms, including peer-reviewed research, service data, and input from experts including people with lived experience.

Ongoing monitoring, evaluation and redesign will complete a cycle of continuous improvement.

This will be reflected in suicide prevention work as follows.

- Improve the appropriate sharing of information about deaths, community wellbeing or distress, support services such as helplines, access to primary care and community mental health care, data on self-harm attempts, ambulance callouts and hospitalisations.
- Build upon these data systems to ensure rapid and accessible availability of information for services and organisations to use to generate insights, inform robust evidence-informed policy and drive productive and timely operational responses and reform.
- Champion the development and use of quality evidence and an evaluation culture that supports investment decisions and drives system improvement.
- Further develop practice tools that drive meaningful service improvements.
- Improve quality assurance and evaluation processes, including recommending all relevant programs, services and supports in NSW be registered with the Suicide Prevention Australia Quality Improvement Program. All NSW government agencies will integrate suicide prevention practices into their existing Quality Assurance and Reporting processes.
- Expand research into the causes of suicide and interventions that prevent suicidal behaviours and attempts.
- Across all this work, all legal and ethical obligations regarding privacy and personal information protection will be carefully adhered to.

Proactively prepare to respond quickly to emerging issues

What does this look like?

Recent events such as the COVID-19 pandemic and natural disasters have demonstrated how vital it is that governments be attuned to the key issues across NSW communities and capable of a quick response.

This will be reflected in suicide prevention work as follows.

- Prioritise planning, future disaster response protocols and capacity building to enable effective timely responses to immediate distress and over the longer term.
- Deliver responsive, tailored and assertive short- and medium-term outreach support to communities impacted by natural disasters and other tragic events.
- Explore options to mobilise Lived Experience (Peer) Workers in this context.
- Provide longer-term support to communities to recover from complex trauma through specialised trauma-informed mental health and wellbeing therapeutic programs which are recovery focused and help to restore and repair parental and family relationships.
- Co-design all such support packages with the communities for whom they are intended.

> “There is a need to continue to work proactively... and share data to address emerging issues to ensure that we are addressing what’s being felt amongst our communities”.

– Feedback from the consultation

WHERE this should be done

Implement place-based approaches that acknowledge and are adapted to physical, social and cultural environments

What does this look like?

A place-based approach considers physical, social and cultural environments. These elements of place can influence beliefs, opportunities, service access and many other determinants of health. These can have a strong and direct impact on health and wellbeing.[39, 40] Place-based approaches represent a valuable and practical approach for whole-of-government initiatives to address these complex issues.[41, 42, 43]

For example, people who live in rural and remote areas often find it more difficult to access mental health professionals and are more likely to be hospitalised due to mental health issues.[44] Combined with the extreme pressures of recent natural disasters, there is significant need for action in these areas.[30, 45] Similarly (and sometimes overlapping), people from areas of marked socioeconomic disadvantage typically have worse health than those from most advantaged areas. The underpinning issues are deeply complex and require a response on many levels, with many collaborative partners.[46, 47]

This will be reflected in suicide prevention work as follows.

- Build on place-based investments that have already established a positive impact in NSW, such as community collaboratives.
- Continue to generate evidence around the implementation science of complex place-based approaches. Develop monitoring and evaluation frameworks that will provide information for ongoing improvements.

Implement settings approaches that improve access to programs, services and supports

What does this look like?

A settings approach is a practical means by which to reach people. For example, schools provide access to children and their families. Workplaces provide access to adults. Health care settings such as hospitals, community health services and GPs provide access to patients, with the added benefit of being a setting in which people are already thinking about health issues.

Settings can simply be a means of access: a place to reach people to deliver or connect them to a service. More strategically, those environments can be reshaped to make them more conducive to wellbeing.[48, 49] For example, what can schools do to reduce bullying? What can workplaces do to reduce workplace stressors and address barriers to accessing supports? How can GPs more proactively identify and respond to suicidal distress?

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love."

– World Health Organisation[50]

This will be reflected in suicide prevention work as follows.

- Build on settings work already being done, such as programs, services and supports delivered through schools and workplaces.
- Explore settings approaches to more effectively reach groups in the community who are not easily accessed elsewhere.

WHO should be the focus

Anyone, anywhere

What does this look like?

Whilst much of the Framework rightly describes the needs to target investments to people and communities who need it the most, there must always be a range of programs, services and supports that may be suitable to anyone, anywhere.

This is particularly relevant in the area of prevention. By its nature, this work has a broad and wide-reaching scope. For example, schools across NSW are committed to strengthening the social and emotional development of children and young people.[51] Evidence shows that childhood mental health is a strong predictor of adult mental health and schools offer a unique and valuable opportunity to improve mental health, resilience and wellbeing.[52, 53, 54]

This will be reflected in suicide prevention work as follows.

- Build on the universal work already being done, such as significant expansion of school counselling and support workforces across NSW schools and deliver training to build the skills and knowledge of school staff in managing suicidality and self-harm.
- Focus on known risks for suicidal distress and suicide and build on known protective factors.
- Implement strategies that will ensure universal approaches are viable in rural and remote settings, such as telepsychology-based services to support students in remote and rural public schools.

When developing and delivering programs, services and supports for "anyone, anywhere" it is still important to recognise and respond to diversity across communities. One size will not fit all, so appropriate tailoring strategies within universal work will ensure that programs, services and supports are equitable and accessible to all.

"We need more education and awareness around suicide, especially in the migrant and refugee communities, and reducing judgement around mental illnesses."

"People with suicidal distress don't fit into one neat box."

– Feedback from the consultation

Tailoring strategies to meet diverse needs is therefore essential. For example, it will be important to:

- Introduce more consistently applied quality standards to service design and delivery that prompt a greater awareness of and responsiveness to diversity.
- Ensure that the budgets and resources allocated for programs, services and supports include capacity to tailor that work to recognise and respond to diversity.
- Build the capacity of programs, services and supports to better tailor their work to meet the needs of specific groups such as people from culturally and linguistically diverse backgrounds and people of diverse sexualities and/or genders.

Groups disproportionately impacted by suicide

What does this look like?

As described earlier, some groups or communities are disproportionately impacted by suicide. Understanding the diversity of these groups helps in tailoring responses, such as for: [3, 5, 8, 10]

- Aboriginal and Torres Strait Islander peoples.
- People of diverse sexualities and/or genders.
- People from culturally and linguistically diverse communities who may experience greater rates of discrimination, isolation and exclusion.
- Children and young people, notably those from high-risk groups such as young people in contact with or who have recently left statutory care.
- Men, who can often find it more difficult to ask for support.
- People in rural and regional communities, who can often find it more difficult to ask for, or access, support.
- People at different points of transition or disconnection where existing supports may drop away. This includes people leaving prison, older people transitioning to retirement or residential aged care and young people leaving the education system.
- Servicemen and women, particularly veterans, who have been discharged or are transitioning into civilian life.

As described earlier, underlying factors and stressors also occur differently across the lifespan.

This will be reflected in suicide prevention work as follows.

- Ensure that consultation and co-design mechanisms include people from many different groups, so different perspectives are heard.
- Use data and experiential information to identify emerging needs of different groups and inform practice improvement.
- Include robust evaluation to ensure strategies are reaching those who need it.
- Identify cross-sector strategies addressing transitions or disconnection.

There are many additional groups that do have a higher vulnerability to suicide – for example people who are themselves bereaved by suicide[55], people with acute substance use or intoxication issues[7], children and young people placed into out-of-home-care[56], people with disability[57], people recently diagnosed with a serious medical illness such as cancer[58], people with high-risk gambling behaviour[59] and refugees and asylum seekers[60] to list just a few. There are many more. A diverse scope of programs, services and supports are required to recognise and respond to many different issues, from eating disorders to perinatal care, youth mental health and much more.

Likewise, there are differences to consider across life stages. For example, recent Australian research suggests that the following groups of young people are overrepresented in lives lost to suicide[12]: young men, young people with an experience of mental ill-health, young people recently in contact with the justice systems, young people who live in rural and remote areas, Aboriginal and Torres Strait Islander children and young people, young people in contact with, or recently left, statutory care, young people who have been exposed to suicide or suicide-related behaviour and young people of diverse sexualities and/or genders.[12]

When designing and delivering supports, services and programs for groups disproportionately impacted by suicide, different responses will need to be tailored to people's individual vulnerabilities and stressors, the community they live in and the social and community circumstances that surround them.

What then does this mean for suicide prevention efforts? The targeted strategies described at left are still an important part of the overall approach described in this Framework: the disproportional impact described is significant and profound and should be a focus of important work. But all programs, services and supports available to the people of NSW should be widely inclusive. This is an issue that can affect anyone, anywhere.

Delivering the Framework

Implementation

This is a whole-of-government Framework for a whole-of-community response to suicide prevention. The work seeks to reshape the suicide prevention landscape, so that distress can be seen earlier, and responses be provided more quickly, so that people – wherever they are, in whichever community they reside – receive a compassionate, culturally safe and tailored response.

For such a cross-agency Framework, it is paramount that in its delivery, there is both coordination and sharing of knowledge, leadership by lived experience with the voice of groups with higher vulnerability to suicide clearly heard, and a clear governance and accountability mechanism.

Implementation Plans will be developed to outline the roles, responsibilities and timelines for implementing the work described herein. A Monitoring and Evaluation Plan will also be developed to support the process.

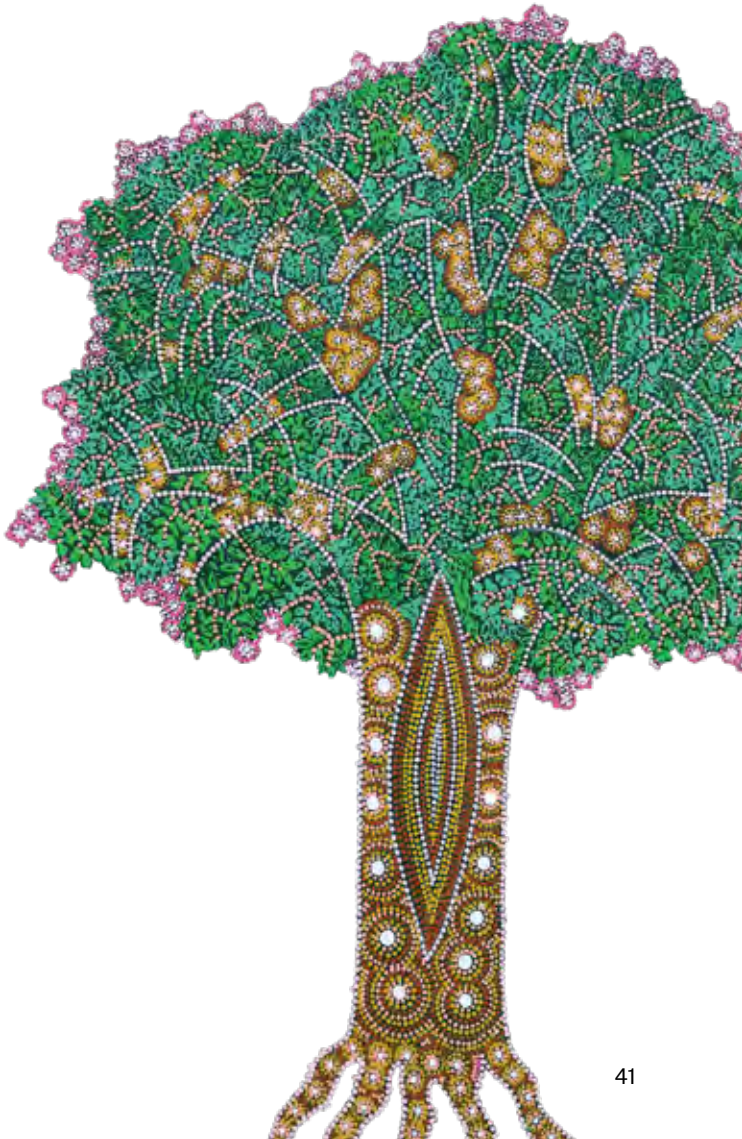
Governance

Monitoring and evaluation of the implementation of this Framework is essential so that both government and the community can understand where progress is being achieved, and outcomes for people are being improved. This will be led and coordinated by the Mental Health Commission of NSW with oversight by the NSW Mental Health Taskforce.

Working from a strong base

This Framework benefits from the work of many across the suicide prevention sector, at the community, research, lived experience and government levels.

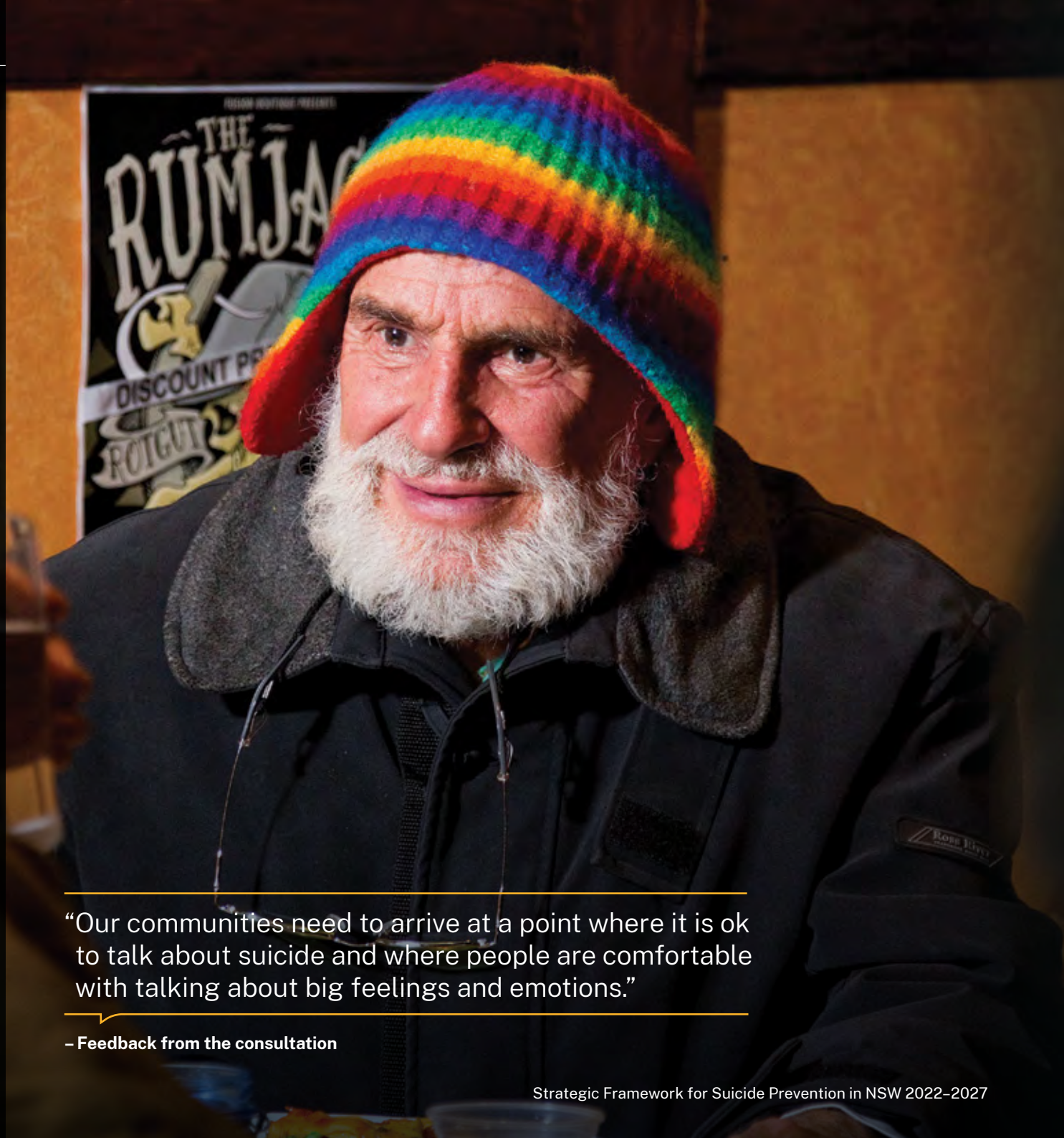
A consultation report provides more detailed information from the extensive processes undertaken for the development of this Framework. This report and other resources are available on the Mental Health Commission of NSW website.



Doing it Tough?
A Community Response Package

Some groups of people who are at higher risk of suicide need their own community approach to ensure community members can access help that is right for them. Community Response Packages provide funding to organisations to create awareness of suicide prevention services available in the community, to encourage safe conversations around suicide and to increase community knowledge and participation on suicide prevention activities.

Rethinking how to connect at-risk males to support services led to a community response package tailored by and for men. Suicide Prevention Australia and the Australian Men's Health Forum partnered to create an integrated online platform for men to seek support if they are feeling suicidal, or for others to explore if they are worried about their loved one. The website 'Doing it Tough' offers services and resources beyond the usual mental health pathways. As well as clinical and health services, it provides links that wouldn't necessarily be considered suicide prevention specific, such as services that deal with relationship issues, or links to community-based support groups. The Doing it tough? website is an important addition to suicide prevention and is a space where men can go to find the help they need.



"Our communities need to arrive at a point where it is ok to talk about suicide and where people are comfortable with talking about big feelings and emotions."

– Feedback from the consultation

"Many of the social issues leading a person to think about suicide need to be addressed so the person has hope things can get better"

– Feedback from the consultation

Support Act

Support Act is the Australian music industry's charity, delivering crisis relief and mental health services to musicians, managers, crew and music workers.

People who work in music are more likely to contemplate or attempt suicide than the general population, with a recent research project undertaken by Support Act in partnership with the Centre for Social Impact finding that 59% of music industry respondents had experienced suicidal thoughts, or 4.5 times that of the general population.[61]

As part of their work, Support Act develops and implements a range of mental health prevention, education and training programs for those who work in music, including workshop series Yarning Strong and On My Mind, Mental Health First Aid, Suicide Prevention and Workplace Wellbeing training and education. Alongside providing free workshops to businesses and individuals on how to give and get help, self-care and building resilience, Support Act is partnering with LivingWorks to provide free access to START suicide prevention training for hundreds of Australian music workers and their families.

By providing a platform for music workers with lived experience of mental illness and suicide to share their stories, Support Act is building a community of interest, helping to reduce the stigma associated with experiencing poor mental health and suicide.

Enhancements to Rural Counselling

Rural and regional communities in NSW continue to experience higher rates of suicide and suicidal distress when compared to metropolitan areas. People in rural and remote areas can often find it more difficult to ask for and access mental health supports, and particularly given the impacts of recent natural disasters and COVID-19, many people that have never had a mental health diagnosis or mental health issues before are now experiencing suicidal distress.

The Enhancement to Rural Counselling initiative funds rural counsellors to provide much-needed additional counselling services in nine rural and remote NSW local health districts impacted by natural disasters and COVID-19. Rural counsellors increase the psychological and emotional support available to people, communities and workplaces in rural and remote areas, and provide dedicated support to people experiencing suicidal crisis or recovering from a suicide attempt.

The less formal, community-based, non-clinical model is key to the success of this initiative, which varies in each area according to local need. This could include, for example, making home or farm visits. This flexibility enables greater access to supports for those that may otherwise not be able to access them. Some rural counsellors draw upon their own lived or living experience of suicide to support others experiencing suicidal distress. Local partnerships are being formed organically to address local issues, with reciprocal warm referrals with clinical and non-clinical programs, services and supports being made as needed. Partnerships with local government (councils), Local Aboriginal Lands Councils, local businesses, community services and charitable organisations such as Salvos, WayBack Services, local suicide prevention collaboratives, clinical mental health and other health services are in place in many areas.

"Rural isolation really impacts wellbeing and service access."

– Feedback from the consultation

References

1 Australian Government. Closing the Gap 2022 [Accessed May 2022]. Available from: https://www.closingthegap.gov.au/.

2 Mental Health Commission of NSW. Strategic Framework for Suicide Prevention in NSW 2018–2023. Sydney: NSW Government; 2018.

3 Commonwealth Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia; 2017.

4 NSW Government. NSW Premier's Priorities: Towards Zero Suicides 2022 [Accessed May 2022]. Available from: https://www.nsw.gov.au/premiers-priorities/towards-zero-suicides.

5 Parliament of NSW Joint Committee on Children and Young People. Prevention of Youth Suicide in New South Wales. Sydney: New South Wales Parliament; 2018.

6 NSW Ministry of Health. NSW Suicide Monitoring System (Report 19) 2022 [Accessed June 2022]. Available from: https://www.health.nsw.gov.au/mentalhealth/resources/Pages/sums-report-mar-2022.aspx.

7 Australian Bureau of Statistics. Causes of death, Australia 2021 [Accessed May 2022]. Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020#intentional-self-harm-deaths-suicide-in-australia.

8 Suicide Prevention Australia. Suicide Stats and Facts 2022 [Accessed May 2022]. Available from: https://www.suicidepreventionaust.org/news/statsandfacts.

9 NSW Government. Mental Health related Emergency Department visits - All ages for Self-harm or suicidal thoughts and Persons 2022 [Accessed June 2022]. Available from: https://www.healthstats.nsw.gov.au/#/indicator?name=-men-sui-ed&location=NSW&view=Trend&measure=Measure1&groups=Age%20(years),Presentation%20type,Sex&compare=Age%20(years),Presentation%20type,Sex&filter=Age%20(years),All%20ages&filter=Presentation%20type,Self-harm%20or%20suicidal%20thoughts&filter=Sex,Persons.

10 National Suicide Prevention Adviser. Compassion First: Designing our national approach from the lived experience of suicidal behaviour: Australian Government Department of Health; 2020 [Accessed May 2022]. Available from: https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice.

11 Australian Institute of Health and Welfare. Australia's Children: Bullying 2020 [Accessed June 2022]. Available from: https://www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-and-safety/bullying.

12 Robinson J, Bailey E, Browne V, Cox G, Hooper C. Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health; 2016.

13 Life in Mind. About Suicide: Older adults 2022 [Accessed June 2022]. Available from: https://lifeinmind.org.au/about-suicide/priority-populations/older-adults.

14 Australian Institute of Health and Welfare. Suicide and self-harm monitoring 2021 [Accessed May 2022]. Available from: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/ambulance-attendances/ambulance-attendances-for-suicidal-behaviours.

15 NSW Ministry of Health. NSW Suicide Monitoring System (Report 17) 2022 [Accessed June 2022]. Available from: https://www.health.nsw.gov.au/mentalhealth/resources/Pages/sums-report-jan-2022.aspx.

16 Mental Health Commission of WA. Western Australian Suicide Prevention Framework 2021-2025 Perth: Government of Western Australia; 2021 [Accessed May 2022]. Available from: https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/western-australian-suicide-prevention-framework-2021-2025/.

17 National Disability Practitioners. What is a person-centred approach? 2016 [Accessed May 2022]. Available from: https://www.ndp.org.au/images/factsheets/346/2016-10-person-centred-approach.pdf.

18 Life in Mind. About Suicide: Glossary of Terms 2022 [Accessed June 2022]. Available from: https://lifeinmind.org.au/about-suicide/glossary-of-terms.

19 NSW Mental Health Commission. Living Well: Putting people at the centre of mental health reform in NSW. Sydney: State of New South Wales; 2014.

20 National Alliance on Mental Illness. 5 common myths about suicide debunked 2020 [Accessed May 2022]. Available from: https://www.nami.org/Blogs/NAMI-Blog/September-2020/5-Common-Myths-About-Suicide-Debunked.

21 Long JC, Ruane C, Ellis LA, Lake R, Le Roux A, Testa L, et al. Networks to strengthen community social capital for suicide prevention in regional Australia: the LifeSpan suicide prevention initiative. Int J Ment Health Syst. 2022 Feb 7;16(1):10. PubMed PMID: 35130951. Pubmed Central PMCID: PMC8822835. Epub 2022/02/09.

22 Shand F, Torok M, Cockayne N, Batterham PJ, Calear AL, Mackinnon A, et al. Protocol for a stepped-wedge, cluster randomized controlled trial of the LifeSpan suicide prevention trial in four communities in New South Wales, Australia. Trials. 2020 Apr 15;21(1):332. PubMed PMID: 32293516. Pubmed Central PMCID: PMC7161184. Epub 2020/04/16.

23 Black Dog Institute. Results of the Lifespan research trial (publication in development at time of writing) - personal communication to Mental Health Commission of NSW, May 2022. Consent to publish provided.

24 World Health Organization. Social determinants of health 2022 [Accessed June 2022]. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

25 National Suicide Prevention Adviser. National Suicide Prevention Adviser – Final Advice (Executive Summary): Australian Government Department of Health; 2020 [Accessed May 2022]. Available from: https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice.

26 Harrison JE, Henley G. Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: Australian Institute of Health and Welfare; 2014.

27 Black Dog Institute. Facts about suicide in Australia 2022 [Accessed May 2022]. Available from: https://www.blackdoginstitute.org.au/resources-support/suicide-self-harm/facts-about-suicide-in-australia/.

28 Aguirre Velasco A, Cruz ISS, Billings J, Jimenez M, Rowe S. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. BMC Psychiatry. 2020 Jun 11;20(1):293. PubMed PMID: 32527236. Pubmed Central PMCID: PMC7291482. Epub 2020/06/138.

29 Gee G, Dudgeon P, Schultz C, Hart A, Kelly K. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In: Dudgeon P, Milroy H, Walker R, editors. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. 2nd ed. Canberra: Commonwealth Government of Australia; 2014. p. 55-8.

30 Mental Health Commission of NSW. Living Well in Focus 2020–2024: A strategic plan for community recovery, wellbeing and mental health in NSW. Sydney2020 [Accessed May 2022]. Available from: https://www.nswmentalhealthcommission.com.au/report/living-well-focus-2020-2024.

31 NSW Government. Future Health: Strategic Framework: Guiding the next decade of care in NSW 2022-2032. Sydney: NSW Government; 2022.

32 Australian Government. Bilateral Schedule on Mental Health and Suicide Prevention between the Commonwealth of Australia and New South Wales 2022 [Accessed May 2022]. Available from: https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement.

33 Australian Institute of Health and Welfare. Deaths in Australia 2022 [Accessed June 2022]. Available from: https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/summary.

34 Mental Health Commission of NSW. Living Well in Focus 2020–2024: A strategic plan for community recovery, wellbeing and mental health in NSW. Fact sheet #3 Embedding lived experience Sydney2020 [Accessed May 2022]. Available from: https://www.nswmentalhealthcommission.com.au/report/living-well-focus-2020-2024.

35 Roses in the Ocean. Lived Experience of Suicide Engagement Principles (LESEP) Guidance Document: Roses in the Ocean; 2022 [Accessed May 2022]. Available from: https://rosesintheocean.com.au/wp-content/uploads/2022/03/1.-LESEP-Guidance-Document-V1.1-FEB-2022.pdf.

36 Mental Health Commission of NSW. Living Well in Focus 2020–2024: A strategic plan for community recovery, wellbeing and mental health in NSW. Fact sheet #2 Improving Aboriginal social and emotional wellbeing Sydney2020 [Accessed May 2022]. Available from: https://www.nswmentalhealthcommission.com.au/report/living-well-focus-2020-2024.

37 National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSLMH). The Gayaa Dhuwi (Proud Spirit) Declaration 2015 [Accessed May 2022]. Available from: https://www.gayaadhuwi.org.au/resources/the-gayaa-dhuwi-proud-spirit-declaration/.

38 Cabinet CoA-DotPMa. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Canberra: Commonwealth of Australia; 2017.

39 WHO Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.

40 Moore TG, McHugh-Dillon H, Bull K, Fry R, Laidlaw B, & West S. The evidence: what we know about place-based approaches to support children's wellbeing. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health., 2014.

41 World Health Organisation. Healthy Cities Effective Approach to a Changing World; 2020. Available from: https://www.who.int/publications/i/item/9789240004825.

42 Victorian Health Promotion Foundation. People, Places, Processes: Reducing health inequalities through balanced health approaches. Carlton Vic: VicHealth; 2008.

43 Laidlaw B, Fry R, Keyes M, & West S. Big thinking on place: getting place-based approaches moving. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health, 2014.

44 National Rural Health Alliance. Mental health in rural and remote Australia 2017 [Accessed May 2022]. Available from: www.ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf.

45 NSW Health. NSW Rural Health Plan. Sydney: NSW Government; 2014.

46 World Health Organization. The social determinants of health [Accessed July 2022]. Available from: http://www.who.int/social_determinants/en/.

47 World Health Organization. Social determinants of health: the solid facts (2nd edition). Denmark: WHO; 2003.

48 Dooris M. Healthy settings: challenges to generating evidence of effectiveness. Health Promot Int. 2006 Mar;21(1):55-65. PubMed PMID: 16339774.

49 Whitelaw S, Baxendale A, Bryce C, MacHardy L, Young I, Witney E. 'Settings' based health promotion: a review. Health Promot Int. 2001 Dec;16(4):339-53. PubMed PMID: 11733453.

50 World Health Organization. The Ottawa Charter for Health Promotion. The 1st International Conference on Health Promotion; Ottawa, Canada: WHO; 1986.

51 NSW Department of Education and Communities. The Wellbeing Framework for Schools. Sydney: NSW Government; 2015.

52 Dray J, Bowman J, Campbell E, Freund M, Wolfenden L, Hodder RK, et al. Systematic Review of Universal Resilience-Focused Interventions Targeting Child and Adolescent Mental Health in the School Setting. J Am Acad Child Adolesc Psychiatry. 2017 Oct;56(10):813-24. PubMed PMID: 28942803. Epub 2017/09/26.

53 Taylor RD, Oberle E, Durlak JA, Weissberg RP. Promoting Positive Youth Development Through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects. Child Dev. 2017 Jul;88(4):1156-71. PubMed PMID: 28685826. Epub 2017/07/08.

54 Fox S, Southwell A, Stafford N, Goodhue R, Jackson D, Smith C. Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention Canberra: Australian Research Alliance for Children and Youth (ARACY); 2015.

55 Pitman AL, Osborn DP, Rantell K, King MB. Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. BMJ Open. 2016 Jan 26;6(1):e009948. PubMed PMID: 26813968. Pubmed Central PMCID: PMC4735143. Epub 2016/01/28.

56 Evans R, White J, Turley R, Slater T, Morgan H, Strange H, et al. Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. Children and Youth Services Review. 2017;82:122-9.

57 Khazem LR. Physical disability and suicide: recent advancements in understanding and future directions for consideration. Curr Opin Psychol. 2018 Aug;22:18-22. PubMed PMID: 30122272. Epub 2018/08/21.

58 Henson KE, Brock R, Charnock J, Wickramasinghe B, Will O, Pitman A. Risk of Suicide After Cancer Diagnosis in England. JAMA Psychiatry. 2019 Jan 1;76(1):51-60. PubMed PMID: 30476945. Pubmed Central PMCID: PMC6583458. Epub 2018/11/27.

59 Livingstone C, Rintoul A. Gambling-related suicidality: stigma, shame, and neglect. Lancet Public Health. 2021 Jan;6(1):e4-e5. PubMed PMID: 33417846. Epub 2021/01/09.

60 Ingram J, Lyford B, McAtamney A, Fitzpatrick S. Preventing suicide in refugees and asylum seekers: a rapid literature review examining the role of suicide prevention training for health and support staff. Int J Ment Health Syst. 2022 May 14;16(1):24. PubMed PMID: 35562790. Pubmed Central PMCID: PMC9107234. Epub 2022/05/14.

61 Elmes A, Knox J. Mental health and wellbeing in music and live performing arts Australia. Hawthorn, Australia Centre for Social Impact, Swinburne University of Technology; 2022.

Appendix A: Glossary

The following is adapted from Life in Mind 3/6/2022 Glossary of terms - Life in Mind Australia

Aftercare: Care and supports provided to people who have recently attempted suicide. The level of aftercare support provided is usually based on each person's needs. "Universal aftercare" refers to best-practice care wherein anyone who presents to a hospital, GP or other government service following a suicide attempt will routinely receive follow-up support.

Attempted suicide: Attempted suicide (or suicide attempt) refers to any non-fatal suicidal behaviour. In some cases it can be difficult to determine if a person intended their actions to result in death.

Closing the Gap: The Closing the Gap strategy aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation.

Evidence-based programs: Programs that have undergone rigorous scientific evaluation or are based on demonstrated experience or information extracted from scientific literature.

Evidence-informed programs: Programs that include evidence-based considerations but also more broadly consider a wider base of evidence, such as organisational knowledge, client/patient input and input from people with lived experience. This is therefore a more widely inclusive process.

Gayaa Dhuwi (meaning Proud Spirit) Declaration: This declaration outlines the importance of Aboriginal and Torres Strait Islander leadership across the Australian mental health system in order to achieve optimal mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

Help-seeking behaviour: The process of a person actively asking for help or support in order to cope with adverse circumstances or problems. Help-seeking behaviour involves being able to recognise and express symptoms or problems as well as an understanding of how to access support and a willingness to do so.

Lived experience of suicide: The personal experience of suicide, suicidal thoughts or a suicide attempt. It also includes the personal experience of caring for someone during a suicidal crisis, bereavement by suicide or being touched by suicide in another way.

Mental health: This is a positive concept relating to resilience, enjoyment of life and social connection. This state of wellbeing increases the ability of individuals and communities to realise goals and potential, to cope with the normal stresses of everyday life, to work productively and to contribute to society.

Postvention (also known as post suicide): The intervention activities that are conducted after a suicide to help people cope with the loss and increase their resilience. These activities usually target family, friends, professionals, community members and others bereaved by the suicide, who may all be at an increased risk of suicide themselves.

Prevention (suicide): Suicide prevention aims to prevent the onset of suicidal distress as well as decrease the number of people who die by suicide or attempt suicide each year, focusing on reducing risk factors for suicide and enhancing protective factors that prevent suicide and suicidal behaviour.

Recovery: Recovery is different for every person. With no single definition, recovery is best described as a process, sometimes ongoing and lifelong, defined and led by the person involved, through which they can achieve independence, self-esteem and a meaningful and contributing life in the community.

Self-harm: Self-harm refers to a person intentionally causing pain or damage to their own body. This behaviour may be motivated by suicidal intent or non-suicidal intent (for example, as a way of expressing or controlling distressing feelings or thoughts).

Stigma: Stigma refers to the negative opinions or stereotypes about particular characteristics, behaviours or illnesses that causes someone to exclude, shame or devalue a person or group of people. Negatives attitudes create prejudice which leads to negative actions and discrimination.

Suicidal behaviours: Suicidal behaviours include thinking about or planning a suicide, attempting suicide or a person taking their own life. See 'attempted suicide', 'suicidal ideation' and 'suicide'.

Suicidal thoughts: Suicidal thoughts refer to a person having thoughts of ending their own life. These thoughts may vary in intensity and duration from fleeting thoughts to a complete preoccupation with wanting to die. Although not all suicidal thoughts lead a person to suicide or attempt suicide, suicidal thoughts should always be taken seriously.

Suicide: The act of deliberately ending one's life. In some cases, it can be difficult to determine if a person intended their actions to result in death.

Additional notes on language

Suicide is complex and can arise from an intersection of many aspects and circumstances in a person's life. The language used to talk about suicide and mental illness can contribute to stigma and alienate members of the community. By using inclusive, safe and positive language, everyone can play a role in helping to reduce stigma and increase help seeking behaviour.

Do say	Don't say	Why?
"Died by suicide" **"Took their own life"**	"Successful suicide" "Unsuccessful suicide"	Because it suggests suicide is a desired outcome
"Took their own life" **"Died by suicide"**	"Committed suicide" "Commit suicide"	Because it associated suicide with a crime or sin
"Increasing rates" **"Higher rates"**	"Suicide epidemic"	Because it sensationalises suicide
"Suicide attempt" **"Non-fatal attempt"-**	"Failed suicide" "Suicide bid"	Because it can glamorise suicide attempts
Refrain from using the term suicide out of context	"Political suicide" "Suicide mission"	Because it is an inaccurate use of the term "suicide"

Source: National Communications Charter – The Charter Language Guide[42]

Mindframe provides useful resources and guidance for communicating about suicide.

Appendix B: Strategic alignment

Below are some of the many policies, strategies and plans associated with suicide prevention. This will be monitored throughout Framework implementation to ensure the work aligns within this complex strategic landscape.

Regional

- Regional Mental Health and Suicide Prevention Plans
- Local Suicide Prevention Collaborative Strategies

State

- First 2000 Days Implementation Strategy 2020-2025
- Integrated Prevention and Response to Violence, Abuse and Neglect
- LifeSpan Framework
- Living Well in Focus: 2020-2024
- Mental Health Act 2007 No 8 (NSW)
- NSW Aboriginal Health Plan 2013-2023
- NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025
- NSW Future Health Strategic Framework
- NSW LGBTIQ+ Health Strategy 2022-2027
- NSW Mentally Healthy Workplaces Strategy 2018–22
- NSW Older People's Mental Health Services Service Plan 2017-2027
- NSW Premier's Priority *Towards Zero Suicides*
- NSW Strategic Framework and Workforce Plan for Mental Health
- NSW Strategic Plan for Children and Young People 2022-2024
- Recommendations of the NSW Child Death Review Team
- Strategic Framework for Suicide Prevention in NSW 2018-2023

National

- Australia's Long term National Health Plan
- Bilateral Schedule on Mental Health and Suicide Prevention between the Commonwealth of Australia and New South Wales
- Equally Well Consensus Statement
- Fifth National Mental Health and Suicide Prevention Plan
- Framework for mental health in multicultural Australia
- Guidance for a systems approach to suicide prevention for rural and remote communities in Australia
- Intergovernmental Agreement on Data Sharing
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (draft)
- National Agreement on Closing the Gap
- National Children's Mental Health and Wellbeing Strategy
- National Disaster Mental Health and Wellbeing Framework
- National Drug Strategy 2017–2026
- National LGBTI Mental Health and Suicide Prevention Strategy
- National Mental Health and Suicide Prevention Information Development Priorities
- National Mental Health and Wellbeing Pandemic Response Plan
- National Mental Health Performance Framework 2020
- National Mental Health Services Planning Framework
- National Mental Health Workforce Strategy
- National Pandemic Response Plan
- National Safety and Quality Digital and Mental Health Standards
- National Strategic Framework for Aboriginal Social and Emotional Wellbeing 2017-2023
- National Suicide Prevention Adviser Final Advice
- Productivity Commission inquiry into mental health (final report)
- Safe and Supported: National Framework for Protecting Australia's Children

International

- LIVE LIFE an Implementation Guide for Suicide Prevention in Countries (World Health Organisation)

Appendix C: Consultation

The Mental Health Commission of NSW 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.

The development of this updated Framework was informed by a Project Advisory Group, made up of 22 members including lived experience advocates and representatives from government agencies, non-government organisations and suicide prevention experts.

An extensive consultation process was held from January to June 2022. Consultations were held with a diverse range of individuals, communities, groups, agencies and organisations. Three key focus questions guided the consultations:

- What has worked well/is working well?
- What could have worked better/what needs to be improved?
- What should be prioritised over the next five years?

Specific consultation methodologies included:

- 101 survey responses from people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide
- 8 focus groups with people with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide with over 60 participants, including one for people of diverse sexualities and/or genders
- 15 survey responses from cross-sector participants (who were not able to participate in a focus group)
- 2 youth-specific focus groups with over 20 participants, including young people from regional areas of NSW
- 18 consultations with interagency committees or networks
- 12 cross-sector focus groups held with over 100 participants from 81 agencies and organisations
- 23 one-on-one interviews with key stakeholders
- 3 focus groups held with established suicide prevention collaboratives in regional/rural areas.

The Commission then invited focus group participants to reflect upon the consultation themes and to provide final feedback via an online survey.

The Commission heard from a diverse group of passionate people, across various communities, agencies and organisations:

- People with lived or living experience of suicidal distress, people caring for someone through suicidal crisis and people who are bereaved by suicide
- Aboriginal and Torres Strait Islander community groups
- People of diverse sexualities and/or genders
- Young people from regional areas of NSW
- Culturally and linguistically diverse community groups and representative organisations
- Regional and rural communities
- Workforce groups
- Community-managed organisations and service providers
- Suicide prevention peak bodies and researchers
- Universities
- Government, legal, statutory and advisory agencies and services.

Mental Health
Commission
of New South Wales

nswmentalhealthcommission.com.au

ISBN 978-0-6454197-0-2